DISORDERS IN THE PROCESS OF INTERPERSONAL COMMUNICATION IN COMMUNITY INTERVIEW

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Abstract
In the paper, there are presented the attitudes of the participants in the process of community interview. There are characterized the roles and tasks of the interdisciplinary diagnostic and therapeutic team in management of the process of providing services in public hospitals and reduction in information asymmetry in the process of mutual interpersonal communication. Aiming at reduction in undesirable behavior and the associated information asymmetry belongs to the fundamental professional and ethical responsibilities of medical staff and management of public hospitals. This is because of the fact that the maintenance of the patient is one of the major challenges of modern public entities. Negative behavior in the process of mutual interpersonal communication negatively affects its handling, however, on the other hand, the prosumer, pointing errors, provides relevant information on the weaknesses of the process of exchange of information in community interview. Therefore, the aim of this study has been to investigate the important groups of disorders of the process of mutual interpersonal communication in community interview.

Key words: verbal/non-verbal attitude, culture of cooperation, information management, knowledge.

Classification JEL: M12 – Personnel Management; 115 – Health and Economic Development.

1. Introduction

The process of social and economic transformation in public hospitals brought about the qualitative change in the structure of interpersonal communication channels which are very important in exchange of information. The professionalization of the medical profession (manager) is associated with the implementation of the solutions based on commercialization, the preparation of public entities to the process of competing on the open market of services in the categories of the quality and price of the provided hospital services, measured with profitability *(Morris, Devlin & Parkin, 2012, p. 114).* It is the resultant of the possibilities of employment of highly specialized staff, satisfactory working conditions and the process of mutual exchange of information. The structured and automated IT and information system reduces the decision-making risk occurring both in the process of community interview and providing hospital services, simultaneously, establishing the policy of information management, introduces common vocabulary, scopes of responsibility and the culture of information management.

The basis of the appropriate process of interpersonal communication is *feedback* – the effect of formalization of transmission of information. Unfortunately, the processes of mutual communication in the patient-doctor and doctor-patient relationship also include a lot of negative behavior which negatively affects the quality of information in community interview determining the provision of hospital services. This, in turn, may contribute to the fact that public hospitals incur high costs associated with the process of creating bilateral information channels in the form of sick leaves, costs of treatment or compensation payments.

In the medical profession, it is important to understand the nature of incentive processes and know how to use this knowledge. Therefore, on the basis of the above, it is reasonable to find out the opinion of medical staff of public hospitals on some essential disorders in the process of mutual interpersonal communication in community interview. In the paper, there have been used both the literature studies and some of the author's own research conducted in the area of the voivodeships: Warmia and Mazuria, Pomerania and Greater Poland.

2. The process of interpersonal communication in public hospitals – community interview

In the present economic reality any entities operating on the market have been forced not only to improve the quality of their services, or pricing policy but also or perhaps, above all, to appropriate process of communication with the environment. It is determined by the fact that communication enables not only rapid transfer of information between individual levels of the organization but, simultaneously, it prevents negative consequences of some decisions. According to Cooley, communication is the mechanism by means of which human relationships exist and develop and the symbols created by the human brain are transmitted into space and preserved in time. On the other hand, Dewey pays attention to the fact that the society exists not only due to the transfer of information and communication but its existence consists in the processes of transfer and communication *(McQuail, 2012, pp. 11–38).*

Regarding communication as interaction implies the understanding of the process of exchange of information as mutual and complex impact of the sender and the recipient *(Stewart, 2008, p. 19).* It is also the basis for the appropriate human relationship, allows understand the sense of operating at every level of the organizational and functional structure of public hospitals. The fact of the understanding of the essential role of community interview – the activities of medical staff, brings about that patients are more willing to accept the tasks and objectives developed in diagnostic and therapeutic processes. On the other hand, the obtained results (scenarios) of transfer are associated with the occurrence of problems in the process of human communication *(Wyrwicka, 2011, p. 51).*

In this sense, communication becomes the tool to influence the attitude and behavior of its participants. It can be concluded that the process of mutual communication is inscribed in the general rules of creating and improving both enterprises *(Stabryła, 2007, pp. 23–25)* and public hospitals. The efficient transfer of information at individual levels of the public hospital leads to the effective implementation of changes and innovation in management of the process of providing hospital services. The relationship with the patient is a dynamic process which requires the involvement and capabilities of permanent learning. There is also often required patience on both sides *(Storbacka & Lehtinen, 2001, p. 51).* At this point, it should be underlined that the effective process of doctor-patient and patient-doctor communication is determined by many important factors, such as:

- Highly qualified hospital staff;
- Access to information;
- Modern hospital technologies.

