

Artículo de investigación

**Influence of interaction in the “Doctor-Patient” system
on patients’ states**

Влияние взаимодействия в системе «Врач – Пациент» на состояние больных

Efecto de la interacción en el sistema "Médico – Paciente" en el estado de los pacientes

Recibido: 3 de agosto del 2019

Aceptado: 16 de septiembre del 2019

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SPIN-ID <https://elibrary.ru:4470-1016>**Abstract**

The study focuses on the search for ways to solve the problem of improving the quality of medical care for heart disease patients; the effectiveness of patients’ treatment is determined by the science-oriented medicine achievements and the general psycho-emotional states arising in various situations of doctor-patient interaction. The aim of the study is to identify the types of doctors and their impacts on patients’ psycho-emotional states and attitudes toward the disease. The study was conducted in a number of clinical hospitals in Moscow (Russia). It involved 167 doctors and 1,248 patients with arterial hypertension, coronary heart disease, and arrhythmias, aged 43 to 82 years. The study was carried out using valid psychodiagnostic techniques. There were statistically significant differences in the characteristics of the response to the disease in heart disease patients, whose

Аннотация

Исследование ориентировано на поиск способов решения проблемы повышения качества оказания медицинской помощи пациентам с сердечно-сосудистыми заболеваниями, эффективность лечения которых определяется как достижениями естественно-научно ориентированной медицины, так и общим психоэмоциональным состоянием, возникающим в различных ситуациях его взаимодействия с лечащим врачом. Цель исследования – выявление типов лечащих врачей и их влияния на психоэмоциональное состояние и отношение к болезни пациентов. Исследование проводилось на базе ряда клинических больниц г. Москвы (Россия). В исследовании приняли участие 167 врачей и 1248 пациентов с артериальной гипертензией, ишемической болезнью сердца и аритмиями,

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physicians established with them collaborative, caring, directive, authoritarian and alienated relationships.

Key Words: Attitude toward the disease, interaction in the "Doctor-Patient" system, internal picture of the disease, heart diseases.

в возрасте от 43 до 82 лет. Исследование осуществлялось с помощью валидных психодиагностических методик. Были получены статистически достоверны различия в показателях особенностей реагирования на болезнь у пациентов с сердечно-сосудистыми заболеваниями, лечащие врачи которых устанавливают с ними сотруднические, опекающие, директивные, авторитарные и отстраненные отношения.

Ключевые слова: отношение к болезни, взаимодействие в системе «Врач-Пациент», внутренняя картина болезни, сердечно-сосудистые заболевания.

Resumen

El estudio se centra en la búsqueda de formas de resolución el problema de mejorar la calidad de la asistencia médica a los pacientes con enfermedades cardiovasculares, cuya eficacia del tratamiento se determina por los logros de la medicina naturalmente orientada a la ciencia y la condición psique-emocional general que se produce en situaciones diversas de su interacción con el médico tratante. El observatorio del estudio es identificación de los tipos de médicos tratantes y sus efectos sobre la condición psique-emocional y la actitud hacia la enfermedad de los pacientes. El estudio se llevó a cabo sobre la base de la serie de hospitales clínicos en Moscú (Rusia). En el estudio participaron 167 médicos y 1248 pacientes con hipertensión arterial, enfermedad isquémica coronaria y arritmias, de 43 a 82 años. El estudio se realizó con la ayuda de técnicas psiquediagnósticas validas. Se han obtenido las diferencias estadísticamente fidedignas en los indicadores de la respuesta a la enfermedad en pacientes con enfermedades cardiovasculares, cuyos médicos tratantes establecen relaciones cooperativas, de tutela, directivas, autoritarias y suspendidas con ellos.

Palabras clave: Relación con la enfermedad, interacción en el sistema "Médico-Paciente", imagen interna de la enfermedad, enfermedades cardiovasculares.

Introduction

In Russia, the number of heart diseases has a steady tendency to increase. Exacerbation of diseases and deterioration of health of persons suffering from arterial hypertension, coronary heart disease, arrhythmias, cardiomyopathy and other disorders of the cardiovascular system is due not only to the effectiveness of medical treatment, but also to patients' psycho-emotional states, patients' attitudes toward their diseases and the peculiarities of interaction with their doctors. In modern conditions of the information society, when information about the symptoms and course of the disease, its risks, and factors is available to everyone, the model of the doctor's attitude toward the patient is undergoing serious changes (Obrizan, 2017). In this regard, exploring the influence of the doctor's personality, the doctor's relationship with the patient on the peculiarities of the heart disease course is of particular importance.

From the standpoint of the biopsychosocial approach, the peculiarities of the disease course are determined not so much by biological factors as by their combination with social situations and psychological components of patients' general life activities. Thus, the effectiveness of treatment is defined by the achievements of science-oriented medicine, and patients' general psycho-emotional states arising in various situations of the therapeutic and preventive process.

