# IMPACT OF DOCTOR-PATIENT RELATIONSHIP ON PATIENT SUFFERING FROM COVID-19 PANDEMIC IN GILGIT CITY.

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2021

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**"Thesis submitted to the Department of Sociology, Quaid-i-Azam University, Islamabad, for the partial fulfillment of the degree of Masters of Science in Sociology"**


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2020

## ACKNOWLEDGEMENT

All praise to ever-living Almighty Allah, His Holy Prophet (SWS) the Mercy unto the worlds and His Family. I thank Almighty Allah for granting me generous courage to accomplish my thesis.

I convey my sincere gratitude and thanks to my supervisor Dr. Farhan Ahmad Faiz, Lecturer, Department of Sociology, Quaid-i-Azam University, Islamabad for his continuous guidance and encouragement. I am highly obliged and grateful to him.

It is a great pleasure for me to convey my thankfulness and gratitude to my parents who supported me morally and financially all this time.

I am also grateful to have such great friends who helped me whenever needed and encouraged me always.

Also thanks to all those who have helped me directly and indirectly in my thesis work, who support me by giving me their time, guidance.

**SIDRA JABEEN**

## Abstract

*The objective of this research study was to examine the Impact of the Doctor-patient relationship on patients suffering from the covid-19 pandemic in Gilgit city. It also measured the patient's perspective regarding the outcome of treatment as influenced by doctor-patient interaction during covid satiation. The research assessed the relationship if any between doctor-patient interactions during covid-19 pandemic patient's satisfaction. A quantitative research design was used in which 100 respondents (50patients) and (50 doctors) were surveyed through convenient sampling from doctors and patients to assess their opinion and overall satisfaction with the doctor-patient relationship. For the purpose of data collection, a close-ended structured questionnaire was used. The survey data were analyzed using frequencies and percentages as a tool. The researcher used the Statistical Package for Social Sciences (SPSS) version 25 for quantitative analysis. The main findings of the research show that communication has a robust significant positive impact on the doctor-patient interaction during the covid-19 situation.*

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**Chapter No. 01**

# INTRODUCTION

The Doctor-patient Relationship is considered to be a key element in the ethical principles of medicine. The doctor-patient relationship is usually developed when the physician is familiar with the patient's medical needs through diagnosis, diagnosis, and appropriate treatment. Because of the relationship, the doctor is responsible for the patient to continue with the illness or complete the relationship. Primary care physicians must develop a satisfactory Doctor-patient Relationship to provide patients with basic health care.

Doctor-patient Relationship have always been and remain the foundation of care: the way data is collected, diagnoses and programs are performed, compliance is performed, and healed, patient performance is performed, and support is provided. In managed care organizations, your value is also in the savvy market: satisfaction with patient-doctor relationships is a very important factor in people‘s decisions to join and stay with a particular organization.

When looking at a relationship that relies on shared support from two people, the term ―relationship" does not refer to structure or function but rather consideration involves the use of two co-operatives or individuals. The clear, natural nature of this ongoing professional relationship continues to allow two people, who are already hidden from each other, to feel at ease with the ever-evolving level of intimacy. This relationship, as might be expected, could result in allowing the patient to transfer more closely to domestic and private matters in a safe and productive climate.

Doctor-patient Relationship are considered an integral part of medical ethics. Doctor-patient Relationshipoften occurs when a physician recognizes a patient's clinical needs through enrollment, conclusion, and effective treatment. Because of the relationship, the specialist is responsible for the patient continuing to go through the disease or closing the relationship successfully. Fundamentally, critical care physicians develop effective Doctor-patient Relationship to transfer basic patient care.

Ongoing professional relationships have become and remain the foundation of care: a place where information is collected, analyzed, and organized, consistency is corrected, corrected, worked for peace, and supported. To oversee caregiver organizations, its importance is mysteriously placed on the market: the fulfillment of special peace relations is a fundamental basis in people's choice to join and live with a particular organization.

COVID-19 emerged in Wuhan, China, in December 2019 and quickly spread into a global epidemic. Clinical manifestations include mainly fever (99percent), fatigue (70percent), dry cough (60percent), myalgia (44percent), and dyspnea at the onset of the disease. COVID-19 treatment is highly supportive and no active drug is available. Alnofaiey et all (2020)

The outbreak of Coronavirus (COVID-19) first appeared in the city of Wuhan, Hubei province, China in December 2019. Patients were admitted with a serious respiratory infection known as COVID-19. A total of 565 cases and 56 homicides were reported in China from 25 January 2020. In the next 5 days to 30 January, the number of cases increased to 7734. Overall, the mortality rate is reported to be 2.2percent in China. In the US, the first case of human trafficking was reported on January 22, 2020. To date, 4,178,156 reported cases of 286,353 deaths worldwide have been confirmed by the USA, Spain, Italy, UK, and Russia Very high charges. In Pakistan, 32,673 confirmed cases have been reported in which 618 deaths have been reported. In the capital Islamabad 716, Sindh province 12 610, Punjab 11,869, KPK 4875 province, Baluchistan 2061, Gilgit Baltistan 457 and AJK 86 cases reported. COVID-19 infection has an incubation period of about 5.2 days after which symptoms begin to appear. It takes approximately 6-41 days from the onset of symptoms to an average of 14 days of death. However, this period varies according to the patient's immune system and age. Some of the most common symptoms of COVID-19 infection include dry cough, fever, fatigue, headache, diarrhea, sputum

production, hemoptysis, lymphopenia, and dyspnea. Sohail Afzal et all, (2020)

According to the WHO –Coronavirus disease (COVID-19) is an infectious disease caused by a newly acquired coronavirus. Most people infected with the COVID-19 virus will experience respiratory to moderate illness and recover without the need for special treatment. Older people and those with medical conditions such as heart disease, diabetes, chronic obstructive pulmonary disease, and cancer are more likely to become seriously ill."

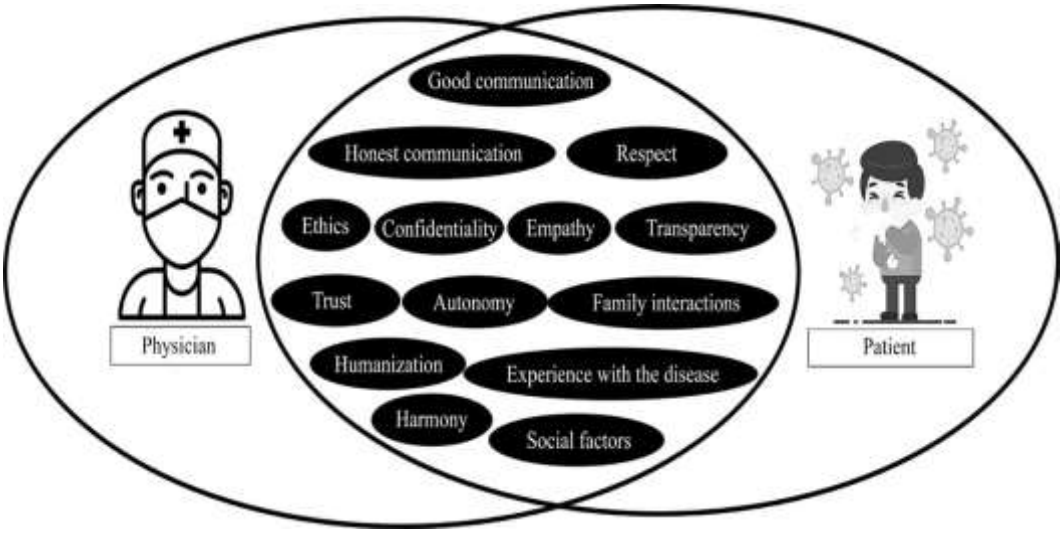
The best way to prevent and delay the transmission of information is to better understand the COVID-19 virus, the disease it causes, and how it spreads. Protect yourself and others from infection by washing your hands or using alcohol regularly and without touching your face. The COVID-19 virus is spread mainly through saliva droplets or runny nose when an infected person coughs or sneezes, so it is important that you re-practice the practice of breathing (for example, by coughing on a flexible elbow).

Coronavirus (COVID-19) has presented challenging and challenging issues across all fields of knowledge and politics, politics, economics, religion, culture, and medical development as well as a host of biotechnology and biomedical show engineering that promises to extend human life. Research is happeningin such areas so can be learned more and more each day. But technological advancement issues have important debates about the doctor patient relationship. Along with technological advancement telemedicine has also important effect on doctor patient relationship. That ensures that it can have far-reaching benefits but also makes skin-to-skin interactions, much needed in medical settings, impossible. The launch of the community eradication has compelled doctors to ensure and promote greater quality care, as the virus has showed the country to the state of extreme suffering. For this purpose, it is important to explain the role of human relationship, with aspecial emphasis on the Doctor-patient Relationship, in the formation of the

medical process. On contrary the circumstance of hospitals, the ICU) which is a multifacetedpart and needs technical equipment, particularly in for complex diseases such as COVID-19. Patients suffering from COVID-19 admitted to ICU need intensive biotechnological asset to save energy moreover, they need greaterdedication from doctors. Still, theDoctor-patient Relationship ICU has now been a greattrial and with COVID-19 epidemic, the situation worsened, given the prevalence of the disease and the high percentage of mortality betweenrisky groups. ICU, which reflects seriouscomplaint of the patient's condition, places countless pressure on the patient‘s family members and the medical team itself.

There are various elements that constituteup the Doctor-patient Relationship, sympathy is worthy of special emphasis. Therapeutic adherence is based upon Doctor-patient Relationship because trust as well as co-operation are needed in performance of diagnostic as well as therapeutic procedures, that are vital for better medical practice. As shown in the Figure1, the Doctor-patient Relationship is founded on numerous assembly principles.

**Figure 1DOCTOR-PATIENT RELATIONSHIP REQUIREMENTS FOR THE DOCTOR-PATIENT RELATIONSHIP DURING THE CONTINUATION OF COVID-19**




Source: https://www.scielo.br/img/revistas/ramb/v66s2/1806-9282-ramb-66-s2-007-gf01.jpg

The process of medical practice, which happens naturally, has produced the Doctor-patient relationship to undertakesharedvariationscompleted the years, and sympathy not affected it. Variations in the fundamental conduct in the epidemic make it very important sign for the Doctor-Patient Relationship.

Corona thanks to its extremely contagious character,significantly saved health care systems and staff, requiring the development of new patient care systems, like telemedicine. Butthis should be noted that the essential law of the Doctor-patient relationship, proposed by Hippocrates, may not be available through telemedicine (another extensively used method throughout the period of epidemic).

Along with to the many technical as well as ethical queries raised by epidemic, this should be made clear that there is great necessity for common sense inDoctor-patient relationship at present. So many

prophylacticsas well as therapeutic methodsarise daily, and with them, new trials to the Doctor-patient relationship arise.

Positive use of a technological resource to encounter this worldwide problemis likely to enhance the acceptance of technologies. And, as it is previouslypredicted that any sort of variation that is produced by corona also produced evolutionary variations in the conduct in the society. For this purpose, the doctor‘s relationship with the patient combined with latest technologies guarantee the scientific means that are important for the well-organized maintenance of patient suffering from corona.

Therefore,continuation of the Doctor-patient relationship should co-occuroutside chaos of public health care system still, physician protection should remain undeniable limit in daily medical exercise Bras. (2020)

In the context of the COVID-19 epidemic, the intensive care unit puts a lot of pressure on the medical squad and family of patient as physicians cannot find effective treatments to improve the relation and patients suffering. The doctor-patient relationship has usually based upon the relationship and compassion among doctor and patient. according to the medical oath which saves lives. Because of week system many people lose their lives because of the failure of health mechanism in various countries. This condition favors the growing growth of symptoms of depression, anxiety, and fear in healthspecialists, and especially between working-class workers.Among several elements that build the doctor-patient relationship. Among the various elements that make up the Doctor-patient relationship empathy has more importance. Treatment is totally made on the basis of Doctor-patient Relationship because trust as well as co-operation play critical role for the effectiveness of the procedures of diagnosis and therapy, that are core elements for better medical exercise. The Doctor-patient Relationship is based on several co-operative policies. The process of evolution, that take place naturally produced theDoctor-patient Relationship to make many variations over years, and sympathy

has not affected it. Variations in epidemiological conduct make it a very important sign in a Doctor-patient relationship.

There are two types of relationships like sacrosanct such as that between a doctor and a patient. It is built on the connection between trust, respect, and empathy and is influenced by medical practice and the rule of law. All of this was interrupted by the current covid-19 epidemic. Patients were physically and emotionally isolated from their doctors due to the use of PPE, telemedicine, and patients' fear of receiving health care.

Annually changing patterns in the community, advances in medical care, and easy access to medical information have made patient-physician relationships more challenging. To provide the patient with the best possible care, there is a need for healthy communication and the relationship between the doctors and the patient and trust are key factors among other things in building good relationships.

The tale Coronavirus infection (COVID-19) pandemic has raised unpredictable and testing issues in all subject matters and the social, political, monetary, strict, social, and clinical circles. A significant inquiry to pose to ourselves is: are specialists arranged to kill enduring or potentially save lives in present setting.

Uncountable advancement in biotechnology as well as biomedical designing show guarantee in expanding individual‘s future. The examination is constantly being done in these territories; we find out increasingly more every day. Notwithstanding, the advances in innovation have raised a significant conversation around the specialist tolerant relationship.

Anyhow logical advances, another significant specialist that influences the Doctor-patient relationship is telemedicine, which ensures the chance of distant help, however, connects, which is so vital for clinical direct, outlandish.

The application of social separating constrained specialists to ensure extra altruistic and very excellent consideration, as the infection has presented the nation to this circumstance of extraordinary condition. In this manner, it is important to examine part of human relations, by highlighting on Doctor-patient relationship, in advancement in clinical practice.

Then again, with regards to clinics, the emergency unit itself is now generally complex and in honest need of innovative mechanical get-togethers, particularly in instances of complex sicknesses, for example, Corona virus. Patients suffering from corona admitted to ICU require broad biotechnological thought for look after imperativeness also, they require extraordinary commitment from the specialists. Although, Doctor-patient Relationship inICU was at that point is a  significant test and with the flare-up of coronas pandemicthe circumstance gotten surprisingly more terrible, taking into account that the sickness is exceptionally infectious and there ishigh death rate in high-hazard groups.

ICU, hailing essential thought of patient‘s condition makes phenomenal agony patient‘s family members and clinical gathering itself. Concerning corona pandemic patient in genuine thought makes fundamentally more torment for the clinical gathering and the patient's family, since the experts don't approach incredible accommodating plans to alleviate the suffering of the patients and their relatives.

The Doctor-patient relationshipconsistently founded in connection among specialist and patient and the specialist's feeling of compassion; it depends on the clinical vow tosave lives. This law today become delicate and weak even with a monster that has just guaranteed numerous lives because of the breakdown of the wellbeing framework in numerous nations, including Brasil.

Because of the breakdown of the wellbeing framework, it is dependent upon the doctor to conclude who will approach the scant ICU beds. This circumstance favors the remarkable development of burdensome, on edge,

and phobic manifestations in clinical experts, particularly among intensivists. Given these realities, we inquire as to whether theDoctor-patient Relationshipwill continue as before, and whenever refined consideration seeing the patient comprehensively will, in any case, be the equivalent soon.

## 1.1 Conceptualizing Doctor-Patients relationship in dealing with covid-19

Doctor persistent connections are connected to tolerant fulfillment, adherence to treatment and result. It remains the foundation of the clinical room despite the fact that it could be influenced by the COVID-19 pestilence. Most contaminated individuals will create moderate to extreme ailment and recuperate without being hospitalized.