The significance of the appropriate interpersonal communication for diagnostic and therapeutic processes cannot be overestimated. It serves satisfying not only patients' medical needs but also non-medical ones *(Dolińska-Zygmunt, 2001, p. 312).* This means that in relationships with medical staff, they expect, first of all, full and reliable information on their health and, secondly, the emotional support which positively affects their mental state.

It is important that lack of information and incomplete information as well as rush in the course of transferring some essential messages, carries a range of negative consequences, impedes, among others, the process of patient's adaptation to the hospital conditions, results in negative emotions (anger, rage) while activating defensive reactions as well as negatively affecting the process of cooperation with medical staff. Information asymmetry in the field of informing patients on different aspects of patient stay in the public hospital negatively influences the assessment of credibility and professionalism of medical staff. The conducted research *(Wildner et al., 2002, pp. 305–315)* indicates that it is an important problem in hospitals all over the world.

On the other hand, while presenting the research results, concerning interpersonal communication in hospitals, Zadros notices that doctors, as the occupational group, possess

little knowledge in this field *(2012, p. 369).* An equally important determinant is the way in which the staff of public entities cooperates with each other, what values they are driven by and what attitudes and behavior they represent in the process of community interview. It is reflected, among others, in the applicable standards, procedures and instructions of operation in diagnostic and therapeutic processes.

An increase in the awareness of staff of public hospitals as to the significance of these values and their impact on the process of exchange of information, particularly referring to solving patients' health problems and decision-making, affects reduction in the decision-making risk and an increase in *stakeholders'* satisfaction. Moreover, the level of involvement of staff constitutes the measurement of efficiency of management of human capital, also (managerial) decision-making in the process of community interview – providing hospital services. The value system and defined standards of conduct are very important for the effective community interview; medical staff becomes more predictable and reliable both for patients and entities cooperating with them.

Therefore, the applicable code of ethics includes the indications on how the general moral standards are applied, among others, in the process of community interview. They have the nature of isolated regulations of moral behavior of both medical staff and the whole of the staff of public hospitals. However, the code of ethics does not replace but only complements the awareness of medical staff of public hospitals[1]. It guarantees the cohesion between the declared mission consolidated in customs and the organizational and functional culture of the entity and ethical requirements imposed on hospital staff *(Bąk, 2008, pp. 126–127).* The fact if the code of ethics will be an effective tool to consolidate high standards of conduct of medical staff in the diagnostic and therapeutic process, among others, will be determined by:

- Participation in the process of the creation of the code;
- Compliance of the provisions with the internal and external policy of entities, their organizational and functional culture and the processes of information management;
- Adjustment of the provisions of the code to the environmental, customary, cultural conditions; and
- Monitoring and evaluation.

In turn, in case of community interview, both verbal (in words) and non-verbal communication, which is the result of the impact of signals of the sender with no words and signals sent by the environment in which the specific process takes place, is very important.

The communication between the doctor and the patient, and also its broader base – interpersonal relationships, determining the effectiveness of the process of community interview, health education, constitute the determinant conditioning its quality *(Olkiewicz, 2014, p. 63).*

The relationship between the doctor and the patient – the process of mutual communication may be analyzed in the context of the definition of so called social intelligence, depicted by Thorndike, which is expressed by: *the capability of understanding others and dealing with them to make it serve wise human relationships,* based, among others, on the model of social intelligence S.P.A.C.E *(Albrecht, 2007, p.72).*

Social intelligence is, above all, manifested in the quality of human relationships and the ability to self-control. On the other hand, reduced self-esteem and inadequate image of oneself can be the reason of inappropriate behavior in the process of community interview – a destructive form of solving conflict. It is important that it is possible to learn social intelligence, and particularly the process of mutual interpersonal communication.

[1] Code of Medical Ethics, consolidated text of 2 January 2004 approving the amendments of 20 September 2003 by Extraordinary Congress of Physicians VII held in Cracow.

The presented formulary of the conditions, admittedly, does not include all the guidelines or different nuances however it shows the image of the range of responsibility of medical staff for the appropriate and effective communication process *(Lloyd & Bor, 2009, pp. 44–51; Barański, Waszyński & Steciwka, 2000, p. 77).* Moreover, it also creates the possibility of appropriate reaction in the process of community interview – reduction in improper behavior by means of:

- Diagnosis of the present state;
- Planning and implementation of the activities of a repair and preventative nature;
- Planning and implementation of the monitoring system of interpersonal relationships and monitoring the implemented solutions.

Summing up, in this qualitatively new situation, a sense of responsibility for the efficient process of mutual interpersonal communication must be created by medical staff themselves, and at their own risk, when building their identity as the owner of the specific capital of interpersonal and professional competences *(Lichtenstein, Ogilvie & Mendenhall, 2002, p. 65).* As Lichtenstein, Ogilvie and Mendenhall stated, the current results and the achieved benefits are less important to them than the complex development of interpersonal competences.

Moreover, they expose the feature of non-linearity as an important property of the professional career which is manifested by the fact that subsequent stages do not require the development of an individual resource of different competences from the zero level but they are based on the previously accumulated competence capital – they remain within the boundaries of their substantial professional specialization. A good doctor is the one who copes with failure; mutual honesty building mutual image is also important; strengthening the renown of the doctor, it allows gain patients' trust. It also guarantees long-term market success of both the public hospital and the doctor themselves. According to the author, the doctor and the public entity that are driven by the principles based on the universal, positive values both in the process of community interview and providing hospital services are able to maintain the leading role on the market of services.

3. Sources identification of significant threats in information exchange

While considering the threats that, among others, result in lack of satisfactory exchange of information in the process of community interview, on the one hand, it is necessary to assess the kind of significant events and, on the other, establish the category they belong to. At this point, it should be underlined that in the process of mutual exchange, we additionally deal with the sequence of events leading to the occurrence of inappropriate attitudes of the participants, among others, resulting from information asymmetry *(Bober, 2010, pp. 7–18).*

Compliance with the binding recommendations, standards, procedures based on facts – *Evidence-based medicine – EBM (Straus et al., 2005, p. 56)* by the members of the interdisciplinary team brings about that the process of community interview and providing hospital services should not pose a significant risk to health or life of the patient *(Bober, 2009, pp. 25–39).* Both the subject literature and practice, which came into being on the basis of the analysis of the listings and observation of the model communication process between the prosumer and the doctor, among others, identifies:

1. Organizational and functional solutions of public hospitals in the field of:
   - Culture of cooperation in the patient-doctor, doctor-doctor relationship;
   - Control of processes of information management in providing hospital services;
   - Procedures and standards in reference to the quality of the feedback process;
   - Supply with significant resources in the process of community interview;
   - Location of diagnostic and therapeutic equipment.

2. Procedures associated with the course of the process of community interview:
   - Lack of specification (sequence) of diagnostic and therapeutic sub-processes; and
   - Inappropriate or wrong procedures of developing sub-processes;
   - Lack of clarity of instructions, standards and procedures; moreover;
   - Not taking into account the essential internal and external factors; and
   - Important principles of introducing and updating procedures; furthermore,
   - Process of quality control of these procedures.
3. Procedures associated with the course of the process of information-identification of reasons in the field of:
   - Transferring and receiving information in the process of community interview;
   - Inappropriate or incorrect information;
   - Errors in the process of information processing;
   - Obstructed communication channels;
   - Lack of access to essential diagnostic and therapeutic information.
4. Procedures connected with medical staff providing hospital services in the field of:
   - Competences of the provided diagnostic and therapeutic sub-processes;
   - Burdening the participants of interdisciplinary team – duration of task performance;
   - Training processes in the domain of mutual interpersonal communication;
   - Inappropriate reaction to the occurring events; and
   - Ergonomics of workplaces.
5. Inappropriate procedures in the management process in the field of:
   - Coordination of diagnostic and therapeutic processes;
   - Precision of scopes of responsibility; and
   - Defining the scope of duties of the participants of interdisciplinary medical teams;
   - Ability to consider alternative scenarios of the processes of providing hospital services *(Bober, 2013, p. 25).*

Lack of possibility to adjust to the binding standards, procedures, instructions and recommendations negatively affects the whole communication process by means of which there is also the loss of:

- Essential information on what is wrong and, therefore, what can be improved;
- Collective wisdom; and
- Initiative.