Covid-19 structures an enormous group of infections. Some regular Covid-19 have been known to change into people. The infection that causes COVID-19 is predominantly sent by beads that are created when a tainted individual hacks, wheezes, or pees. These beads are hefty to linger palpably, and fall rapidly down or over. You can get contaminated by breathing in the infection on the off chance that you are in close contact with somebody with COVID-19, or by contacting a filthy zone and afterward your eyes, nose or mouth. As revealed by the World Health Organization (WHO), COVID-19 transmission is conceivable through two channels of respiratory drops and actual contact. Things being what they are, does the WHO suggest the utilization of face veils and body cleans? Standard custom settings will at any rate expect adherence to these cautions and adjust to the new norm. Here we attempt to incorporate the likely impacts of 'camouflage' and 'distance' from understanding patient connections. The current survey was directed to lead a precise audit of studies on psychological well-being issues confronting medical care laborers (HCW) because of the COVID-19 pestilence. The outcomes revealed calmly are utilized bit by bit in clinical preliminaries to take a gander at the characteristic foundation of persistent illnesses and the

potential for new medicines. Understanding the financial and underground consequences for wellbeing related personal satisfaction (HRQOL) will empower comprehension of the impacts of clinical decisions and raise the destinations of association to improve tolerant consideration and results. The point of this examination was to assess the financial impacts and low HRQOL score in patients with cystic fibrosis (CF) from youth to adulthood in an enormous, complete information base containing the clinical and HRQOL information for patients with CF. (Creator interfaces open flat board Alexandra L. QuittnerPhDaMichael S. SchechterMD, (2009) This examination means to explore the recurrence of mental problems in an assortment of medical services laborers (i.e., specialists, clinical occupants, attendants, subject matter experts and network wellbeing laborers) during the COVID-19 pandemic in Pakistan or Gilgit and to evaluate factors identified with the beginning of mental issues in this populace General wellbeing.

To find out during the covid-19 pandemic patient face a lot of problem. There is on any treatment for covid-19 patients, doctor have no idea to treat covid-19 patient, patient surfing from disease. After few time doctor use different types of pattern and treatment for covid-19 patients they have no idea to treat covid-19 patients. They don't use one type of treatment or pattern doctor advice covid-19 patients to make social distance, wearing mask, using sanitizer etc.

To study the communication or interaction doctor-patient communication has the potential to help regulate patients' emotions, facilitate comprehension of medical information, and allow for better identification of patients' needs, perceptions, and expectations.

- To find out three approaches on doctor patient interaction

  1- That how doctor adopt the role of active agent while the patient is passive.

  2-Doctor guide and the patient cooperate with doctor during treatment.

3-Doctor discusses the disease mostly in case of chronic illnesses.

- Parsons sick role

  1-Parsons sick saw illness as a deviant behavior within society, because when person gets, I'll he is unable to fulfill their social norms.

  2-Parsons argued that if too many people claimed to be, I'll then this would be dysfunction impact on society.

~~I~~mpact of the doctor patient's relationship on patients suffering from covid-19 in Gilgit city"

## 1.2 Statement of the problem

Socioeconomic conditions influence our risk of contracting COVID-19, just as they affect nearly all other health indicators. Housing conditions, for example, can radically influence our risk for contracting COVID-19. Poor housing conditions often result in decreased sanitation overloading, and decreased ability to physically distance; these factors all increase risk for transmission of COVID-19. Jobs that require in-person attendance make physical distancing difficult, and these jobs are commonly worked by the economically disadvantaged. Further, many people with lower incomes rely on public transport for job attendance, thereby increasing physical contact and risk for COVID-19 transmission.

~~I~~mpact of the doctor patient's relationship on patients suffering from covid-19 in Gilgit city"

## 1.3 Objectives of the Study

1 To determine the socioeconomic background of the patients suffering from covid-19

2 To determine the uniformity patterns adopted by the doctor in the diagnose as well as treatments of covid-19.

3 Explains the dynamics of doctor-patient interaction.

## 1.4 Significance of the study

The patient should be confident that his doctor is competent and should have sense that the patients can have belief in him. It is very important that for many physicians, the establishment of a good relationship with their patient is essential. Some of the medical specialties, such aspsychotherapy and domestic therapy, highlight doctor-patient affairs above others, such as pathology or radiology, with the least contact with the patients. The worth of the patient and doctor relationship is important equally on the both sides. The values and opinions of the doctor and the patient about the disease, health, and available time has a major part in constructing the doctor patientbond. A goodconnection between them results in more general, valuable data about the patient‘s illness and healthier patient and family health maintenance. Improving the accuracy of the diagnosis and increasing the patient‘s knowledge of the disease all bring about a better relationship between the doctor and the patient. When such relationships weaken the ability of physicians to make a complete diagnosis risky and the patient is more probably to be suspicious of the proposed diagnosis and curing, resulting in a decrease in compliance with medical advice that leads to adverse health outcomes.

Physician-patient relationships are the basis of medicalmaintenance. Doctor and patient relations are able to have positive and negative implications for clinical care finally; the main purpose of doctor-patient relationships is to improve patient health outcomes and medical care. Strong doctor-patient relationships are in line with improved patient outcomes. As the relationship between doctors and patients becomes more important, it is important to understand the factors that influence this relationship.

## Chapter No. 02

# Review of the Relevant Literature Review

The review of the relevant literature consists of the statement that knowledge gathers and that we learn from and construct on what others have done previously. The aim of the chapter is to analysis the literature that is related to the relationship among doctor and patient communication and interaction and so on and so forth. All the researches were available that were related to the research topic i-e doctor-patient relationship, doctor-patient communication and etc. The review of the literature shows several different aspects of the research topic i-e doctor-patient interaction.

## 2.1 Doctor's patient's Interaction

Increased patient satisfaction was related with better compliance, while decreased patient satisfaction was associated with both costly doctor-shopping and increased malpractice litigation. Linn et al. (1985) concluded that from the patient perspective, satisfaction was greater in those settings in which they had to wait less time to be seen. Similarly, once patients had been seen, satisfaction was greater in settings in which physicians and ancillary staff spent a greater proportion of their time in face-to-face patient interaction. Physician satisfaction was also greater in settings in which ancillary staff spent more of their clinic time interacting directly with patients. Together, these findings indicated that a major component of physician satisfaction with their continuing care outpatient experiences lies in having an organizational structure that facilitates their educational experience through more frequent contact with faculty physicians and simultaneously promoted the use of nurses and other members of the health team in providing direct patient care. From the faculty viewpoint, again efficient use of physician, nurse, and other health workers to maximize face-to-face patient interaction was clearly related to increased satisfaction.

The patients feel greater satisfaction in which physicians and ancillary staff spent a greater proportion of their time in face-to-face patient interaction. Physician satisfaction is greater in the setting in which they

spent more time in face to face interaction. Brody et al. (1989) explained that patient satisfaction was related to two types of interventions that generally indicate to patients that their physician respected them as individuals and was concerned about their personal welfare, i.e., discussing the patient's ideas and discussing areas of life stress. In addition, this study had demonstrated the importance of providing information to patients. Education might facilitate the technical aspects of the patients' care as well as enhance the patients' sense of personal control and social support. Education might also decrease patient desires for diagnostic tests that had negligible diagnostic value. Patients who had been extremely satisfied with their physician might be more likely to perceive that their physician listened to their ideas, educated them, and provided stress counseling independently of the physician's actual behavior.

Situational factors, for example, kind of disease, length of specialist quiet connection, presence of a friend, first versus rehash visit, and the specific specialist saw had been found to impact patients' correspondence practices with their PCPs. Roter (1991) presumed that female patient had been found to pose a larger number of inquiries than men and female patients seemed to get more certain correspondence and more association working than men. Less was thought about doctor sex impacts, albeit a few agents infer that female doctors were more sympathetic than their male associates.

Female patients pose a bigger number of investigations than men and female patients seem to get more certain correspondence and more suggestion working than men. Judith and Sarah (1991) rational that race should have been added all the more reliably to consider socioeconomics on the grounds that doctors seemed to discuss contrastingly with white and non-white patients. Furthermore, a significant part of the writing will in general propose that doctors frequently disregard the likelihood that tolerant attributes, for example, race influenced the doctor's conduct.

The patient‘s race likewise influences the specialist understanding of connection. Friedson (1994) contended that proficient strength was a basic factor in a physician‘s proficient status. The analyst presumed that inasmuch as the physicians as a gathering stayed prevailing in the division of work in medical care. They held their status as experts regardless of whether singular doctors lost a portion of their clinical self-sufficiency.

As the physician‘s proficient status is predominant this influences the specialist understanding connection. Waitzkin et al (1996) have inferred that understanding specialist correspondence in the United States and other English-talking nations had uncovered various alarming challenges. Social underlying boundaries hindered viable correspondence, and data giving stayed risky. Specialists would in general belittle patients' longing for data and to misperceive the cycle of data giving. The transmission of data fluctuated by the attributes of patients, specialists, and the clinical circumstances where they connect. Doctors'‘ verbal and nonverbal correspondence designs were related to risky results of clinical consideration, for example, fulfillment and consistency. Concerning the sociolinguistic structure of correspondence, specialists regularly kept a style of high control, which included various specialists, started questions, interferences, and disregard of the patient‘s ‒life-world.”

## 2.2 Doctor-patients Communication

Patients need more correspondence with clinic functionaries as regularly they are steadily supplanted by different wards. Hence patients can't make sure about data from the specialists. Captain et al. (1968) explored differentiating quiet impressions of sub-proficient low-status Negro emergency clinic laborers with a tolerant view of the expert high-status white clinic staff. The information recommended that from the patient's perspective sub-proficient (Negro associates, orderlies, servants, food administration faculty, and so on) were more successful in gathering the patients' requirements for expressive consideration than white medical caretakers and doctors; and these people‘s low status, Negro race, and sub-

proficient connection straightforwardly added to their adequacy. A big part of the patients who remarked on the clinical staff was basic somewhat and shut to 66percent of those remarking on the nursing staff were basic. All in all, these patients would in general censure the white proficient staff's presentation in the zone of relational relations while lauding their exhibition in the more specialized, instrumental parts of care. Numerous patients said that their medical caretakers and doctors were not as inviting, kind, and merry as they had anticipated that they should be. This demonstrated that the patient's general assessment of Negro staff was better than their assessment of white faculty.

From the patient‘s perspective, sub-proficient (Negro assistants, orderlies, maids, food administration faculty, and so on) are more viable in gathering the patients' requirements for expressive consideration than white attendants and doctors. Sorenson,(1974) reasoned that logical improvement empowered better control of a medical condition by a doctor was probably going to be seen as appropriately heavily influenced by doctor particularly since his involvement with settling on the choice of this sort generally far surpassed the experience of the customary patient. Clinical advancements that allowed control of life circumstances recently characterized as generally outside the pale of medication anyway tended themselves to patients being fairly more responsive to their new part as chief. This was so to some degree since patients perceived that the skill of the doctors didn't really qualify him to make in these regions.

Powerful specialist persistent correspondence is a focal clinical capacity in building a helpful specialist tolerant relationship, which is the heart and craft of medication. This is significant in the conveyance of top-notch medical services. Much of the frustration of many patients and complaints is due to the decline in professional understanding relationships. In any case, numerous specialists will in general overestimate their capacity to convey. Throughout the long term, much has been distributed in the writing on this diary, (2010)

Tolerant doctor correspondence is a vital piece of clinical practice. At the point when progressed nicely, such correspondence delivers a remedial impact for the patient, as has been approved in controlled examinations. Formal preparing programs have been made to improve and quantify explicit relational abilities. A considerable lot of these endeavors, nonetheless, center on clinical schools and early postgraduate years and, in this way, stay disengaged in scholastic settings. Along these lines, the relational abilities of the bustling doctor frequently remain inadequately created, and the requirement for set up doctors to turn out to be better communicates proceeds. In this article, the writers quickly audit compelling patient-doctor correspondence. They start by auditing current information on the advantages of viable correspondence in the clinical setting of doctors thinking about patients. The creators at that point offer explicit direction on the best way to accomplish successful correspondence in the patient-doctor relationship..Travaline, 2005)

Great relational abilities are fundamental to build up DOCTOR-PATIENT RELATIONSHIP. Studies have uncovered that powerful correspondence among doctor and patient has brought about various effects on different parts of wellbeing outcomes, for example, improved clinical, useful, and enthusiastic state of patients, better patient consistency with clinical treatment, upgraded satisfaction of patient toward medical care managements, lesser dangers of clinical offense.

## 2.3 Doctor patient's relation during diagnosis

This examination portrays talk civility in determinations in specialist tolerant communications in English in chose emergency clinics in South-western Nigeria. Utilizing recorded discussions among specialists and patients in those clinics as information, the common logical convictions of members, discourse act designs, including etymological examples, and other commonsense highlights are investigated from the point of view of the pragmatics of talk. The discoveries show the transcendence of specialist started spoken trades in which specialists evoke and affirm the

data and offer orders to patients, while the patients give data and endeavor to react fittingly to the specialists' moves. It is likewise seen that discussion adages are ridiculed and graciousness proverbs misused to upgrade effective conclusions in the communication. At last, it is seen that specialist understanding association is just one out of numerous parts of clinical correspondence that require the consideration of language researchers to pick up knowledge into the language as a demonstration of social conduct and activity, particularly as for the establishment of medication. Adegbite&Odebunmi, (2006).

Development and introduction of new diagnostic techniques have greatly enhanced over the past periods. The evaluation of diagnostic techniques, however, is a smaller amount advanced than that of treatments. Unlike drugs, there are usually no formal requirements for the acceptance of diagnostic tests in general care. In spite of important influences, the approach of diagnostic research is poorly defined compared with study designs on treatment effectiveness, or on etiology, so it's not unexpected that methodological errors are common in diagnostic studies. Furthermore, research funds infrequently cover diagnostic research reaching from indications or tests. Then the quality of the diagnostic process largely controls the quality of care, overcoming absences in standards, method, and funding justifies high urgency. (J André Knottnerus, 2002). The arguments of diagnostic testing and research, methodological challenges, and options for the design of studies.

According to (Epstein, 2005) Diagnostic test use is effectively controlling for patient factors, counting type of visit, illness severity, number of concerns, indicated preferences, and choice of physician based on practice style. Because it is difficult to adjust effectively for these differences among patients, observed effects may simply reflect confusing by patient factors. Also, no study has observed whether patient-centeredness characterizes, in part, a physician‘s style, observable for more than 1

patient interaction, or whether that style exhibits any relation to the use of diagnostic testing and visit length.

The expressively overcome patient must be educated about her disease and available treatments so she or he can participate in decisions about her care. A research argued study the suggestion that patients whose doctors used psychotherapeutic techniques during the diagnostic interview would have better psychologic modification to their disease.

## 2.4 Health challenges

The specialist understanding relationship has been and stays a cornerstone of care; the norm wherein information are assembled, judgments and plans are settled on, the arrangement is master, and recuperating, tolerant enactment, and backing are given. To oversee care associations, its significance lays likewise on market canny; fulfillment with the specialist quiet relationship is a basic factor in individuals' goals to join and remain with a particular association Susan Dorr Goold, (1999).

Significant difficulties face the present medical care framework for which wellbeing experts must be readied. Counting related proof and the perspectives communicated by members in the Health Professions Education Summit and analyzes the subsequent ramifications for the instruction of wellbeing experts and its change. The current quality emergency in America's medical services is all around perceived. Regular late investigations have prompted the end that ~~t~~he weight of damage passed on by the aggregate effect of the entirety of our medical care quality issues is faltering" Chassin et al., (1998)

In today's super-different social orders, correspondence and dealings in clinical experiences are dynamically molded by etymological, social, social, and ethnic simplicities. It is vital to more readily comprehend the troubles patients with relocation foundation and medical services experts experienced in their shared clinical experiences and to find moral aspects troublesome Würth, (2018).

According to Sheff, (2017) Relations between patients and medical practitioners can sometimes be challenging. We have all had discussions where the interaction was not ideal, either as medical practitioners or as a patient ourselves. Neither usually requirements to basis a difficult condition however common misunderstandings, by both groups, frequently result in such an incidence. Statement and attending abilities are important for every consultation but in individual, for situations where the interaction may become difficult. In this article author will find out what may make a discussion challenging and what results this can principal to, and provide some proposals to help both you and your patient.Many different challenging dealings occur daily. These challenging dealings may arise due to discrepancies in expectation, perception and/or statement between the patient and medical doctor, and could be caused by the doctor, by the patient or by both.