Therefore, the management of the process of mutual communication in community interview, based on the principle of partnership is associated with both an increasing level of general and professional education of medical staff and patients. Modern medicine is not only dependent on ethical standards but also on the previously unknown degree of legal regulations.

The right to information deserves a special attention – the patient has the right to present their views in this field to the doctor[2] and to reduction in dissonance of dignity on the way of *social reconciliation of excuses (Kosewski, 2008, p. 47).* The mission in minimization of undesirable behavior – reduction in information asymmetry in public hospitals should be the motto – *Don't be evil*.

Summing up, it is worth noticing that the operational simplicity of the recommendations including legal and ethical standards does not completely reflect the emotional complexity of the processes of their implementation *(Bober, 2011, pp. 150–164).* If there are particular

[2] The Act of 28 April 2011 amending the Law on the Rights of the Patient and Patient Ombudsman (Journal of Laws of 2011, No 152 item 17, as amended)

difficulties in the process of community interview, the changes should be introduced beginning with oneself *(Bober, 2010, pp. 393–403).*

4. The discussion on the conducted research results

The empirical study concerning the role of disorders in the process of mutual interpersonal communication in community interview was conducted in the period of January 2007 – December 2011 (in annual cycles), in the area of the voivodeships: Warmia and Mazuria, Pomerania, and Greater Poland, in the further considerations, referred to as *A*, *B*, *C* (18.75% of the total number of voivodeships). It was carried out on the sample of 8,975 respondents representing medical staff of public hospitals providing work regardless of the form of employment. The share of those questioned in each of the five hospital wards[3] is, in accordance with the assumptions of the research procedure, similar, although there were recorded some small differences in the number of public hospitals, being the result of changes in health care.

To find out the personal data of those questioned, the questionnaire included 'demographics of the respondent' (Table 1). The sample was selected in a randomly-stratified way. The layers were public hospitals (small, medium, large). In the REGON (National Business Registry Number) register[4] there were registered 104 public hospitals (Fig.1.), in the analyzed voivodeships, (which enhances credibility and representativeness of the obtained results). Sampling took place with the maintenance of stratification by the following criteria:

- Regional diversity – division into voivodeships
- Public hospital size diversity.

The questions concerning a particular problem or issue were appropriately ordered which allowed for grouping them into areas. To provide the comparability of the data, the questions intended for medical staff were in line with the questions asked during the similar surveys taking place in the course of the cyclic (annual) research conducted in public hospitals, considering the analyzed wards.

To obtain the reliable results, the literature study – *desk research* was supplemented with the primary data obtained as a result of the analysis, on the way of the quantitative research. To collect them, there was used the questionnaire including mainly closed-ended questions and, thus, the ones combined with appropriate suggestions of the responses. Using the research tool, it allowed for shortening the time necessary to conduct the interview. On the other hand, it allowed for obtaining the statements strictly connected with the research problem. 203 questionnaire replies out of 250 submitted questionnaires were accepted for the further analysis, which amounted to 81.20% of the population under consideration.

The research conduct was based on searching for the answers obtained from the research areas in the field of knowledge of:

- Procedures, standards of mutual communication in public hospitals
- Possibilities of using the possessed IT and information systems;
- Quality and understanding of the provided information;
- Organizational and legal conditions in the area of implementation of the principles of mutual communication.

[3] The criterion of the selection of the hospital ward, internal, gynecology and obstetrics, neurology, orthopedics and cardiology, was the data on the amount of complaints made to the Ombudsman (The Act of 15 July 1987 on the Ombudsman (Journal of Laws of 2001 No 14, item 147 as amended), the Patient's Ombudsman (the Patient's Ombudsman was established by the Law of 31 March 2009, Journal of Laws of 2009 No 52, item 417), Ministry of Health, The Supreme Medical Court, the composition of which is determined by the General Medical Assembly, pursuant to article 38 of the Law of 2 December 2009 on medical chambers.

[4] As of 31.12.2006 there were 425 registered public hospitals in 16 voivodeships in Poland (without MON I Ministry of National Defense and MSW – Ministry of the Interior)

On account of the practically unchanged organizational and functional structure of public hospitals employing the respondents, the result is compliant with the expectations.

Summing up, the statistical respondent is a person of a high social status (Table 1). Such a profile of the respondent directly influences the respondent understanding of the issues discussed in the questionnaire. The statement that these people thoroughly analyzed the problem discussed in the research is fully justified. On account of the knowledge of the analyzed problem, the answers given by the respondents can be considered reliable and accurate. At the same time, the results of the survey are characterized by high credibility, which is difficult to obtain in case of the application of another research method or addressing the questionnaire to the community selected otherwise. Simultaneously, it should be underlined that these characteristics of the statistical respondent were maintained in five studies. This provides the grounds for the statement that the conclusions coming from the comparative analysis of the studies are characterized by a very high significance level.

Table1. Structure of surveyed community – medical staff of public hospitals (own study 2007–2011)

Hospital wards in the analyzed voivodeships *A, B, C*	**Seniority in wards**					**Education**					**Gender**	
	<6	6–10	11–15	16–20	20<	No specia-lization	I^0	II^0	PhD	Prof.	F	M
1. Internal	2051	174	294	429	318	2051	397	686	657	74	2555	973
2. Gynecology and obstetrics	421	139	245	385	213	421	113	134	153	26	1058	331
3. Neurology	249	198	209	184	167	249	299	354	398	56	1020	503
4. Orthopedics	583	193	229	294	174	583	322	374	429	31	199	767
5. Cardiology	271	231	299	309	216	271	250	264	342	41	1076	493
Total	**3575**	**935**	**1276**	**1601**	**1588**	**3575**	**1381**	**1812**	**1979**	**228**	**5908**	**3067**

The obtained statements allowed for the stratification of groups of disorders presented in Figures 2–6. and the occurring disorders in the process of community interview, among others, connected with:

1. Insulting a public official (who a doctor also is[5]);
2. Violating bodily integrity; and
3. Using violence or unlawful threats to enforce particular actions; moreover,
4. Damaging hospital property;
5. Behavior under the influence of drugs;
6. Exposing other people to HIV infection (being aware of this disease);
7. Unauthorized entrance into hospital premises.

In addition, for the purpose of this study was also conducted normalization to a small, specific interval (min 1, max 10) taking into account rescaled input.

The analysis of the answers of the respondents indicated the downward trend of the situations where there takes place the insulting of the public official: in 2007 there were 1,490 cases, whereas in 2011 there were recorded only 634 cases. It is a positive situation; there is an increase in the authority of the doctor (also increased by the introduction of the statutory criminal penalties).

[5] The Act of 10 May 2012 amending the Penal Code and The Law on Social Insurance System (Journal of Laws of 2012 No 0, item 611); Art. 44 of the Act of 5 December 1996 on the profession of the doctor and the dentist (Journal of Laws of 2008 No 136, item 857)

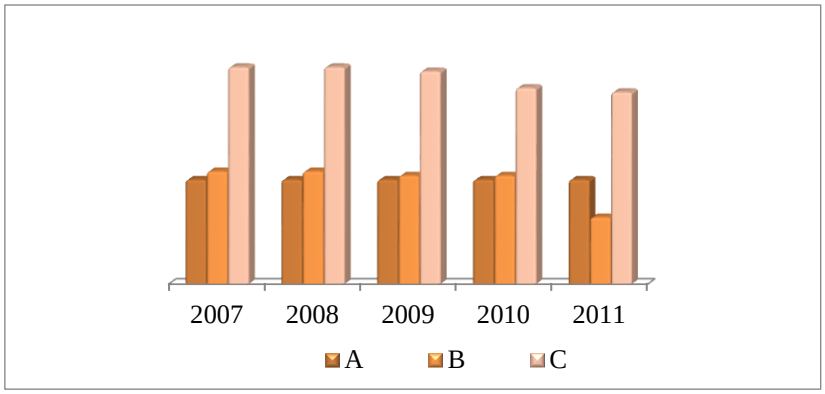

Figure 1. Number of public hospitals in the analyzed period (own study 2007–2011)