Patient access to healthcare sets the standard for all patient encounters with the healthcare industry. When a patient is unable to access his or her physician, it is not possible to obtain medical care, build relationships with their providers, and achieve the patient's overall health. Regardless of this standing; patient care entrée is not a truth for many patients across the country. Between appointment accessibility issues and difficulties getting a ride to the clinician office, patient care access has many associated challenges (Heath, 2018).

Major changes in the overtone, financing, and conveyance of medical services have added new stressors or occasions to the clinical calling. These new potential stressors are notwithstanding recently perceived outer and inside ones. The workplace of doctors presents psychosocial, ergonomic, and physic-compound dangers. The psychosocial workplace has, regardless, declined. Requests at work increment simultaneously as impact over one‘s work and scholarly incitement from work decline. Similarly, wildness and the danger of savagery is another major word related medical issue doctors progressively face. Monetary requirement,

overseen care and industrialism in medical care are different components that in a general sense change the job of doctors. The quick organization of new data advances will likewise change the job of the doctor towards being a greater amount of a consultant and data supplier. A significant number of the minor medical issues will progressively be overseen by patients themselves and by non-doctor experts and professionals of reciprocal medication. At long last, the monetary and societal position of doctors are tested which is reflected in a more slow compensation increment contrasted with numerous other expert gatherings. The image painted above might be viewed as consistently bleak. In all actuality, that isn't the situation. There is developing interest in and familiarity with importance of psychosocial workenvironmentfor thetransmission of top-notch care. Doctors under pressure are bound to give treatment to the patient treat patients ineffectively in both mentally as well as medically.Where there are more chances to make mistakes of judgement. Studies where doctor workplace in whole medical clinics has been surveyed, results took care of back, and doctors and the board have worked with centered improvement measures, have exhibited quantifiable enhancements in the appraisals of the psychosocial workplace. Nonetheless, it turns out to be obvious from such investigations that nature of the administration and the doctor group sway on the general work environment. Doctors uninformed of the objectives of the division just as the clinic, that don't get the executives execution input, and who don't get yearly execution examinations and vocation direction, rate their psychosocial climate as more unfriendly than their partners. There is additionally an incredible need to offer actually focused on ability improvement plans. Heads of office and senior doctors rate their workplace as of higher caliber than more junior and mid-profession doctors. All the more explicitly, less senior doctors see comparable work requests as their senior associates however rate impact over work, aptitudes use, and scholarly incitement at function as altogether more terrible. To battle negative stressors in the doctors' workplace,

improvement activities should be viewed as both at the individual, gathering, and underlying level. Effective assets utilized by doctors to deal with the pressure of regular medication should be recognized. Doctors are a critical gathering to guarantee a well-working medical care framework. To have the option to change and adjust to the progressing development of the Western medical care framework, more spotlights should be put on the psychosocial parts of doctors' work Arnetz,( 2001).

## 2.5 Doctor-patients relationship during Treatment

Social barriers to effective communication and the provision of information to physicians remained a problem. Doctors often maintained their high control on patients. Szasz and Hollender (1997) identified three basic models of doctor patient relationship. The first model activity and passivity, researchers described that physician does something to patient. The physician was active, the patient passive. This situation was originated in and is entirely appropriate for the treatment of emergencies. In the model of guidance-cooperation researcher described that although the patient is ill, he was conscious and has feeling and aspiration for his own. Since he suffered from pain, anxiety and other distressing symptom he seeks help and was ready and will to cooperate. In the last model mutual participation author argued that it was crucial to this type of interaction that the participants 1) had approximately equal power 2) be mutually interdependent i.e. need of each other and 3) engage in activity that was satisfying to both.

It is necessary that patient should be active and the patient passive. There should be guidance and cooperation between doctor and patient similarly mutual participation of both in the treatment process this result in better health outcome. Sleath et al (1999) concluded that physicians almost answered patients 'questions, thus appearing responsive to those questions. Researcher also found that physicians perceived patients as showing assertiveness and interest but not irritation if they asked more questions.These findings were significant, as patients often cite fear of

doctor's response as their main reason for not asking questions about their medication. These results had a significant impact on the clinic, especially since many patients were reluctant to ask doctors about their medications. If physicians wanted to detect and prevent problems with continued medications and improve patient compliance, they should consider asking at least one open ended question about how the medications were working and a question about any side effects or barriers to use.

Physicians perceived patients as showing assertiveness and interest but not irritation if they asked more questions. Patients often do not ask question from doctor as they feel fear from doctor. Harris et al (1999) had found a correlation between overall satisfaction and satisfaction with provider-patient interactions and with the accessibility, availability, continuity, and convenience of care. However, satisfaction with nurses and ―front desk" office personnel had not received the same careful assessment as a dimension of overall patient satisfaction with care. The importance of satisfaction with the office was further demonstrated by its association with disenrollment from the health plan. These findings support the importance of including nurses and office personnel who work at the front desk in quality assessment and improvement initiatives.

Present day medication has advanced in corresponding with the headway of organic chemistry, life structures, and physiology. By utilizing the devices of present day medication, the doctor today can treat and forestall various illnesses through pharmacology, hereditary qualities, and actual intercessions. Other than this Materia medical, the patient‘s brain, perceptions, and feelings have a focal impact also in any remedial result, as researched by orders, this survey portrays late discoveries that give logical proof to the old principle that patients should be both relieved and thought about. Truth be told, we are today in a decent situation to explore complex mental elements, similar to misleading impacts and the specialist persistent relationship, by utilizing a physiological and neuroscientific

approach. These many-sided mental variables can be drawn nearer through natural chemistry, life structures, and physiology, hence killing the old polarity among science and brain research. This is both a biomedical and a philosophical venture that is changing the manner in which we approach and decipher medication and human science. In the principal case, restoring the infection just isn't adequate, and care of the patient is of equivalent significance. In the subsequent case, the philosophical discussion about the brain body cooperation can locate some significant answers in the investigation of misleading impacts. Thusly, perhaps perplexingly, the misleading impact and the specialist persistent relationship can be drawn closer by utilizing similar biochemical, cell and physiological instruments of the Materia medical, which speaks to an epochal change from general ideas, for example, suggestibility and intensity of psyche to a genuine physiology of the specialist understanding connection Benedetti, (2013).

The direct effect of the physician-patient relationship on treatment outcome was also assessed. Some characteristics of the doctor-patient interaction; doctors‘ defectiveness, doctors‘ emotional attitude towards the patient, patient‘ activity, patients‘ partnership status had an effect on patients‘ health behavior (compliance with doctors' orders and patients‘ spontaneous health activity). Even stronger was the connection between these with the degree of patients‘ compliance with doctors' instructions but were positively connected with the amount of patients unstructured health activity. Authors analyzed these findings in the light of emotional medicine.

Doctor uses particular verbal which patient often cannot understand. Most of the time specialized verbal is problematic for patients. This gave rise to what has been termed an ability gap between doctor and patient. Jeter et al (2002) examined racial/ethnic differences in patient satisfaction among patients in multiple combinations of doctor-patient race/ethnicity pairs.

Furthermore, they outlined the determinants of doctor-patient race concordance. The researchers found that in respondents in each race / nation, patients who had a choice in choosing their own doctor were more likely to be competing. Whites were more likely to have a racial agreement with their doctor compared to African American, Spanish and Asian American respondents. Within each race / ethnic group, respondents who were racially consensual reported greater satisfaction with their physician compared to non-racial respondents. These findings support the continued support of efforts to increase the number of physicians, while with greater emphasis on improving physicians' ability to communicate with patients who are not of their own race.

## 2.6 Socioeconomic background of patients

As per Ariel Tarasiuk, (2012) examined whether money related inspirations have a section in patients‘ decisions to recognize (purchase) a persevering positive aeronautics course pressure (CPAP) device in a clinical consideration structure that requires cost-sharing.Protheroe (2012) Involvement in medical care is a significant component of self-administration in ongoing sickness, and strategy underscores quiet decision. Sign exhorts that this might be unequal and deficient since dynamic interest is emphatically connected with socio-segment factors. This investigation investigates the sensitivities of interest in individuals with contrasting financial status with topics identified with wellbeing education and relationship with medical care experts. Patients notice commitment in an unexpected way, identified with their earlier desires for a medical care conversation, social standpoints, and social position. Rules extended at basically improving _wellbeing education‘ and decision won‘t be fruitful if these complete contrasts are not tended to.

Understanding _enablement‘ is a term firmly went with _strengthening and its profundity in an overall practice discussion have been operationalized in the extensively utilized patient enablement instrument (PEI), a patient-

appraised measure of meeting result. Notwithstanding, there is restricted information about the components that impact enablement, especially the impact of financial hardship. The point of the investigation is to survey the elements impacting persistent enablement in GP conferences in regions of high and low hardship.

Monetary status is both a strong marker of prosperity and a key factor is shrouded prosperity lopsided characteristics across peoples. Poor monetary status has the capacity beyond what many would consider possible the limits of an individual or people, showing itself through insufficiencies in both financial and social capital. It is away from a nonappearance of financial capital can deal the capacity to keep up extraordinary prosperity. In the UK, past to the association of the NHS changes during the 2000s, it was demonstrated that pay was a huge determinant of induction to clinical consideration resources. Since one‘s work or calling is a basic channel for both financial and social capital, work is a huge, yet underrepresented, factor in prosperity irregular characteristics investigation and neutralization attempts. Backing of good prosperity through the use of genuine clinical administrations resources can be extreme and as needs be unnecessarily costly to explicit masses.

Infection after complete arthroplasty has become a major problem. Several risk factors have been identified to increase the risk of fully integrated infection. The purpose of this study was to assess whether socioeconomic backgrounds are a risk factor for infection in primary arthroplasty. A review of the retrospective chart was performed over a 4-year period by a single surgeon who distinguishes between private patients with private insurance and Medicare and regional-based patients with the poorest health facilities and Medicaid. The level of infection was calculated in each community on both the bases of the knees and hip joints. These two individuals were statistically analyzed by age differences, preoperative diagnoses, and socioeconomic background. To our knowledge, this is the

first study showing the increased risk of infection in complete arthroplasty associated with the social and economic background (Brian G. Webb, David M. Lichtman, & Russell A. Wagner, 2008).In addition, the patient's socio-economic status, age and nationality may influence the size of the gap between exposure and success.

## Assumptions

1) Patients have enough correspondence with medical clinic functionaries as regularly they are step by step supplanted to different wards.
2) Doctors will in general disparage patient's craving for data and to misperceive the cycle of data giving.
3) The physician is active, the patient passive. This situation is appropriate for the treatment of emergencies.
4) Patients have oblivious and conflicting cravings.

**Chapter No.03**

# THEORETICAL FRAMEWORK

In this chapter, the researcher will shade light on theoretical framework. Theoretical framework relates to developing abstract concepts about social or natural phenomenon and making relationships between those concepts. Theory gives importance to what we observe. First, we define Doctor-Patients relationship in different context and then we present theories which support our observation Doctor-Patients Relationship.

## 3.1 Sick role theory

The first major theory within sociology that analyzed the role of the health and illness in the social life was devised by the functionalist theorist Talcott parsons (1951) in his book ―the social system". Parsons did not disagree with the dominance of the medical model of the health in determining illness, yet argued that being ill was not just a biological condition, but also a social role (with a set of norms and values assigned to the role. Parson saw illness as deviant behaviors within society, because when a person gets ill, he is unable to fulfill their social norms. He argued that if too many people claimed to be ill then this would be dysfunctional impact on society as we can observe in the today's covid-19 situation that how this virus effected numerous people worldwide and had a dysfunctional impact on societies. Therefore, entry into the _Sick Role' needed to be controlled\regulating.

Parson therefore conceived\invent the _sick role' of hoe ideally a doctor and patient should connect to one another. The sick role is, for Parsons, one of the most important mechanisms of social control in capitalist societies. Yet, while health is vital for the economic system, the anomie of illness is controlled by non-economic means: _The ―profit motive" is supposed to be drastically excluded from the medical world'

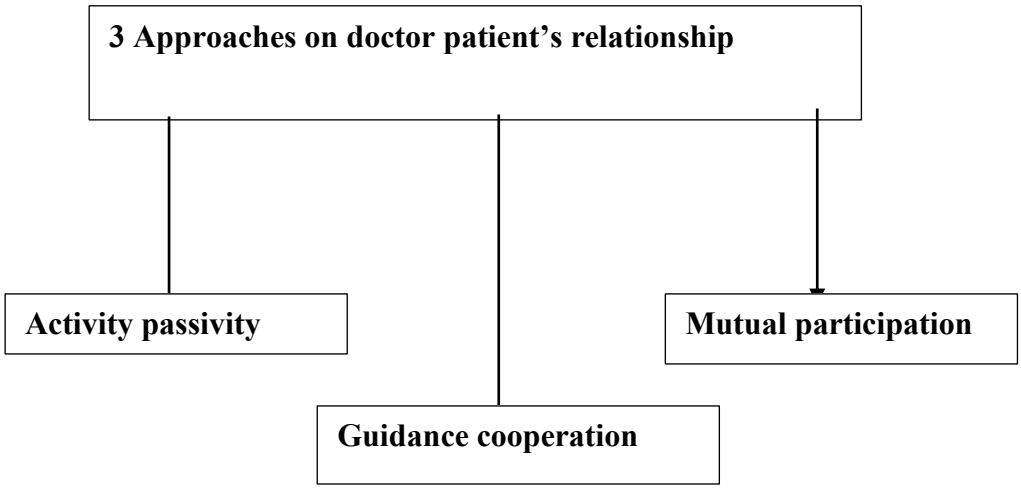
### 3.1.1 Rights and Responsibility

Within this mechanism, ill people and doctors had to take by a number of _rights' and _obligations' attached to their respective roles in order to keep entry into the sick role tightly monitored. The _function' of this mechanism was to prevent what Parsons called a _subculture of the sick' from

developing. Individuals who claimed the sick role who were not actually ill were classed as _malingerers‘.

Acting the collection of regular jobs, the debilitated job spans times of inability by setting up a solitary job that empowers similarity inside the aberrance of disease. Dependability to and proficient execution in the specific responsibility of the debilitated job remunerates incidentally for general insufficiency. In what is best named a _ban of correspondence‘ (to expand the application of Gerhardt‘s (1987), the person‘s ordinary commitments and furthermore their regular rights are suspended and supplanted by a bunch of debilitated job explicit rights and commitments. The exclusion from ordinary job desires itself clearly is the most crucial right. Different rights are the presumption of guiltlessness and admittance to proficient assistance. These rights are coordinated by reciprocal commitments. The treat to exception is coordinated by a commitment to withdraw from typical regular daily existence, both work and recreation, to disengage oneself from the universe of the sound. Parsons (1951)brings up that this commitment is regularly authorized by job accomplices (homegrown, word related and so on) The evil are to be 'protected' as 'upsetting component in the framework‘ Parsons, (1964) The _framework‘ should be shielded from organic contamination as well as from persuasive virus Parsons,(1964)as without such insurance the presence of individuals who get food and care without making a beneficial commitment would destabilize the inspiration of the solid not to become sick.

## 3.2Three Approaches on doctor patient's relationship




**Sources:https://www.sciencedirect.com/science/article/pii/S1743919106000094**

A doctor patient relationship is considered to be the core element in the ethical principles of medicine. Doctor patient relationship is usually developed when a physician tends to a patient's medical needs via check-up, diagnosis, and treatment in a friendly method.

### 3.2.1 Activity passivity

It depends on the doctor following up on the patient, who is treated as a lifeless thing. This model might be proper during a crisis when the patient might be oblivious or when a deferral in treatment may cause unsalvageable damage. In such circumstances, assent (and muddled discussions) is postponed. Doctor adopts the role of active agent while the patient is adopting passive. Doctor dictates and patients just listen. It is a one-way process. It is same in the case of parson's sick role model.

### 3.2.2 Guidance cooperation

The guidance and cooperation approach, a specialist is set in a place of force due to having clinical information that the patient needs. The specialist is relied upon to choose what is in the patient's wellbeing and to

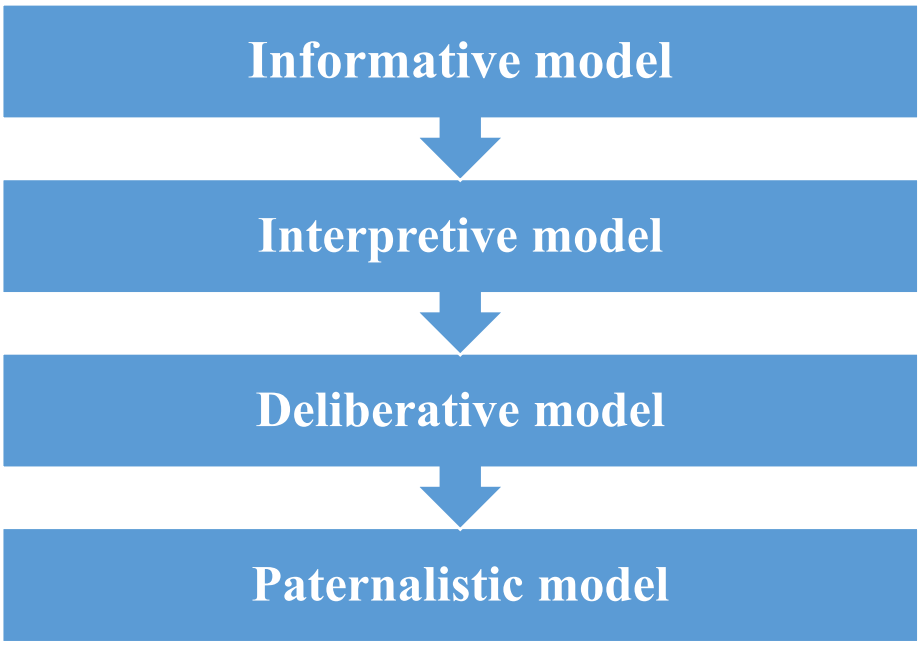
make suggestions appropriately. The patient is then expected to follow these suggestions. Doctor gives the guidance and the patients cooperate. The role of healer\ doctor is guidance not dictation. In this approach doctor give advice or guidance to patients about diseases and cooperate with patients in friendly way.

### 3.2.3 Mutual participation

The Mutual participation depends on an equivalent association between the specialist and the patient. The patient is seen as a specialist in their background and objectives, making patient association fundamental for planning treatment. The doctor's job is to inspire a patient's objectives and to help accomplish these objectives. This model necessitates that the two players have equivalent force, are commonly associated, and participate in exercises that are similarly fulfilling to the two players. While every one of these models might be suitable in explicit circumstances, throughout the most recent quite a few years there has been expanding support for the shared investment model at whatever point it is restoratively feasible

In this approaches it is more of dialogue, free conversation than a dictation. Two ways process, doctor and patients mutually take the participation. The mutual participation model is based on an equal partnership between the doctor and the patient.

### 3.3 Four model of doctor-patients relation




**Source:https://www.news-medical.net/health/DoctorPatient-Relationship.aspx**

#### 3.3.1 Informative model

In this model, the patient-physician communication is for the doctor to provide the patient with all the necessary information so that the patient can select the medical intervention he wants, and for the doctor to do what he has selected intervention. The doctor informs the patient of his condition, and about the diagnostic as well as therapeutic events their nature and limitations and the benefits disadvantages related to that event.and uncertainty of information. Further patients are unaware about all the medical details associated to their diseases and involvements available and choiceinvolvements that best see their value. Educational model takes strongdifferenceamong evidences and the values. Value of the patient are defined in a better manner, but the facts are missing. Byphysician‘s duty to deliver all accessibleevidences and patient values at

the time decide what treatment to give. No role for doctor standards, the doctor understand the value of the patientand his decision on value of patient values. In informative model, the doctor is an expert providing patient controls. Beingpracticalspecialists, doctors carry an important responsibility to give patient correct evidence and information, protect power in the field of skill and knowledge, and communicate with others people where their information knowledge or skills are missing.

### 3.3.2 Interpretive model

The purpose of working with the doctor and the patient is to determine the patient‘s values and what they really want and to help the patient choose the available medical interventions that meet these criteria. Like teaching physician. Physician interpreter gives patient all the required information regarding the status and the limitations and benefits of interventions. Aside from this the translator also assists the patient clarify his or her values also in finding which health interventions best see target standards thereby assisted Translate patient rates by the patient. On the basis of the translation values of patient cannot adjusted and recognized in the patient. Often they combined, and patient can understand them a littlethey will fight when used in certain circumstances. As a result, alively physician and therefore the patient must clarify and make compliance with these values. The doctor works with the patient to reconstruct the patient‘s goals and aspirations, commitment, and character. In extreme cases, the doctor must conceive the patient‘s health as a myth all, and during this case, specify the patient‘s values and priorities. Then the doctor determines which tests and therapies best understand these values. Most importantly, the doctor does not determine the patient; it is the patient who ultimately decides what the prices are and also the course of action is exactly the same as who you are. And doctors do not judge patients prices assists the patient to comprehend and put on the medical setting.

### 3.3.3 Deliberative model

The purpose of the physician-patient consultation is to assist the patient determine and choose the simplest health-related values which will be obtained during a clinical setting. Until now, the doctor should clarify the details about the patient clinical status and help determine the kinds of values included within the accessiblechoices. The doctor‘s intentions comprisetelling why certain values are connected with healthiness it‘s very appropriate and will be concealed. In extreme cases, both the doctor and therefore the patient share in thinking on whatkind of health-related standards a patient could ultimatelyfollow. The doctor discusses only health-related values, i.e., affected or affected values disease and treatment of the patient; you see that a lot of things are moral they‘re not associated with the disease or treatment of the patient and are beyond their professional relationship. Additionally, the doctor intends without persuasive behavior; finally, pressure is avoided, and the patient should surely explain his health and select the value series to be included. Engaging in ethical thinking, the doctor and patient judge appropriateness and significance of the value related to the health.

### 3.3.4 Paternalistic model

In the paternalistic model the doctor patient communication gives the guarantee that patient only receive that intervention that is help full to enhance their medical wellbeing. The doctor through his skills work on the medical condition of the patient and with stage in the patient‘s disease and to give the medical test that are more useful to stable and restore the patient‘s health and pain. After that the doctor presents the patient‘s selected and necessary information that will help the patient to consent the intervention which the doctor consider good. At the acute the doctor confidentially informs regarding when the intervention going to be started. thus doctor can easily separate what is best for patient‘s participation. Because of this patient going to be thankful for the decisions made by doctor. Within the pressure among the patients independence wellbeing the

paternalistic doctor‘s focus is towards lattar. In the paternalistic model doctor performs the role of guardian of patient, specking and applying what is good for patient. As such the doctors have responsibilities that includes placing the patient‘s interest above his own soliciting view of others when lacking adequate knowledge. The origin of autonomy of patient is patient‘s agreement at the time or after the doctor‘s determination of what is best for patient.

## 3.4 Application of the theory

The Covid-19 epidemic has brought about the reality of new social laws and policies. Thus each and every one of us enters a social world with new role behavior‘s (adopting the (_possible sick role‘), scripts (e.g. keeping community distance), and resources (wearing masks), which help us understand our path through dangerous communication times. My thoughts here are in line with the old ideas of interacting with people. Talcott Parsons's concept of the role of the disease directed many studies examining the impact of the disease on social interaction. People play a role in illness as a common response to fulfilling rights and obligations in the hope that they will recover quickly. Significantly, sick people are expected to fulfill certain social work obligations. The concept of Goffman‘s role play suggests that we, as social actors, are always _doing‘, controlling the idea we make to others, consciously or otherwise.

Parson viewed illness as a moral imperative since when a person becomes ill he is unable to fulfill their social norms. He argued that if more people said they were sick this could have a negative impact on society as we can see in the current context of covid-19 how the virus has affected so many people around the world and has a negative impact on communities. So getting into the _sick role‘ had to be controlled.

The world resume to contest coronavirus the reduction of danger and risk reduction measures are been put in different areas to overcome the spread of infectious virus including both standard practice and basic care centers.

According to the report of World Health Organization the spread and transmission of corona transmission is possible via two channels i-e respiratory and though physical contact.For this purpose the WHO recommends to use the face masks as well as maintain distance. Standard custom settings will at least require adherence to these alerts and adapt to the new standard. Here we try to incorporate the potential effects of 'masking' and ‗deviation' from doctor-patient relationships.

In the doctor-patient relationship, its emotional element is mainly determined through non-verbal communication. There is need for both doctors and patients to understand and assess each other's non-verbal signals. Non-verbal behavior has a vital role to build worth of these relationships that in turn contributes to devotion and medicalresults. Use of face masks will have the effect of disguising yourself' in a non-verbal communication with facial expressions, subtle tone and tone of voice. In the wake of the COVID-19 epidemic, where double face mask' is a common occurrence, the negative effects on one another's feelings of empathy, trust and general doctor-patient relationships seem plausible.

Corona has also disturbed the worldwide practice of shaking hands with patients. This practice of handshake after a consultation can also be a signal of patient satisfaction. The appropriate distance between the doctor and the patient while the consultation said to be among the nearest personal areas i-eabout 1 m. Though the preferred level of consultation falls withinWHO recommendation, maintaining longest distance is possible during the clinic. Separation can have a different effect on feelings of relief, secrecy, as well as closeness. example duringthe epidemic, distance of 2-3m can relaxed or somewhat disturbing for both doctors as well as for patients butneeds very high communication that can challengesecrecy. Other non-verbal signs such as ‗forward dependence' that has positive effect on doctor-patient relationships, may detect calculable drop.

### 3.4.1 Activity passivity

During covid-19 pandemic doctor paly active role and the patients are play passive. During covid-19 situation doctor adopt the active role, doctor give instructing to patients about covid-19 situation.This model might be fitting during a crisis when the patient might be oblivious or when a deferral in treatment may cause irreparable injury. In such circumstances, assent (and complicated discussions) is deferred.

### 3.4.2 Guidance Cooperation

In the guidance-cooperation model, a doctor is placed in a position of power due to having medical knowledge that the patient lacks. The doctor is expected to decide what is in the patient's best interest and to make recommendations accordingly. The patient is then expected to comply with these recommendations.

### 3.4.3 Mutual participation

The patient is viewed as an expert in his or her life experiences and goals, making patient involvement essential for designing treatment. The physician‘s role is to elicit a patient‘s goals and to help achieve these goals. This model requires that both parties have equal power, are mutually interdependent, and engage in activities that are equally satisfying to both parties.

## 3.5 Proportion

- Sick role concept has received a good deal of research interest, beginning in the late 1950 and continuing throughout the 1960 and into the 1970.
- Parsons was a functionalist sociologist, who argued that being sick means that the sufferer enters a role of ―sanctioned deviance” This is because, from a functionalist perspective, a sick individual is not a productive member of society. ... The sick person is exempt from normal social roles.

- The sick role derives certain expectations that represent the norms appropriate to being sick, with its primary function to control the disruptive effect of illness in society by ensuring that those who do become ill are returned to a state of health as quickly as possible.
- The Sick Role Talcott Parsons involves characteristic behaviors adopted by a sick person according to demands of the situation. - constitutes a social role. Based on assumption that sick person doesn‘t want/ choose to be sick.
- Parsons saw illness as a form of deviant behavior within society, the reason being that people who are ill are unable to fulfil their normal social roles and are thus.
- The concept of sick role has been widely accepted among medical sociologist.
- Sick role is institutionalized as a temporary condition; therefore individual will also get temporary ―legitimate" exemptions.
- Sick role is about the relationship between the patient and supportive others.
- Sick role involves negotiation of the performance of all involved in the illness event.

**Chapter No.04**

# CONCEPTUALIZATION AND OPERATIONALIZATION

## 4.1 Conceptualization

Conceptualization is such a process in which the concepts used in research are moredescribed. The variables are further categorized into two parts and are further described. In conceptualization we find sources to examine the concept very well. It makes to understand the key concepts which make it easy for the researcher to interpret the research study. In this chapter I have tried to understand two concepts sports and culture.

### 4.1.1Patients

According to Shiel Jr., (2018 –Person under health care. The person may be waiting for this care or may be receiving it or may have already received it. There is considerable lack of agreement about the precise meaning of the term "patient."”

### 4.1.2 Doctor

According to Shiel Jr., Medical Definition of Doctor,( 2018) in a medical context, any medical professional with an MD, a PhD, or any other doctoral degree. The term doctor is quite unspecific. A doctor may, for example, be a physician, psychologist, biomedical scientist, dentist, or veterinarian. In a nonmedical context, a professor of history might be addressed as doctor, an eminent theologian might be named a doctor of a church, and a person awarded an honorary doctorate by a college or university might also be called a doctor.

### 4.1.3 Doctor patient’s relationship

Doctor-patient relationship is such a complex associationamong the doctor and patient. The relationship is made when the physician meets the patient's medical needs and is mostly consent. This distinct relationship based upon trust, mutual respect, communication and general understanding ofeach sides of the difficulty for physicians and patients. Element of trust during the relationship among doctor and patient goes in both means, doctor beliefs on the patient to disclose all sort of information which relates to the case and in turn the patient relies on doctor for the

respect of their privacy and to not disclose the provided information to unknowns. What‘s significantduring the relationship is that doctor is bound to anpromise to follow the rules of conduct (Hippocratic Oath) and therefore the patient isn‘t.

According to Chipidza, (2015) "a harmonious relationship where the patient knows he or she is seeking medical help and where the doctor accepts the person as a patient."

According to the 2009 Medical Dictionary –all communication between patients and health care professionals. This interaction establishes the basis for human communication, mutual trust and satisfaction. ”

### 4.1.4 Covid19

According to the WHO –Coronavirus disease (COVID-19) is an infectious disease caused by a newly acquired coronavirus. Most people infected with COVID-19 will experience mild to moderate shortness of breath and recover without the need for special treatment. ”Older people and those with basic medical conditions, such as heart disease, diabetes, chronic obstructive pulmonary disease, and cancer are more likely to be seriously ill.

According to Sophie-Vergnaud, MD –coronavirus is a type of virus with spikes resembling a crown around it. That's why it has the word "corona" in the middle. The word "corona" is a Latin word meaning "crown." COVID-19 is described as a disease caused by the novel coronavirus SARS-CoV-2.

According to the UNDP, the "coronavirus covid-19 epidemic is one of the major global health problems and challenges". We have faced them since World War II Since appearing in Asia late last year.

## 4.2 Operationalization

Operationalization is such a method in which the researcher further describes those words and work that has been explained in different other

sources. After finding the sources tofrom theconcept clear about the factor the researcher operationalize the think about the research study by implementing the factors on the research topic.

### 4.2.1 Patient's

In section 1 in Question number 11,12,13,17,18,19,20,22, , the researcher asked about the behavior of the doctor from the patients, in what extent doctor treat you, The researcher also asked about the current COVID-19 situation, the researcher also asked some question from the psychological point of view from patients,

### 4.2.2 Doctors

In section 1 in question number 14,15,16,17,18,27,28, the researcher asked about the treatment of the patient, the reaction of the patient, duration of the time during treatment, and the researcher also asked about the communication of the patient, and did patient openly explain his or her disease, and also asked about the behavior of the patient.

### 4.2.3 Doctor-patients relationship

In section 2 in question numbers 23,25,26,29, the researcher asked about the doctor-patient relationship challenging during covid-19 from patients and doctors. Doctor-patient economic status affect relationship did doctor-patient relationship challenging and also asked about the strong economic status effect the relationship between a doctor and patients, the researcher also asked about the communication of the patient, and did patient openly explain his or her disease, and also asked about the behavior of the patient. Most of the respondent are agree with doctor-patient relationship.

### 4.2.4 Covid-19

In section 2 in question numbers 13,16,21,23,24,25,26, the researcher asked about the treatment during covid-19 pandemic from patients and doctors.Covid-19 pandemic effect patients, treatment during covid station.