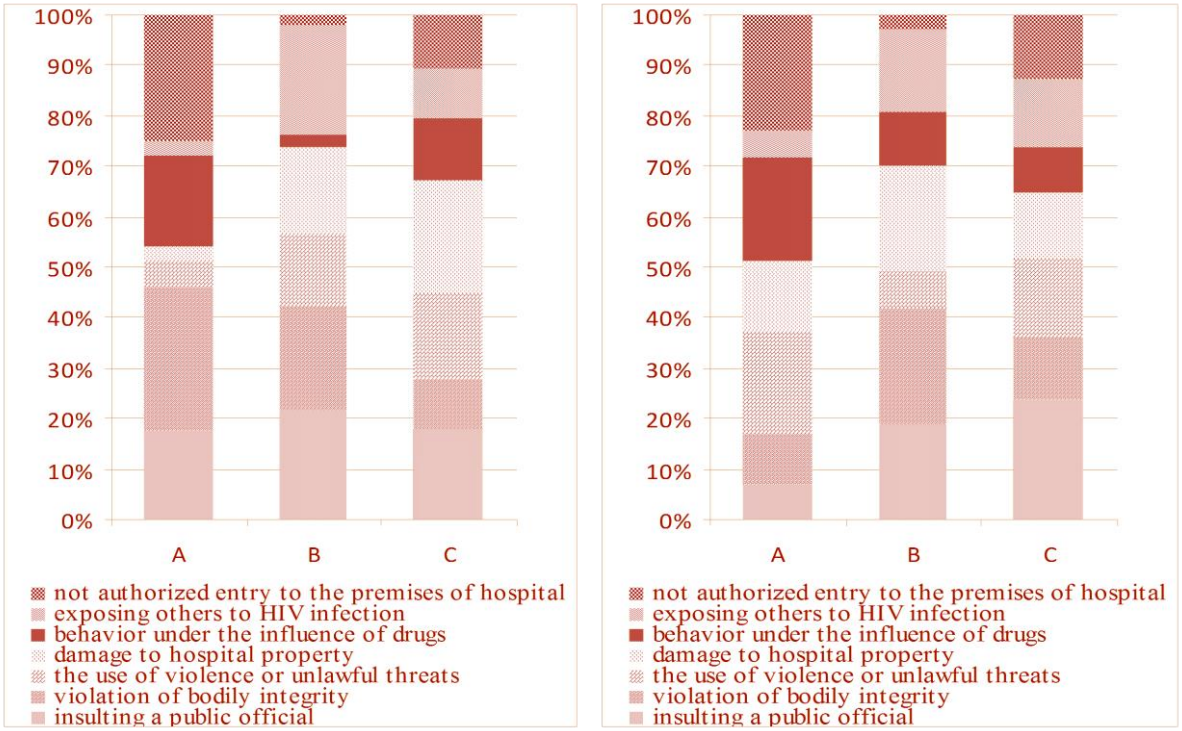

Figure 2 and 3. The level of negative factors of patient behavior by the medical staff in the analyzed voivodeships (A, B, C), (own study 2007–2008)

There is an improvement in mutual communication – the efficient process of sharing knowledge reduces the decision-making risk in the process of providing services in public hospitals. There is also an improvement in the field of violating bodily integrity: in 2007 there were 39 cases, whereas in 2011 there were reported only 17 cases of this type. A negative phenomenon is an increase associated with the behavior consisting in obtaining specific (satisfactory) events referring to using violence or unlawful threats, in 2007 there were 403 cases, and in 2011 – as many as 466.

Dangerous practices are the situations where there occurs the use of a disease (or a syringe with HIV) to enforce a particular situation: in 2007 there were 17 cases, whereas in 2011 there was recorded a slight decrease - 8 cases. In spite of the fall in the number of this type of events, these are dangerous situations exposing the specific person to deterioration in health, professional situation and, frequently, bringing about social exclusion. Disturbing and growing phenomena in the analyzed public hospitals are situations when there takes place:

- Negative behavior under the influence of drugs: in 2007 there were 3,976 cases, and in 2011 – as many as 4,608;
- Unauthorized entrance into hospital premises: in 2007 there were 1,393 cases, in 2011 there were 1,488 cases; moreover, there also takes place
- The damage to hospital property: in 2007 there were 1,657 cases, whereas in 2011 there were as many as 1,754 cases.