**Chapter No. 05**

# METHODOLOGY

Sociological based research is a logical interpretation of social phenomenon through scientific process. The researcher explores the origin of any social phenomenon and it is the exploration of the general public state of mind, preposition of social events and it can be extent to wide ranges, from nation to nation and from a whole race to nations. It unhidden the relationship between variables.

## 5.1 Research Design

The research design refers to the overall strategy that you choose to integrate the different components of the study in the research coherent and logical way. Sociological contributes different methods for their research study. In this research study the researcher has used quantitative approach to collect and interpret it into realistic result. In this research the researcher fill the questionnaire through google link or online.

## 5.2 Universe of the study

The research was conducted in Gilgit city. The area was chosen by the researcher in order to conduct quantitative research on impact of doctor-patient relationship surfing from covid-19 in Gilgit city.

## 5.3 Unit of analysis

In this research those patients of Gilgit city were involved who had suffered from covid-19, those patients who had become victims of corona virus.

## 5.4 Sampling technique

Non-probability sampling was used in this research, through purposive sampling technique. The researcher sent questionnaire online through google to various participants of Gilgit city. The research was based on Purposive sampling for the patients who are suffered from covid-19.

## 5.5 Sample size

Researcher collected data from 100 respondents, among them 50 respondents were doctors and 50 were patients. The data was collected through by questionnaires.

## 5.6 Tool for date collection

In the research the researcher used semi-structured questionnaire was used with both open and close ended questionnaire used as tool for data collection in this research. All the question were written in English.

## 5.7 Tool for data analysis

In the research researcher used the statistical package for social science (SPSS) software to analyze quantitative research data. For data tabulations and data analysis. The researcher used this tool because the researcher was familiar to this software.

## 5.8 Techniques for data analysis

The researcher did coding with the help of SPSS software. The researcher put all the date from the survey. The software automatically created heads.

## 5.9 Ethical concern

Every researcher needs to be aware of all the ethical concern of a research. The researcher of this study had done all the study according to the ethical concern of the research. To keep all the collected information confidential during the research study. In this research, the researcher had maintained all the ethical concerns of research study.

## Chapter No. 06

# Result

## 6.1 Patients Findings

**Table 1Distribution: - Age of the respondents**

| Categories | Frequency | Percent |
|---|---|---|
| Below 20 | 16 | 32.0 |
| 21-30 | 28 | 56.0 |
| 31-40 | 4 | 8.0 |
| 41-50 | 2 | 4.0 |
| Total | 50 | 100.0 |

Table 1 contains information on the age of respondents,above the table show that most of the respondents are 21-30 age. 56.0percent of respondentsare below 21-30, there were 32.0 percent of respondents were below 20, 8.0percent respondents are below 31-40, and below 41-50 are 4.0 percentthe highest age percentage of the respondent is 56.0 Percent

**Table 2 Education**

| Categories | Frequency | Percent |
|---|---|---|
| No education | 21 | 41.0 |
| Secondary level | 24 | 48.0 |
| College level | 3 | 6.0 |
| University or above | 2 | 4.0 |
| Total | 50 | 100.0 |

Table 2 contains information on the education of respondents, Education is a social indicator used to determine the social status of respondents. Above the table show the education level of respondents. In which 41.0 percent of respondentsare no education, 48.0percent of respondents are at the secondary level of respondents, 6.0 percentare respondents are college-level respondents, 4.0 percent of respondent are university orabove level. This tells that most of the respondents in the study had the least secondarylevel education.

**Table 3 Marital status**

| Categories | Frequency | Percent |
|---|---|---|
| Unmarried | 4 | 8.0 |
| Married | 3 | 6.0 |
| Divorced | 5 | 10.0 |
| Windowed | 38 | 76.0 |
| Total | 50 | 100.0 |

Table 3 contains information on the marital status of respondents. Above the table show that of respondent 76.0percentof respondents are widowed, 10.0percent of respondents are divorced, 8.0percent of respondent are unmarried, and 6.0percent of respondents are married. Most of the respondents are windowed that affected covid-19 satiation.

**Table 4Family type**

| Categories | Frequency | Percent |
|---|---|---|
| Nuclear | 40 | 80.0 |
| Joint | 8 | 16.0 |
| Extended | 2 | 4.0 |
| Total | 50 | 100.0 |

Table 4 contains information on the family type of respondents. Above the table show that 80.0 percent of most families are nuclear, 16.0 percent of respondents are in joint families, 4.0 percent of respondents are from extended families. This shows that most of the nuclear families' respondents are suffer from Covid-19.

**Table 5Profession**

| Categories | Frequency | Percent |
|---|---|---|
| Farming | 20 | 40.0 |
| Private job | 22 | 44.0 |
| Government job | 5 | 10.0 |
| Student | 1 | 2.0 |
| Business | 2 | 4.0 |
| Total | 50 | 100.0 |

Table 5 contains information on the profession of respondents. In the survey, the researcher categorized into five types of professions which include farming, private job, Government job, student, and business. Above the show that 44.0 percent are doing the private job, 40.0 percent are farming, 10.0percent are doing government job, 2.0 percent of respondent are doing business and 4.0 percent respondents are a student. Which show that most of the respondents are doing privately.

**Table 6Residence**

| Categories | Frequency | Percent |
|---|---|---|
| Zulfiqarabad | 7 | 14.0 |
| Danyor | 8 | 16.0 |
| Sultanabad | 35 | 70.0 |
| Total | 50 | 100.0 |

Table 6 contains information on the residences of respondents. In the survey, the researcher categorized into 3 types of residences which included Zulfiqarabad, Danyor, Sultanabad.70.0 percent of respondents are belonging to Sultanabad, 16.0 percent of respondents are belonging to Danyor, and 14.0 percent of respondents have belonged to Zulfiqarabad. Above the Table show that most of the respondent is from Sultanabad.

**Table 7Family income**

| Categories | Frequency | Percent |
|---|---|---|
| Less than 10000 | 24 | 48.0 |
| 10000-20000 | 10 | 20.0 |
| 20000-30000 | 12 | 24.0 |
| above 30000 | 4 | 8.0 |
| Total | 50 | 100.0 |

Table 7 contains information family income of respondents. In the survey, the researcher categorized into 4 categories which included less than 10000, 10000-20000, 20000-30000, above 30000. 48.0 percent of respondents earning less than 10000, 24.0percent of respondents earning 20000-30000, 20.0percent of respondents are earning 10000-20000, and 8.0percent of respondents earning above 30000. The Table shows that most of the respondents are earning less than 10000.

**Table 8 Doctor giving quality time to patients**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 6 | 12.0 |
| To some extent | 25 | 50.0 |
| Not at all | 19 | 38.0 |
| Total | 50 | 100.0 |

Table 8 above table shows that out of 50 respondent, most of the respondents which are 50.0 percent who are to some extent, that doctor areGive equal time to patients, 38.0percent of respondent responses not at all, and 12.0 percent of respondent responses are to great extent. The above table indicates that 50.0 percent of respondents reacted are some extent.

**Table 9Doctor treating patients equally**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 18 | 36.0 |
| To some extent | 29 | 58.0 |
| Not at all | 3 | 6.0 |
| Total | 50 | 100.0 |

Table 9 above table shows that out of 50 respondents. Most of the respondents which are 58.0 percent who are to some extent, that doctor treat equally to patients, 36.0 percent of respondent‘s responses to a great extent, and 6.0percent of respondent‘s responses not at all. The above table indicates that 58.0 percent of respondents reacted are some extent.

**Table 10Covid-19 pandemic affecting patients**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 14 | 28.0 |
| To some extent | 30 | 60.0 |
| Not at all | 6 | 12.0 |
| Total | 50 | 100.0 |

Table 10 above table shows that out of 50 respondents. Most of the respondents which are 60.0 percent who are to some extent, that the respondent affects covid-19 pandemic, 28.0percent of respondent responses to a great extent, and 12.0 percent of respondent responses not at all. The above table indicates that 60.0percent of respondents reacted are some extent.

**Table 11Doctors following the SOPs during treatment**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 27 | 54.0 |
| To some extent | 16 | 32.0 |
| Not at all | 7 | 14.0 |
| Total | 50 | 100.0 |

Table 11 above table shows that out of 50 respondents. Most of the respondents which are 54.0 percent who are to great extent, that doctors following the sops during treatment, 32.0 percent of respondent responses to some extent, and 14.0 percent of respondent responses not at all. The above table indicates that 54.0 percent of respondents reacted are a great extent.

**Table 12Doctor providing emotional support during treatment**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 30 | 60.0 |
| To some extent | 18 | 36.0 |
| Not at all | 2 | 4.0 |
| Total | 50 | 100.0 |

Table 12 above table shows that out of 50 respondents. Most of the respondents which are 60.0 percent who are to great extent, that doctors provide you emotional support during your treatment at the hospital, 36.0percent of respondents responses to some extent, and 4.0 percent of respondents responses not at all. The above table indicates that 60.0 percent of respondents reacted are a great extent.

**Table 13 Interaction with someone who has been diagnosed with covid-19**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 14 | 28.0 |
| To some extent | 27 | 54.0 |
| Not at all | 9 | 18.0 |
| Total | 50 | 100.0 |

Table 13 above table shows that out of 50 respondents. Most of the respondents which are 54.0 percent who are to some extent, that respondent interaction with someone who has been diagnosed with covid-19, 28.0 percent of respondents responses to a great extent, and 18.0 percent of respondents responses not at all. The above table indicates that 54.0 percent of respondents reacted are some extent**.**

**Table 14Patients hopeful of getting cured**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 9 | 18.0 |
| To some extent | 23 | 46.0 |
| Not at all | 18 | 36.0 |
| Total | 50 | 100.0 |

Table 14 above table shows that out of 50 respondent,Most of the respondents which are 46.0 percent who are to some extent, that respondent hopeful of getting cured, 36.0 percent of respondent responses not at all, and 18.0 percent of respondent responses to a great extent. The above table indicates that 46.0 percent of respondents reacted are some extent.

**Table 15Illness influence on patient's psychological well-being**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 24 | 48.0 |
| To some extent | 22 | 44.0 |
| Not at all | 4 | 8.0 |
| Total | 50 | 100.0 |

Table 15 above table shows that out of 50 respondents,Most of the respondents which are 48.0 percent who are to great extent, that the illness influences your psychological well-being, 44.0 percent of respondent responses to some extent, and 8.0percent of respondent responses not at all. The above table indicates that 48.0 percent of respondents reacted are a great extent.

**Table 16Hope from people during your bad health situation**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 15 | 30.0 |
| To some extent | 26 | 52.0 |
| Not at all | 9 | 18.0 |
| Total | 50 | 100.0 |

Table 16 above table shows that out of 50 respondents,Most of the respondents which are 52.0 percent who are to some extent, that respondent hope from people during your bad health situation, 30.0 percent of respondent responses to a great extent, and 18.0percent of respondent responses not at all. The above table indicates that 52.0 percent of respondents reacted are some extent.

**Table 17Able to eat healthy food beside patient's health situation**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 15 | 30.0 |
| To some extent | 29 | 58.0 |
| Not at all | 6 | 12.0 |
| Total | 50 | 100.0 |

Table 17 above table shows that out of 50 respondents,Most of the respondents which are 58.0percent who are to some extent, that respondent able to eat healthy food besides your health situation, 20.0 percent of respondent's responses to a great extent, and 12.0 percent of respondent's responses not at all. The above table indicates that 58.0 percent of respondents reacted are some extent.

**Table 18Following SOPs properly during covid-19**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 24 | 48.0 |
| To some extent | 24 | 48.0 |
| Not at all | 2 | 4.0 |
| Total | 50 | 100.0 |

Table 18 above table show percent s that out of 50 respondents. Most of the respondents which are 48.0 who are responses equally, that respondent follow SOPs properly during covid-19, 4.0 percent of respondent responses not at all. The above table indicates that 48.0 percent of respondents reacted equally.

**Table 19Medical staffs at hospital cooperative with patients**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 30 | 60.0 |
| To some extent | 18 | 36.0 |
| Not at all | 2 | 4.0 |
| Total | 50 | 100.0 |

Table 19 above table shows that out of 50 respondents,Most of the respondents which are 60.0percent who are to great extent, that medical staff at the hospital cooperative with patients. 36.0 percent of respondent‘s responses to some extent, and 4.0percent of respondent‘s responses not at all. The above table indicates that 60.0percent of respondents reacted are a great extent.

**Table 20Doctor patient relationship challenging during covid-19**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 18 | 36.0 |
| To some extent | 28 | 56.0 |
| Not at all | 4 | 8.0 |
| Total | 50 | 98.0 |

Table 20 above table shows that out of 50 respondents. Most of the respondents which are 56.0percent who are to some extent, that the respondents find doctor-patient relationship challenging during covid-19 satiation. 36.0 percent of respondent‘s responses to a great extent, and 8.0percent of respondent‘s responses not at all. The above table indicates that 56.0percent of respondents reacted are some extent.

**Table 21Equipment's are provided to patients during covid-19 situation**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 28 | 56.0 |
| To some extent | 18 | 36.0 |
| Not at all | 4 | 8.0 |
| Total | 50 | 100.0 |

Table 21 above table shows that out of 50 respondents. Most of the respondents which are 56.0 percent who are to great extent, that the pieces of equipment are provided to patients during the covid-19 situation. 36.0 percent of respondents' responses to some extent, and 8.0 percent of respondent's responses not at all. The above table indicates that 56.0 percent of respondents reacted are a great extent.

**Table 22Strongly economic status affected the relationship between a doctor and patient**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 5 | 10.0 |
| To some extent | 41 | 82.0 |
| Not at all | 4 | 8.0 |
| Total | 50 | 100.0 |

Table 22 above table shows that out of 50 respondents. Most of the respondents which are 82.0 percent who are to some extent, that strong economic status affects the relationship between a doctor and patient. 10.0 percent of respondents' responses to a great extent, and 8.0 percent of respondents' responses not at all. The above table indicates that 82.0 percent of respondents reacted are some extent.

**Table 23Economic status affect patients relationship with doctor**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 25 | 50.0 |
| To some extent | 17 | 34.0 |
| Not at all | 8 | 16.0 |
| Total | 50 | 100.0 |

Table 23 above table shows that out of 50 respondents. Most of the respondents which are 50.0 percent who are to a great extent, that respondents' economic status affects the relationship with the doctor. 34.0 percent of respondent‘s responses to some extent, and 16.0 percent of respondent‘s responses not at all. The above table indicates that 50.0 percent of respondents reacted are a great extent.

**Table 24Patients feel fear of catching corona virus from doctor during test**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 10 | 20.0 |
| To some extent | 17 | 34.0 |
| Not at all | 23 | 46.0 |
| Total | 50 | 100.0 |

Table 24 above table shows that out of 50 respondents.Most of the respondents which are 46.0 percent who are not at all, that respondent feel the fear of catching the coronavirus from the doctor during the test. 34.0 percent of respondent‘s responses to some extent, and 20.0percent of respondent‘s responses not at all. The above table indicates that 46.0 percent of respondents reacted are not at all.

**Table 25Doctor helping patients to cope with the fear of covid-19**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 16 | 32.0 |
| To some extent | 29 | 58.0 |
| Not at all | 5 | 10.0 |
| Total | 50 | 100.0 |

Table 25 above table shows that out of 50 respondents. Most of the respondents which are 58.0 percent who are some extent, that respondent think doctors helping patients to cope with the fear of covid-19. 32.0 percent of respondent‘s responses to a great extent, and 10.0 percent of respondent‘s responses not at all. The above table indicates that 58.0 percent of respondents reacted are some extent.

**Table 26Patient’s relationship with the doctor challenging**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 12 | 24.0 |
| To some extent | 26 | 52.0 |
| Not at all | 12 | 24.0 |
| Total | 50 | 100.0 |

Table 26 above table shows that out of 50 respondents. Most of the respondents which are 52.0 percent who are to some extent, that respondent‘s patient‘s relationship with the doctor challenges. 24.0 percent of respondents responses equally. The above table indicates that 52.0 percent of respondents reacted are some extent.

**Table 27Medical staffs at hospital cooperative with patients**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 22 | 44.0 |
| To some extent | 23 | 46.0 |
| Not at all | 5 | 10.0 |
| Total | 50 | 100.0 |

Table 27 above table shows that out of 50 respondents, Most of the respondents which are 46.0 percent who are to some extent, that medical staff at the hospital cooperative with patients. 44.0 percent of respondent‘s responses to a great extent, and 10.0percent of respondent‘s responses not at all. The above table indicates that 46.0 percent of respondents reacted are some extent.

## 6.2 Doctors Findings

**Table 28Doctor Age**

| Categories | Frequency | Percent |
|---|---|---|
| 20-30 | 16 | 32.0 |
| 30-40 | 18 | 36.0 |
| 40-Above | 16 | 32.0 |
| Total | 50 | 100.0 |

Table 28 above table shows that out of 50 respondents. Above the table show that most of the respondent are 30-40age. There were 32.0percent of respondents were 20-30, 32.0 percent of respondents are above 40. The highest age percent of the respondent is 36.0 percent.

**Table 29Doctor Gender**

| Categories | Frequency | Percent |
|---|---|---|
| Male | 23 | 46.0 |
| Female | 27 | 54.0 |
| Total | 50 | 100.0 |

Table 29 above table shows that out of 50 respondents. Above the table show that most of the respondents are female. There was 54.0 percent of respondents were female, 46.0 percent of respondent are male. The highest doctor gender percent of the respondent is 54.0 percent.

**Table 30Professional Education of the doctor**

| Categories | Frequency | Percent |
|---|---|---|
| M.B.B.S | 8 | 16.0 |
| Diploma after M.B.B.S | 9 | 18.0 |
| F.C.P.S\F.R.C.S(Part 1) | 12 | 24.0 |
| F.C.P.S\F.R.C.S(complete) | 7 | 14.0 |
| Any other | 14 | 28.0 |
| Total | 50 | 100.0 |

Table 30 contains information on the profession education of respondents. In the survey, the researcher categorized into five types of professions which include M.B.B.S, Diploma after M.B.B.S, F.C.P.S\F.R.C.S (Part 1), F.C.P.S\F.R.C.S (complete), any other. Above the show that 28.0 percent any other, 24.0 percent are F.C.P.S\F.R.C.S(Part 1), 18.0 percent are Diploma after M.B.B.S, 16.0 percentM.B.B.S of respondent and 14.0 percent respondents are F.C.P.S\F.R.C.S(complete). Which show that most of the respondents are F.C.P.S\F.R.C.S (Part 1).

**Table 31 Doctor Marital status**

| Categories | Frequency | Percent |
|---|---|---|
| Unmarried | 13 | 26.0 |
| Married | 21 | 42.0 |
| Divorced | 4 | 8.0 |
| Widowed | 12 | 24.0 |
| Total | 50 | 100.0 |

Table 31 contains information on the marital status of respondents. Above the table show that of respondent 42.0 percent of respondents are married, 26.0 percent of respondents are unmarried, 24.0 percent of respondent are Widowed, and 8.0 percent of respondents are Divorced. Most of the respondents are married.

**Table 32Family type**

| Categories | Frequency | Percent |
|---|---|---|
| Nuclear | 18 | 32.0 |
| Joint | 16 | 32.0 |
| Extended | 16 | 32.0 |
| Total | 50 | 100.0 |

Table 32 contains information on the family type of respondents. Above the table show that 32.0 percent of most families are nuclear, 32.0 percent of respondents are in joint families and extended families. The table shows that most of the respondent belonging from nuclear families.

**Table 33Sect**

| Categories | Frequency | Percent |
|---|---|---|
| Sunni | 14 | 28.0 |
| Shia | 16 | 32.0 |
| Ismaili | 20 | 40.0 |
| Total | 50 | 100.0 |

Table 33 contains information on the sect of respondents. In the survey, the researcher categorized it into 3 categories which are Sunni, Shia, and Ismaili. Above the table show that 40.0 percent of respondents belong to Ismaili sect and 32.0 percent of the respondents belongs to Shia sect and 28.0 percent respondent are belong to Sunni. This shows that most Ismaili respondents are doctors in GB.

**Table 34Doctor monthly income**

| Categories | Frequency | Percent |
|---|---|---|
| 40,000-50,000 | 8 | 16.0 |
| 50,00-60,000 | 18 | 36.0 |
| 60,000-70,000 | 13 | 26.0 |
| Above 70,000 | 11 | 22.0 |
| Total | 50 | 100.0 |

Table 34 contains information doctor monthly income of respondents. In the survey, the researcher categorized into 4 categories which included 40000-50000, 50000-60000, 600000-70000, above 70000. 36.0 percent of respondents earning 50000-60000, 26.0 percent of respondents earning 60000-70000, and 22.0 percent of respondents are earning above 70000, and 16.0 percent of respondents earning 40000-50000. The Table shows that most of the respondents are earning 50000-60000.

**Table 35House structure of doctor**

| Categories | Frequency | Percent |
|---|---|---|
| Kattcha | 10 | 20.0 |
| Pakka | 20 | 40.0 |
| Mix | 20 | 40.0 |
| Total | 50 | 100.0 |

Table 35 contains information family income of respondents. In the survey, the researcher categorized into 3 categories which Kattcha, Pakka, and Mix. 40.0 percent of respondents are living in pakka and mix houses.20.0percent of respondents is living in kattcha house. The table shows that most of respondents are live pakka and mix house.

**Table 36Job sector**

| Categories | Frequency | Percent |
|---|---|---|
| Government job | 23 | 46.0 |
| Private job | 27 | 54.0 |
| Total | 50 | 100.0 |

Table 36 contains information on the job sector of respondents. In the survey, the researcher categorized into 2 types of job sector which included government job and private job.54.0percent of respondents are doing government job, 46.0 percent of respondents are doing private. Above the Table show that most of the respondent are doing private job.

**Table 37Time duration of the service**

| Categories | Frequency | Percent |
|---|---|---|
| Less than 5 years | 13 | 26.0 |
| 5 to 10 years | 21 | 42.0 |
| More than 10 years | 16 | 32.0 |
| Total | 50 | 100.0 |

Table 37 above table shows that out of 50 respondents. Most of the respondents which are 42.0 percent who are5 to 10 years of service. 32.0percent of respondents are more than 10 years, 26.0percent of respondents are less than 5 years. The above table indicates that 42.0 percent of respondents are giving service to patients.

**Table 38Visiting doctor at his\her doorstep**

| Categories | Frequency | Percent |
|---|---|---|
| Once | 14 | 28.0 |
| Twice | 18 | 36.0 |
| more than twice | 18 | 36.0 |
| Total | 50 | 100.0 |

Table 38 above table shows that out of 50 respondents,Most of the respondents which are 36.0 percent who are twice and more than twice, that respondent visiting doctor at his\her doorstep, 28.0 percent of respondent responses once. The above table indicates that 36.0 percent of respondents response twice or more than twice.

**Table 39Reaction of the doctor when patients ask questions repeatedly**

| Categories | Frequency | Percent |
|---|---|---|
| Make them satisfied | 33 | 66.0 |
| Ignored | 8 | 16.0 |
| Be angry | 9 | 18.0 |
| Total | 50 | 100.0 |

Table 39 above table shows that out of 50 respondents. Most of the respondents which are 66.0 percent who are make them satisfied, that respondents Reaction of the doctor when patients ask questions repeatedly, 16.0 percent of respondent who are ignored to the patient and 18.0 percent of respondent who are be angry. The above table indicates that 66.0 percent of respondents make them satisfied.

**Table 40Average time doctor gives to every single patient**

| Categories | Frequency | Percent |
|---|---|---|
| 5 minutes | 11 | 22.0 |
| 10 minutes | 20 | 40.0 |
| more than 10 minutes | 19 | 38.0 |
| Total | 50 | 100.0 |

Table 40 above table shows that out of 50 respondents.Most of the respondents which are 40.0 percent who are 10 minutes, that respondentAverage time doctor gives to every single patient. 38.0 percent of respondent‘s responses more than 10 minutes and 22.0 percent of respondent‘s responses 5 minutes. The above table indicates that 40.0 percent of respondents average 10 minutes.

**Table 41Number of questions doctor asks from patients**

| Categories | Frequency | Percent |
|---|---|---|
| 1-5 | 8 | 16.0 |
| 5-10 | 19 | 38.0 |
| 10-15 | 14 | 28.0 |
| Above 15 | 9 | 18.0 |
| Total | 50 | 100.0 |

Table 41 above table shows that out of 50 respondents.Most of the respondents which are 38. percent 0 who are 5-10, that respondents Number of questions doctor asks from patients, 28.0 percent of respondent‘s responses 10-15, 18.0 percent of respondent‘s responses above 15 and 16.0 percent of respondents responses 1-5. The above table indicates that 38.0 percent of respondents ask questions to patients 5-10.

**Table 42Taking initial information from patients by doctor**

| Categories | Frequency | Percent |
|---|---|---|
| Yes | 34 | 68.0 |
| No | 16 | 32.0 |
| Total | 50 | 100.0 |

Table 24 above table shows that out of 50 respondents. Most of the respondents which are 68.0 percent who are yes, that respondents taking initial information from patients by doctor, 32.0 percent of respondent‘s responses to no. The above table indicates that 68.0percent of respondents reacted for yes.

**Table 43Communication problems**

| Categories | Frequency | Percent |
|---|---|---|
| to great extent | 13 | 26.0 |
| to some extent | 22 | 44.0 |
| not at all | 15 | 30.0 |
| Total | 50 | 100.0 |

Table 43 above table shows that out of 50 respondents. Most of the respondents which are 40.7 percent who are to some extent, that respondentCommunication problems. 30.0 percent of respondent‘s responses to not at all, and 26.0 percent of respondent‘s responses to great. The above table indicates that 44.0 percent of respondents reacted are to some extent.

**Table 44Patient’s inactiveness is required for proper diagnosis**

| Categories | Frequency | Percent |
|---|---|---|
| to great extent | 34 | 68.0 |
| to some extent | 11 | 22.0 |
| not at all | 5 | 10.0 |
| Total | 50 | 100.0 |

Table 44 above table shows that out of 50 respondents,Most of the respondents which are 68.0 percent who are to great extent, that respondent Patient‘s inactiveness is required for proper diagnosis, 22.0 percent of respondent‘s responses to some extent, and 10.0 percent of respondent‘s responses not at all. The above table indicates that 68.0 percent of respondents reacted are a great extent.

**Table 45Importance of doctors questioning for writing prescription**

| Categories | Frequency | Percent |
|---|---|---|
| to great extent | 27 | 54.0 |
| to some extent | 21 | 42.0 |
| not at all | 2 | 4.0 |
| Total | 50 | 100.0 |

Table 45 above table shows that out of 50 respondents. Most of the respondents which are 54.0 percent who are to great extent, that respondents Importance of doctors questioning for writing prescription, 42.0 percent of respondent‘s responses to some extent, and 4.0 percent of respondent‘s responses not at all. The above table indicates that 54.0 percent of respondents reacted are a great extent.

**Table 46Patients explaining their disease symptoms clearly**

| Categories | Frequency | Percent |
|---|---|---|
| to great extent | 15 | 30.0 |
| to some extent | 31 | 62.0 |
| not at all | 4 | 8.0 |
| Total | 50 | 100.0 |

Table 46 above table shows that out of 50 respondents. Most of the respondents which are 62.0 percent who are to some extent, that respondentPatients explaining their disease symptoms clearly. 30.0 percent of respondent‘s responses to great extent, and 8.0 percent of respondent‘s responses not at all. The above table indicates that 62.0 percent of respondents reacted are to some extent.

**Table 47Feeling comfortable while patients are passive**

| Categories | Frequency | Percent |
|---|---|---|
| to great extent | 23 | 46.0 |
| to some extent | 16 | 32.0 |
| not at all | 11 | 22.0 |
| Total | 50 | 100.0 |

Table 47 above table shows that out of 50 respondents. Most of the respondents which are 46.0 percent who are to great extent, that respondentsFeeling comfortable while patients are passive. 32.0 percent of respondent‘s responses to some extent, and 22.0 percent of respondent‘s responses not at all. The above table indicates that 46.0percent of respondents reacted to great extent.

**Table 48Frustrated by the patient’s vague complaints**

| Categories | Frequency | Percent |
|---|---|---|
| to great extent | 13 | 26.0 |
| to some extent | 24 | 48.0 |
| not at all | 13 | 26.0 |
| Total | 50 | 100.0 |

Table 48 above table shows that out of 50 respondents. Most of the respondents which are 48.0 percent who are to some extent, that respondentFrustrated by the patient‘s vague complaints. 26.0 percent of respondent‘s respondent equally. The above table indicates that 48.0 percent of respondents reacted to some extent.

**Table 49Nature of interaction with your patients**

| Categories | Frequency | Percent |
|---|---|---|
| Friendly | 12 | 24.0 |
| Cooperative | 19 | 38.0 |
| Normal | 6 | 12.0 |
| Authoritative | 4 | 8.0 |
| Discouraging | 3 | 6.0 |
| Any other | 6 | 12.0 |
| Total | 50 | 100.0 |

Table 49 above table shows that out of 50 respondents,Most of the respondents which are 38.0 percent who are cooperative, thatNature of interaction with your patients. 24.0 percent of respondent‘s responses are friendly, 12.0 percent of respondent‘s responses normal and any other, 8.0 percent of respondent‘s responses authoritative, and 6.0 percent of respondent‘s responses discouraging. The above table indicates that 38.0 percent of respondents reacted are cooperative.

**Table 50Patients feeling irritated when doctor ask more questions**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 4 | 8.0 |
| to some extent | 28 | 56.0 |
| Not at all | 18 | 36.0 |
| Total | 50 | 100.0 |

Table 50 above table shows that out of 50 respondents. Most of the respondents which are 56.0 percent who are to some extent, that respondentPatients feeling irritated when doctor ask more questions. 36.0 percent of respondent‘s responses not at all, and 8.0 percent of respondent‘s responses to great extent. The above table indicates that 56.0 percent of respondents reacted are to some extent.

**Table 51Taking patient's physical checkup**

| Categories | Frequency | Percent |
|---|---|---|
| To great extent | 28 | 56.0 |
| To some extent | 18 | 36.0 |
| Not at all | 4 | 8.0 |
| Total | 50 | 100.0 |

Table 51 above table shows that out of 50 respondents,Most of the respondents which are 56.0 percent who are to great extent, that respondent Taking patient's physical checkup 36.0 percent of respondent's responses to some extent, and 8.0 percent of respondent's responses not at all. The above table indicates that 56.0 percent of respondents reacted are a great extent.

## 6.1.1 Hypothesis testing (PATIENTS)

**Table 52Cross tabulation**

**Family income * in your opinion, to what extend does the doctor treat equally to patients? Cross tabulation**

| | | In your opinion, To what extend does the doctor treat equally to patients? | | | |
|---|---|---|---|---|---|
| | | to great extent | to some extent | not at all | Total |
| Family income | less rhan 10000 | 9 | 15 | 0 | 24 |
| | 10000-20000 | 2 | 8 | 0 | 10 |
| | 20000-30000 | 6 | 4 | 2 | 12 |
| | above 30000 | 1 | 2 | 1 | 4 |
| Total | | 18 | 29 | 3 | 50 |

The above table shows the cross tabulation among the extent to which socio-economic condition is challenging to build relationship with the doctor. The rows show the family income of the respondents and the columns show the respondent‘s opinion regarding how much the doctor treat patient equally. In the table 29 percent of the respondents agree to some extent that their income has important for the doctor to treat patient equally.