These events lead to an unjustified increase in the operating costs of public hospitals and they deform the process of mutual interpersonal communication, resulting in an increase in the decision-making risk in the process of providing services in public hospitals *(Rychły-Lipińska, 2009, pp. 265–275).*

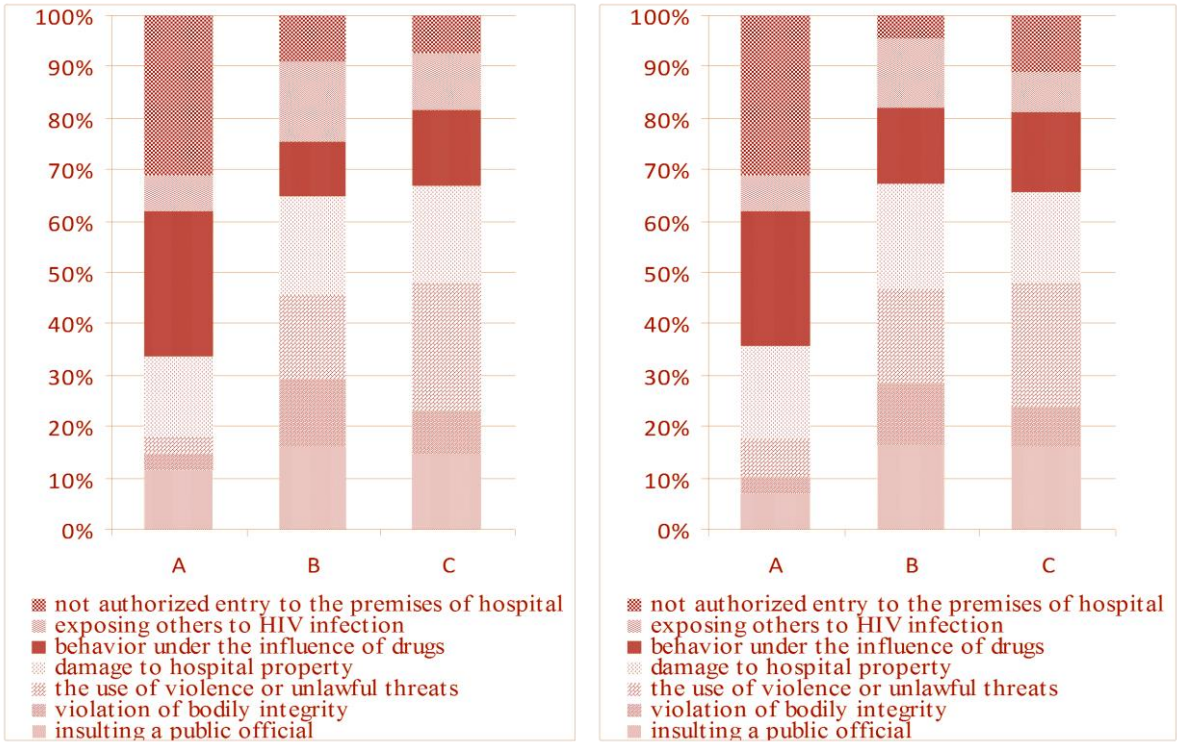

Figure 4 and 5. The level of negative factors of patient behavior by the medical staff in the analyzed voivodeships (A, B, C), (own study 2009–2010)

The participants of interdisciplinary diagnostic and therapeutic teams must be aware of the fact that the freedom of operation implies responsibility *(Dierksmeier, 2011, p. 34)* and that *double standards* is unethical behavior in the process of community interview. The research results also confirmed the significance of social and economic conditions and legal regulations, apart from the individual, for the existence of the complex process of mutual interpersonal communication.

The analysis of the statements of the respondents allowed for the formulation of the following thesis: *The knowledge of medical staff of public hospitals in the field of implementation of interpersonal communication in community interview – reduction in undesirable behavior and asymmetry of information, is relatively low.* Moreover, the future medical staff (in the course of studies) is taken care of, and information (to be efficient) is provided to them in many different ways.

This may bring about the expectation that there will always be somebody to remind, pay attention to important data, make sure if the message has been delivered. It is the prerequisite for *'learned helplessness'* in both social and professional life. The system of education of

medical students is also important, which, apart from the transfer of expertise, should provide the spectrum of competences essential in both social and professional life.