**Table 53Chi-Square Tests**

| | Value | Df | Asymptotic Significance (2-sided) |
|---|---|---|---|
| Pearson Chi-Square | 10.457[a] | 6 | .107 |
| Likelihood Ratio | 10.900 | 6 | .092 |
| Linear-by-Linear Association | .830 | 1 | .362 |
| N of Valid Cases | 50 | | |

a. 8 cells (66.7percent) have expected count less than 5. The minimum expected count
is .24.

$H_0$: Family income of the patients doesn‘t affect the extent does the doctor treat equally to patients.

$H_1$: Family income of the patients affect the extent does the doctor treat equally to patients.

The above given table show that person chi-square which is10.457, df is 6, and Asymptotic Significance is .107 which is less than 0.05p- value. It means there is no relationship between the family income and the extent does the doctor treat equally to patients. In this way the null hypothesis is accepted and alternative hypothesis is rejected. This means family income of the patients doesn‘t affect the extent does the doctor treat equally to patients.

## 6.1.2 Hypothesis testing (DOCTOR)

### Table 54Cross tabulation

**What is the duration of the service? * To what extent do you take patients physical checkup? Cross tabulation**

| | | | **To what extent do you take patients physical checkup?** | | | |
|---|---|---|---|---|---|---|
| | **Categories** | | **To great extent** | **To some extent** | **Not at all** | **Total** |
| What is the duration of the service? | Less than 5 years | Count | 7 | 4 | 2 | 13 |
| | | percent within What is the duration of the service? | 53.8percent | 30.8percent | 15.4percent | 100.0percent |
| | 5 to 10 years | Count | 10 | 10 | 1 | 21 |
| | | percent within What is the duration of the service? | 47.6percent | 47.6percent | 4.8percent | 100.0percent |
| | More than 10 years | Count | 11 | 4 | 1 | 16 |
| | | percent within What is the duration of the service? | 68.8percent | 25.0percent | 6.3percent | 100.0percent |
| Total | | Count | 28 | 18 | 4 | 50 |
| | | percent within What is the duration of | 56.0percent | 36.0percent | 8.0percent | 100.0percent |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | the service? | | | | |

The above table shows the cross tabulation among the duration of the service, condition is challenging to build relationship with the patients. The rows show the duration of the service of the respondents and the columns show the respondent‘s opinion regarding how much the doctor take patient‘s physical checkup. In the table 53.8 percent of the respondents agree to great extent that the duration of the service is important to the doctor take patient‘s physical checkup.

**Table 55Chi-Square Tests**

| | Value | Df | Asymptotic Significance (2-sided) |
|---|---|---|---|
| Pearson Chi-Square | 3.385[a] | 4 | .496 |
| Likelihood Ratio | 3.227 | 4 | .521 |
| Linear-by-Linear Association | 1.052 | 1 | .305 |
| N of Valid Cases | 50 | | |

a. 4 cells (44.4percent) have expected count less than 5. The minimum expected count is 1.04.

$H_0$: The duration of the service of the doctors doesn‘t affect the extent do the doctor take patient‘s physical checkup.

$H_1$: The duration of the service of the doctors does affect the extent does the doctor take patient‘s physical checkup.

The above given table show that person chi-square which is 3.385, df is 4, and Asymptotic Significance is .496 which is less than 0.05p-value, that is why the value found is Significance. It means there is no relationship between the duration of the service and the extent does the doctor take patient‘s physical checkup. In this way the null hypothesis is accepted and alternative hypothesis is rejected. This means duration of the service of the doctors doesn‘t affect the extent do the doctor take patient‘s physical checkup.

**Chapter 07**

# DISCUSSION AND CONCLUSION

## 7.1 Discussion of the patients

In this research, researcher has explored the Impact of Doctor patient relationship on patients suffering from covid-19 pandemic in Gilgit city. The researcher had taken equal number of respondent both doctors and patients i.e. 50 respondent‘s doctors and 50 number of respondent‘s patients. Here the researcher had taken age of patients and doctors as an indicator where we can found that the patients fall in the category of 21-30 age were suffering from covid-19 which was 56.0 percent and the 41-50 age of respondents were suffering from covid-19 which was 4.0 percent. Likewise, we had doctors of age 30-40 in 36.0 percent in a large number and 20-30 and above 40 ages of the doctors were in 32.0 percent. The education an indicator of the respondents where we found that the patients fall in category of secondary level respondents were suffering from covid-19 which was 48.0 percentand University or above level of respondents were suffering from covid-19 which was 4.0 percent. Likewise, we had doctors of Professional Education F.R.C.S (Part 1) in 24.0 percent in a large number and F.C.P.S\F.R.C.S(complete) of the doctors was in 14.0percent. The Marital status of the patient‘s respondents where we found that the patients fall in category of Windowed respondents who were surfing from covid-19 which was 76.0 percent, and married of the respondents who were surfing from covid-19 which was 6.0 percent. Likewise, we had doctors of marital status married in 42.0 percent in a large number and divorced of the doctors was in 8.0 percent. The family type of the patients respondents where we found that the patients fall in category of nuclear respondents who were surfing from covid-19 which was 80.0 percent, and extended of the respondents who were surfing from covid-19 which was 4.0percent. Likewise, we had doctors of family type nuclear in 32.0 percent in a large number and the number of doctors in joint and extended family was equal that was 32.0 percent. The family income an indicator of the respondents where we found that the patients fall in category of less than 10000 respondents were suffering from covid-

19 which was 48.0percent and above-30000 of respondents were suffering from covid-19 which was 8.0percent. Likewise, we had doctors of doctor‘s monthly income 50000-60000 in 36.0percent in a large number and 40000-50000 of the doctors was in 16.0percent. The Doctor giving quality time to patients an indicator of the respondents where we found that the patients fall in category of to some extent respondents were suffering from covid-19 which was 50.0percent and to great extent of respondents were suffering from covid-19 which was 12.0percent, that Doctor giving quality time to patients to some extent was in 50.0percent in a large number. The Doctor treating patients equally an indicator of the respondents where we found that the patients fall in category of to some extent respondents were suffering from covid-19 which was 58.0percent and not at all of respondents were suffering from covid-19 which was 6.0percent, that the Doctor treating patients equally to some extent was in 58.0percent in a large number. The Covid-19 pandemic affecting patients an indicator of the respondents where we found that the patients fall in category of to some extent respondents were suffering from covid-19 which was 60.0percent and not at all of respondents were suffering from covid-19 which was 12.0percent, that the Covid-19 pandemic affecting patients to some extent was in 60.0percent in a large number. The Doctors following the SOPs during treatment an indicator of the respondents where we found that the patients fall in category of to great extent respondents were suffering from covid-19 which was 54.0percent and not at all of respondents were suffering from covid-19 which was 14.0percent, that the Doctors following the SOPs during treatment to great extent was in 54.0percent in a large number.

The Doctor providing emotional support during treatment an indicator of the respondents where we found that the patients fall in category of to great extent respondents were suffering from covid-19 which was60.0percent and not at all of respondents were suffering from covid-19

which was 4.0percent, that the Doctor providing emotional support during treatment to some extent was in 60.0percent in a large number.

The Interaction with someone who had been diagnosed with covid-19 an indicator of the respondents where we found that the patients fall in category of to some extent respondents were suffering from covid-19 which was 54.0percent and not at all of respondents were suffering from covid-19 which was 18.0percent, that the Interaction with someone who had been diagnosed with covid-19 to some extent was in 54.0percent in a large number. The Patients hopeful of getting cured an indicator of the respondents where we found that the patients fall in category of to some extent respondents were suffering from covid-19 which was 46.0percent and to great extent of respondents were suffering from covid-19 which was 18.0percent, that the Doctor providing emotional support during treatment to some extent was in 46.0percent in a large number. The Interaction with someone who had been diagnosed with covid-19 an indicator of the respondents where we found that the patients fall in category of to some extent respondents were suffering from covid-19 which was 54.0percent and not at all of respondents were suffering from covid-19 which was 18.0percent, that the Interaction with someone who had been diagnosed with covid-19 to some extent was in 54.0percent in a large number. The Illness influence on patient‘s psychological well-being an indicator of the respondents where we found that the patients fall in category of to great extent respondents were suffering from covid-19 which was 48.0percent and not at all of respondents were suffering from covid-19 which was 8.0percent, that the Doctor providing emotional support during treatment to great extent was in 48.0percent in a large number. The Hope from people during your bad health situation an indicator of the respondents where we found that the patients fall in category of to some extent respondents were suffering from covid-19 which was 52.0percent and to great extent of respondents were suffering from covid-19 which was 18.60, that the Hope from people during your bad health situation to some extent

was in 52.0percent in a large number. The patients able to eat healthy food beside patients health situation an indicator of the respondents where we found that the patients fall in category of to some extent respondents were suffering from covid-19 which was 58.0percent and not at all of respondents were suffering from covid-19 which was 12.0percent, that the patients Able to eat healthy food beside patients health situation to some extent was in 58.0percent in a large number.

The patients Following SOPs properly during covid-19 an indicator of the respondents where we found that the patients fall in category were equally of respondents were suffering from covid-19 which was 48.0percent and not at all of respondents were suffering from covid-19 which was 4.0percent, that the patients Following SOPs properly during covid-19 equally was in 48.0percent in a large number. The Medical staffs at hospital cooperative with patients an indicator of the respondents where we found that the patients fall in category of to great extent respondents were suffering from covid-19 which was 60.0percent and not at all of respondents were suffering from covid-19 which was 4.0percent, that the Medical staffs at hospital cooperative with patients to some extent was in 60.0percent in a large number. The Doctor patient relationship challenging during covid-19 an indicator of the respondents where we found that the patients fall in category of to some extent respondents were suffering from covid-19 which was 56.0percent and not at all of respondents were suffering from covid-19 which was 8.0percent, that the Doctor patient relationship challenging during covid-19 to some extent was in 56.0percent in a large number. The Equipment‘s were provided to patients during covid-19 situation an indicator of the respondents where we found that the patients fall in category of to great extent respondents were suffering from covid-19 which was 56.0percent and not at all of respondents were suffering from covid-19 which was 8.0percent, that the Doctor patient relationship challenging during covid-19 to great extent wasin 56.0percent in a large number. The Strongly economic status

affected the relationship between a doctor and patient an indicator of the respondents where we found that the patients fall in category of to some extent respondents were suffering from covid-19 which was 82.0percent and not at all of respondents were suffering from covid-19 which was 8.0percent, that the Strongly economic status affected the relationship between a doctor and patient to some extent was in 82.0percent in a large number. The Economic status affect patients relationship with doctor an indicator of the respondents where we found that the patients fall in category of to great extent respondents were suffering from covid-19 which was 50.0percent and not at all of respondents were suffering from covid-19 which was 16.0 percent, that the Economic status affect patients relationship with doctor to great extent was in 58.0percent in a large number. The Patients feel fear of catching corona virus from doctor during test an indicator of the respondents where we found that the patients fall in category of not at all respondents were suffering from covid-19 which was 46.0percent and not at all of respondents were suffering from covid-19 which was 20.0 percent, that the Patients feel fear of catching corona virus from doctor during test not at all was in 46.0percent in a large number. The Doctor helping patients to cope with the fear of covid-19 an indicator of the respondents where we found that the patients fall in category of to some extent respondents were suffering from covid-19 which was 58.0percent and not at all of respondents were suffering from covid-19 which was 10.0percent, that the Doctor helping patients to cope with the fear of covid-19 to some extent was in 58.0percent in a large number.

The Patient‘s relationship with the doctor challenging an indicator of the respondents where we found that the patients fall in category of to some extent respondents were suffering from covid-19 which was 52.0percent and equally responses of the respondents were suffering from covid-19 which was 24.0percent, that the Patient‘s relationship with the doctor challenging to some extent was in 52.0percent in a large number. The Medical staffs at hospital cooperative with patients an indicator of the

respondents where we found that the patients fall in category of to some extent respondents were suffering from covid-19 which was 46.0percent and not at all of respondents were suffering from covid-19 which was 10.0 percent, that the Medical staffs at hospital cooperative with patients to some extent was in 46.0percent in a large number.

### 7.1.2 Doctor's Discussion

The Time duration of the service an indicator of the respondents where we found that the doctors fall in category of 5 to 10 years respondents who were treating the patients suffering from covid-19 which was 42.0percent and less than 5 years of respondents who treating the patients suffering from covid-19 which was 26.0percent., we had doctors of Time duration of the service 5 to 10 years in 42.0percent in a large number. The Reaction of the doctor when patients ask questions repeatedly an indicator of the respondents where we found that the doctors fall in category of make them satisfied respondents who were treating the patients suffering from covid-19 which was 66.0percent and ignored of respondents who treating the patients suffering from covid-19 which was 16.0percent., we had doctors of Reaction of the doctor when patients ask questions repeatedly to make them satisfied in 66.0percent in a large number. The Average time doctor gives to every single patient an indicator of the respondents where we found that the doctors fall in category of 10 minutes respondents who were treating the patients suffering from covid-19 which was 40.0percent and 5 minutes of respondents who treating the patients suffering from covid-19 which was 22.0percent., we had doctors of Average time doctor gives to every single patient 10 minutes in 40.0percent in a large number. The Number of questions doctor asks from patients an indicator of the respondents where we found that the doctors fall in category of 5-10 respondents who were treating the patients suffering from covid-19 which was 38.0percent and 1-5 of respondents who treating the patients suffering from covid-19 which was 16.0percent., we had Reaction of the doctor

when patients ask questions repeatedly to 5-10 was in 38.0percent in a large number. The Taking initial information from patients by doctor an indicator of the respondents where we found that the doctors fall in category of yes respondents who were treating the patients suffering from covid-19 which was 68.0percent and no of respondents who treating the patients suffering from covid-19 which was 32.0percent, we had doctors of Taking initial information from patients by doctor was in yes 68.0percent in a large number.

The Communication problems an indicator of the respondents where we found that the doctors fall in category of to some extent respondents who were treating the patients suffering from covid-19 which was 44.0percent and to great extent of respondents who treats the patients suffering from covid-19 which was 26.0percent. That the doctors had Communication problems with patients to some extent was in 44.0percent in a large number. The Patient‘s inactiveness was required for proper diagnose was an indicator of the respondents where we found that the doctor‘s fall in category of to great extent respondents who were treating the patients suffering from covid-19 which was 68.0percent and not at all of respondents who treats the patients suffering from covid-19 which was 10.0percent. That the Patient‘s inactiveness was required for proper diagnose was to great extent was in 68.0percent in a large number. The Importance of doctors questioning for writing prescription an indicator of the respondents where we found that the doctors fall in category of to great extent respondents who were treating the patients suffering from covid-19 which was 54.0percent and not at all of respondents who treats the patients suffering from covid-19 which was 4.0percent. That Importance of doctors questioning for writing prescription to great extent was in 54.0percent in a large number. The Patients explaining their dwasease symptoms clearly an indicator of the respondents where we found that the doctor‘s fall in category of to some extent respondents who were treating the patients suffering from covid-19 which was 62.0percent

and not at all of respondents who treats the patients suffering from covid-19 which was 8.0percent. That the Patients explaining their dwasease symptoms clearly to some extent were in 62.0percent in a large number. The Feeling comfortable while patients were passive an indicator of the respondents where we found that the doctors fall in category of to great extent respondents who were treating the patients suffering from covid-19 which was 46.0percent and not at all of respondents who treats the patients suffering from covid-19 was 22.0percent. That Feeling comfortable while patients were passive to great extent was in 46.0percent in a large number. The Frustrated by the patient‘s vague complaints an indicator of the respondents where we found that the doctor‘s fall in category of to some extent respondents who were treating the patients suffering from covid-19 which was 48.0percent and equally of respondents who treats the patients suffering from covid-19 which was 26.0percent. That the Frustrated by the patient‘s vague complaints to some extent was in 48.0percent in a large number. The Nature of interaction with your patients an indicator of the respondents where we found that the doctors fall in category of cooperative respondents who were treating the patients suffering from covid-19 which was 38.0percent and dwascouraging of respondents who treats the patients suffering from covid-19 which was 6.0percent. That Feeling comfortable while patients were passive to great extent was in 38.0percent in a large number. The Patients feeling irritated when doctor ask more questions which an indicator of the respondents where we found that the doctors fall in category of to some extent respondents who were treating the patients suffering from covid-19 which was 56.0percent and to great extent of respondents who treats the patients suffering from covid-19 which was 8.0percent. That Feeling comfortable while patients were passive to some extent was in 56.0percent in a large number. The Taking patient‘s physical checkup an indicator of the respondents where we found that the doctors fall in category of to great extent respondents who were treating the patients suffering from covid-19 which was 56.0percent and to great extent of respondents who treats the patients suffering from covid-19

which was 8.0percent. That Taking patient‘s physical checkup to great extent was in 56.0percent in a large number.

## 7.2 Conclusion

The doctor-patient relationship has been defined as ~~a~~ consensual relationship in which the patient knowingly seeks the physician‘s assistance and in which the physician knowingly accepts the person as a patient.” At its core, the doctor-patient relationship represents a fiduciary relationship in which, by entering into the relationship, the physician agrees to respect the patient‘s autonomy, maintain confidentiality, explain treatment options, obtain informed consent, provide the highest standard of care, and commit not to abandon the patient without giving him or her adequate time to find a new doctor. Patients sometimes reveal secrets, worries, and fears to physicians that they have not yet disclosed to friends or family members. Placing trust in a doctor helps them maintain or regain their health and well-being.

The study aimed to investigate the impact of the doctor-patient relationship on patients suffering from the covid-19 pandemic in Gilgit city. This study was carried out for the district Gilgit which is the northern district of Gilgit. For this study, the target population includes all the doctors and patients who are surfing from covid-19. The researcher used a random sampling technique to collect the cross-sectional data from patients and doctors respondents. The random sampling technique is the most suitable technique for this research to know how many patients are surfing from covid-19. The researcher collected the data randomly from respondents from patients and 50 from doctors of Gilgit. A questionnaire contains a list of questions, which are used for data collection through a survey. The researcher used a questionnaire for data collection from respondents.

A descriptive and inferential statistics have been used for data analysis. Statistical Package for Social Sciences (SPSS) has been used by the researcher for quantitative analysis. The data were analyzed through descriptive tools and the Chi-Square test by presentation tables and diagrams. The findings illustrate that doctors treat the patients equally during the covid situation.

The results of the study show that the patient's respondents agreed that doctors communicate and cooperate, the patient's impact, especially in enhancing socio-economic conditions in Gilgit. The relationship between doctors and patients played a vital role in enlightening the life-condition.

## 7.3 Suggestion

1. The researcher would like to suggest other researchers to conduct further studies on this topic. Future research may investigate the same topic, but with different data, and different mothed.
2. The current investigation is limited by time, so the writer did not go deeper in the discussion of languages of students‘ thesis conclusions. The writer suggests next researchers to go deeper in the discussion of languages of students‘ thesis conclusions when they conduct research on the same topic.
3. The study was limited in several ways. There were a low number of participants, which is 50, and this study only used a simple descriptive statistics so it could not be generalized to other populations.

## 7.4 Patients Key Finding

1. The highest value was 56.0percent was the age group of 21-30 years and lowest value was 4.0percentwas the 41-50 years old.
2. The highest value was 48.0percent was the education group of secondary and lowest value was 4.0percent was the University or above.
3. The highest value was 76.0percent was the marital status of Windowed and lowest value was 6.0percentwas the Married.
4. The highest value was 80.0percent was the Family type of nuclear and lowest value was 4.0percentwas the extended.
5. The highest value was 44.0percent was the profession of privet job and lowest value was 2.0percentwas the student.
6. The highest value was 70.0percent was the Residence of Sultanabad and lowest value was 14.0percentwas the Zulfiqarabad.
7. The highest value was 48.0percent was the Family income of less than 10000 and lowest value was 8.0percentwas the above 30000.
8. The highest value was 50.0percent was Doctor giving quality time to patients of to some extent and lowest value was 12.0percent was the to great extent.
9. The highest value was 58.0percent was Doctor treating patients equally of to some extent and lowest value was 6.0percent was the not at all.
10. The highest value was 60.0percent was the Covid-19 pandemic affecting patients of to some extent and lowest value was 12.0percent was the not at all.
11. The highest value was 54.0percent was Doctors following the SOPs during treatment of to great extent and lowest value was 14.0percent was the not at all.
12. The highest value was 60.0percent was the Doctor providing emotional support during treatment of to great extent and lowest value was 4.0percent was the not at all.

13. The highest value was 54.0percent was Interaction with someone who has been diagnosed with covid-19 of to some extent and lowest value was 18.0percent was the not at all.
14. The highest value was 46.0percent was the Patients hopeful of getting cured of to some extent and lowest value was 18.0percent was the to great extent.
15. The highest value was 48.0percent was Illness influence on patient‘s psychological well-being of to great extent and lowest value was 8.0percent was the not at all.
16. The highest value was 52.0percent was the Hope from people during your bad health situation of to some extent and lowest value was 18.0percent was the not at all.
17. The highest value was 58.0percent was Able to eat healthy food beside patients health situation of to some extent and lowest value was 12.0percent was the not at all.
18. The highest value was 48.0percent was the Following SOPs properly during covid-19 of to great extent and to some extent and lowest value was 4.0percent was the not at all.
19. The highest value was 60.0percent was Medical staffs at hospital cooperative with patients of to great extent and lowest value was 4.0percent was the not at all.
20. The highest value was 56.0percent was the Doctor patient relationship challenging during covid-19 of to some extent and lowest value was 8.0percent was the not at all.
21. The highest value was 56.0percent was the Equipment‘s are provided to patients during covid-19 situation of to great extent and to some extent and lowest value was 8.0percent was the not at all.
22. The highest value was 82.0percent was the strongly economic status affected the relationship between a doctor and patient of to some extent and lowest value was 8.0percent was the not at all.

**23.** The highest value was 49.0percent was the Economic status affect patients relationship with doctor of to great extent and lowest value was 16.0percent was the not at all.

**24.** The highest value was 46.0percent was Patients feel fear of catching corona virus from doctor during test of not at all and lowest value was 20.0percent was the to some extent.

**25.** The highest value was 58.0percent was the Doctor helping patients to cope with the fear of covid-19 of to some extent and lowest value was 10.0percent was the not at all.

**26.** The highest value was 52.0percent was Patient‘s relationship with the doctor challenging of to some extent and lowest value was 24.0percent was the to some extent and not at all.

**27.** The highest value was 46.0percent was the Medical staffs at hospital cooperative with patients of to some extent and lowest value was 10.0percent was the not at all.

### 7.4.1 Doctor’s key finding

**28.** The highest value was 36.0percent was the age group of 30-40 years and lowest value was 32.0 percent was the age group 20-30 and 40 above years old.

**29.** The highest value was 50.0percent was the Gender group of males and lowest value was 42.6percent was the females.

**30.** The highest value was 28.0percent was the professional education of 21-30 any other and lowest value was 14.0percent was the F.C.P.S\F.R.C.S (complete).

**31.** The highest value was 42.0percent was the marital status of married and lowest value was 8.0percentwas the Divorced.

**32.** The highest value was 32.0percent was equal the Family type of nuclear and extended and joint families.

**33.** The highest value was 40.0percent was the sect of Ismaili and lowest value was 16.0percentwas the Sunni.

**34.** The highest value was 36.0percent was the Doctors monthly income of 50000-60000 and lowest value was 16.0percent was the 40000- 50000.

**35.** The highest value was 54.0percent was the job sector of the private job and lowest value was 46.0percentwas the government job.

**36.** The highest value was 42.0percent was the Time duration of the service of 5 to 10 years and lowest value was 26.0percent was the less than 10 years.

**37.** The highest value was 36.0percent was the Visiting doctor at his\her doorstep of the twice and more than twice and lowest value was 28.0percent was the once.

**38.** The highest value was 40.0percent was the Average time doctor gives to every single patient of the 10 minutes and lowest value was 22.0percent was the 5 minutes.

**39.** The highest value was 38.0percent was the Number of questions doctor asks from patients of the 5-10 and lowest value was 16.0percent was the 1-5.

**40.** The highest value was 68.0percent was the Taking initial information from patients by doctor of the yes and lowest value was 32.0percent was the no.

**41.** The highest value was 44.0percent was the Communication problems of the to some extent and lowest value was 26.0percent was the to great extent.

**42.** The highest value was 68.0percent was the Patient‘s inactiveness is required for proper diagnosis of the to great extent and lowest value was 10.0percent was the not at all.

**43.** The highest value was 54.0percent was the Importance of doctors questioning for writing prescription of the to great extent and lowest value was 4.0percent was the not at all.

**44.** The highest value was 62.0percent was the Patients explaining their disease symptoms clearly of the to some extent and lowest value was 4.0percent was the not at all.

**45.** The highest value was 46.0percent was the Feeling comfortable while patients are passive of to great extent and lowest value was 22.0percent was the not at all.

**46.** The highest value was 48.0percent was the Frustrated by the patient‘s vague complaints of the to some extent and lowest value was 26.0percent was equal the to great extent and not at all.

**47.** The highest value was 38.0percent was the Nature of interaction with your patients of Cooperative and lowest value was 6.0percent was the Discouraging.

**48.** The highest value was 56.0percent was the Patients feeling irritated when doctor ask more questions to some extent and lowest value was 8.0percent was the to great extent.

**49.** The highest value was 56.0percent was the Taking patient‘s physical checkup to great extent and lowest value was 8.0percent was the not at all.

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**Patients Questionnaire:**

Impact of doctor patient‘s relationship on patient‘s suffering from covid-19 in Gilgit.

**Personal information:**

Name --------- (optional)

**1.** Age:

a) Below 20

b) 21-30

c) 31-40

d) 41-50

**2.** Gender:

a) Male

b) Female

**3.** Education:

a) No education

b) Secondary level

c) college level

d) university or above)

**4.** Marital status:

a) Unmarried

b) Married

c) Divorced

d) Windowed

**5.** Family type:

a) Nuclear

b) Joint

c) Extended

**6.** Profession:

a) Farming

b) Private job

c) Government job

d) Student

e) Business

**7.** Sect:

a) Sunni

b) Shia

c) Ismaili

**8.** Residence

a) Zulfiqarabad

b) Danyor

c) sultanabad

**9.** Family income:

a) Less than 10000

b) 10001-20000

c) 20001-30000

d) above 30000

**10.** House structure:

a) Kattcha

b) Pakka

c) RCC

**SECTION -2**

**11.** To what extend did doctor give quality time to patients?

a) To great extent
b) To some extent
c) Not at all

**12.** In your opinion, to what extend does the doctor treat equally to patients?

a) To great extent
b) To some extent
c) Not at all

**13.** To what an extent did covid-19 pandemic affect you?

a) To great extent

b) To some extent
c) Not at all

**14.** To what an extent the doctors following the SOPs during treatment?
a) To great extent
b) To some extent
c) Not at all

**15.** To what an extent did the doctor provide you emotional support during your treatment at hospital?
a) To great extent
b) To some extent
c) Not at all

**16.** To what an extent did you interaction with someone who has been diagnosed with covid-19?
a) To great extent
b) To some extent
c) Not at all

**17.** To what an extent were you hopeful of getting cured?
a) To great extent
b) To some extent
c) Not at all

**18.** To what an extent did the illness influence your psychological well-being?
a) To great extent
b) To some extent
c) Not at all

**19.** To what extend did you hope from people during your bad health situation?
a) To great extent
b) To some extent
c) Not at all

**20.** To what an extent you were able to eat healthy food beside your health situation?
a) To great extent
b) To some extent
c) Not at all

**21.** To what extend did you follow SOPs properly during covid-19?
a) To great extent
b) To some extent
c) Not at all

**22.** To what an extent were medical staffs at hospital cooperative with patients?

a) To great extent
b) To some extent
c) Not at all

**23.** To what an extent did you find doctor patient relationship challenging during covid-19?

a) To great extent
b) To some extent
c) Not at all

**24.** To what an extent do you think all the equipment‘s are provide to patients during covid-19 situation?

a) To great extent
b) To some extent
c) Not at all

**25.** To what an extent do you think that a strong economic status effect the relationship between a doctor and patient?

a) To great extent
b) To some extent
c) Not at all

**26.** To what an extent did your economic status affect your relationship with doctor?

a) To great extent
b) To some extent
c) Not at all

**27.** To what an extent did you feel fear of catching corona virus from doctor during test?

a) To great extent
b) To some extent
c) Not at all

**28.** To what an extent do you think doctor help you to cope with the fear of covid-19?

a) To great extent
b) To some extent
c) Not at all

**29.** To what an extent did you find your relationship with the doctor challenging?

a) To great extent
b) To some extent
c) Not at all

**DOCTORS QUESTIONNAIRS**

**Impact of doctor patient's relationship on patient's suffering from covid-19 in Gilgit.**

Respected respondents,

Sidra Jabeen student of M.sc from the department of Sociology at Quaid-i-Azam University Islamabad. My topic statement is ~~I~~mpact of Doctor-patient relationship on patients suffering from the covid-19 pandemic in Gilgit city". I am requesting you to respond to the questionnaires as your responses will have great importance for my finding. Your participation will be highly encouraged, and all the asked information will be remained confidential.

**Personal information:**

1. Hospital Name _____

2. Doctor's Age:
    a) 20-30
    b) 30-40
    c) 40 – above
3. Doctors Gender:
    a) Male
    b) Female
4. Professional Education:
    a) M.B.B.S
    b) Diploma after M.B.B.S
    c) F.C.P.S\F.R.C.S(Part 1
    d) F.C.P.S\F.R.C.S(complete)
    e) Any other

5. Marital status:
    e) Unmarried

f) Married

g) Divorced

h) Widowed

**6.** Family type:

d) Nuclear

e) Joint

f) Extended

**7.** Sect:

a) Sunni

b) Shia

c) Ismaili

**8.** Residence:_____

**9.** Doctor monthly income:

a) 40,000-50,000

b) 50,00-60,000

c) 60,000-70,000

d) Above 70,000

**10.** House structure of doctor.

d) Kattcha

e) Pakka

f) Mix

**11.** Job sector

a) Government job

b) Private job

## Section-2

**12.** What is the duration of the service?

a) Less than 5 years

b) 5 to 10 years

c) More than 10 years

**13.** How often do you visit doctor at his\her doorstep?

a) Once

b) Twice
c) More than twice

**14.** What is your reaction when patients ask questions repeatedly?

a) Make them satisfied
b) Ignored
c) Be angry

**15.** What is the average time you give to every single patient?

a) 5 minutes
b) 10 minutes
c) More than 10 minutes

**16.** How many questions do you ask from patients?

a) 1-5
b) 5-10
c) 10-15
d) Above 15

**17.** Do you take initial information from patients by yourself?

a) Yes
b) No

**18.** To what extent language used by the patients causes problem while communication?

a) To great extent
b) To some extent
c) Not at all

**19.** To what an extent patient‘s inactiveness is required for proper diagnosis?

a) To great extent
b) To some extent
c) Not at all

**20.** To what an extent do you think that doctors questioning is important for writing prescription?

a) To great extent
b) To some extent
c) Not at all

**21.** To what extent did the patient explain their disease symptoms clearly?

a) To great extent
b) To some extent
c) Not at all

**22.** To what an extent do you feel comfortability while patients are passive?

a) To great extent
b) To some extent
c) Not at all

**23.** To what extent are you frustrated by the patient‘s vague complaints?

a) To great extent
b) To some extent
c) Not at all

**24.** What is your nature of interaction with your patients?

a) Friendly
b) Cooperative
c) Normal
d) Authoritative
e) Discouraging
f) Any other

**25.** To what extent do you ask patients about past history of disease?

a) To great extent
b) To some extent
c) Not at all

**26.** To what extent do you think that doctor‘s questions are important for diagnosis?

a) To great extent
b) To some extent
c) Not at all

**27.** To what extent do you think that patients feel irritated when you ask more question?

a) To great extent
b) To some extent
c) Not at all

**28.** To what extent do you take patients physical checkup?

a) To great extent
b) To some extent
c) Not at all