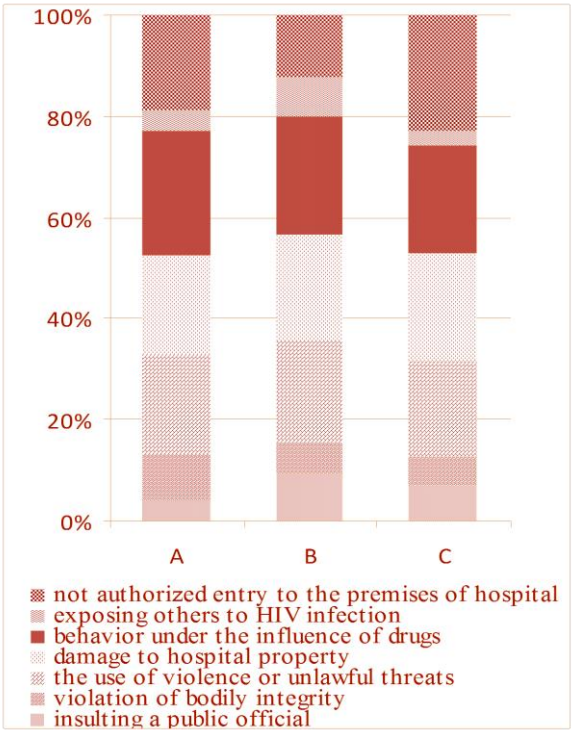

Figure 6. The level of negative factors of patient behavior by the medical staff in the analyzed voivodeships (A, B, C), (own study in 2011)

In this field, the medical community face a very serious medical task (which is not the subject of the academic education), consisting in the aid in creating the patient motivation or increasing their personal value of the objective rather than focusing on the proposed solutions.

5. Conclusions

On the basis of the conducted studies, it was concluded that, in spite of the decreasing number of public hospitals (Figure 1): 104 in 2007, 90 in 2011 and relatively fixed number of medical staff: 8,975 (7.33% of the total number of doctors), the problem of negative behavior in the process of community interview (in public hospitals) is still marginalized. The reason of this is not only lack of willingness of possibilities but, above all, lack of reliable and professional preparation of the staff (of each level). The above development of the research results allowed for the conclusions concerning the future preferences as to the application of techniques and methods of reduction in disorders of the process of interpersonal communication in community interview.

There are noticeable the barriers concerning the creation of social ties on the basis of cooperation, willingness to search for and acquire new knowledge (readiness to share this knowledge). Moreover, they also indicate some important consequences resulting from the uncontrolled spread of undesirable behavior in the process of community interview being, among others, the result of lack of satisfactory process of mutual information. It is the problem not only for the patients and the staff but also for the entities themselves. Recently, there has been noticed a clear upward trend of mutual lawsuits targeted against public hospitals, among others, resulting from growing awareness of patients. Medical staff of public hospitals must take into account a negative reaction of patients.

This problem cannot be completely reduced but there can be done a lot to reduce the number of such events. According to the author, a lot of undesirable situations could be avoided, particularly, the ones resulting from carelessness of the staff: the situation could improve if the employer claimed the responsibility of the hospital staff. Aiming at reduction in undesirable behavior and the associated information asymmetry belongs to the basic ethical and professional duties and tasks of the staff of public hospitals.

It should be taken into consideration that the role of the process of the monitoring of interpersonal relationships consists in not only the control and indication of errors but mainly in cooperation by the creation of repair and preventative procedures. On the other hand, acquiring appropriate knowledge brings about both reductions in undesirable behavior during community interview and information asymmetry.

Public hospitals bear high costs associated with the satisfactory process of two-way information channels in the form of sick leaves, costs of staff treatment and costs of compensation processes. The maintenance of the patient is one of the major challenges of modern public entities. It is the task requiring high interpersonal skills of medical staff, the one also consisting in using the existing negative situation for the development of the entity. The prosumer, indicating errors, provides valuable information on weaknesses of the process of exchange of information in community interview.

By means of these valuable opinions, the staff of public entities may react by introducing repair and preventative actions. It has been assumed in the present considerations that the use of a conflict situation for more efficient recognition of pro-qualitative health needs of the patient and winning their trust is a kind of a process of development of two-way information channels in the process of community interview.

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