As for heart diseases, it is the biopsychosocial approach that is basic in building a holistic treatment and rehabilitation practice. According to many researchers, heart diseases and emotional disorders have common etiology, which suggests the search for common ways to prevent them. Jean-Christophe Chauvet-Gelinier and Bernard Bonin, for example, emphasizing in

their studies that heart diseases are serious sources of stress and depressive states of a person, give empirically identified arguments proving the decisive influence of psychological aspects of a person's life on the state of his/her cardiovascular system (Chauvet-Gelinier, & Bonin, 2017). The subjective role of the cardiac patient in the treatment-and-prophylactic process is noted by many researchers. In particular, it is said that the treatment process of the disease is influenced by the attitude toward it or particularities of the internal picture of the disease (IPD). Wasserman et al. (2008) emphasize that the internal picture of the disease, being a complex phenomenon, reflects the patient's actual experiences of situations associated with the disease. The formation of the internal picture of the disease can largely be due to the nature of "Doctor-Patient" relationships.

Therefore, the aim of the study is to identify the nature of the influence of doctors' attitudes toward patients and their typological features on the formation of the internal picture of the disease in heart diseases. The achievement of the goal was implemented in the process of solving the following tasks:

- a) To determine the degree of the study problem development;
- b) To study empirically the typological features of doctors, develop their typology;
- c) To identify the nature of interrelation between indicators of the typological features of doctors and the type of attitude toward the disease in heart disease patients.

Literature review

Theoretical analysis has shown that the focus of many researchers studying the features of "Doctor-Patient" relationships is mainly deontological issues, issues relating to the ethics of professional interaction in medical practice. Interaction models in the "Doctor-Patient" system are the objects of interdisciplinary research (Silber, 2008; Patseeva, 2013; Barakat, 2013; Antonova, 2016; Atu, Paris, & Marochi, 2018). At the same time, in modern medical and psychological sciences, there is a traditional opinion that an important component in the treatment of the patient is relationships with the physician.

In medical deontology, different models of doctor-patient relationships are considered. Thus, Izutkin, based on the analysis of modern

clinical practice, allocates as criteria of "Doctor-Patient" relationships their role sets that were formed in certain objective conditions of social and economic development (Izutkin, 2012). Gender characteristics also have a place to be (Ghosh, 2016).

The problem of doctor-patient relationships, because of its significance in the overall treatment-and-prophylactic process, is considered from the perspectives of different research subjects: ethical (Izutkin, 2012; Nazarova, 2014) and legal (Reshetnikov et al., 2015) rules of doctors' professional communications are studied, statistical data on the impact of doctor-patient communication on patients' health, on the degree of their satisfaction with medical services is analyzed (Filippchenkova, 2010; Denisov et al., 2012; Panfiluk & Szymańska, 2017; Baronienė & Žirgūtis, 2016).

Mazzi et al. (2018) conducted a study in 31 countries to assess patients' preferences regarding communication with their doctors. The researchers, based on the analysis of questionnaires of 6,049 patients, conclude that each age of patients has its own features of perceiving an ideal doctor. Moreover, they identified two universal values – the attitude toward the patient as a person and treatment continuity.

The scientists Ho Phi Huynh and Amy Dicke-Bohmann conducted an online survey, which has shown that the manifestation of the doctor's tolerance, a high degree of the doctor's patience and indulgence positively correlate with the trust of patients, with their satisfaction with the medical services provided and, most importantly, with subjective perception of their health (Huynh, & Dicke-Bohmann, 2019). The same idea is echoed in the work of Liang et al. (2017), where it is noted that the doctor-patient relationship plays an important role in patients' satisfaction with medical services. Their results show that the information system, available to patients, contributes to their perceiving the fairness of medical care, improves the doctor-patient relationship and increases satisfaction with it. Qiao et al. (2017) talk about the need for feedback and the development of partnerships between doctors and patients. Based on the conducted experiment, in which 190 patients of surgical clinics gave their subjective assessments of the care provided to them after each visit to their doctors, the researchers indicate that the presence of feedback contributes to the improvement of the health care system.

Lyadova and Lyadova (2016) conducted a sociological survey of the population in Russia. They argue that in general, the doctor-patient relationship can be described as negative, and that trust in the doctor is at its lowest level. Therefore, in modern Russia, the problem of the accessibility and quality of medical services is particularly relevant, requires studying the factors that affect patients' trust in doctors and identifying the determinants that cause patients' compliance with medical prescriptions. The need to comply with medical prescriptions has a crucial role in the treatment of heart disease patients and in the prevention of their health deterioration. Hagström et al. (2005), having studied the general conditions of 190 men with cardiovascular diseases, as well as their subjective perceptions of their diseases, emphasize that most of them do not follow doctors' recommendations, do not believe in their favor, do not trust doctors and do not seek to communicate with them.

Materials and Methods

Study design

In order to develop preventive programs, scientifically grounded data on the influence of the typological features of doctors on the formation of the internal picture of the disease in cardiac patients is necessary. Therefore, the current study was performed in two stages.

The first stage of the study was aimed at identifying the typological features of doctors, whose patients suffer from heart diseases. A total of 167 doctors working in clinical hospitals in Moscow (Russia) were examined. Using valid psychological techniques, six types of doctors were identified, depending on their individual psychological and socio-psychological personality features.

The second stage of the study was aimed at identifying the influence of a certain doctor type on the formation of the internal picture of the disease in their patients. To achieve the goal of the study, six study samples were formed; the samples were equalized by the sex and number of patients, their ages and the natures of the disease. The study involved 1,248 patients (208 patients per doctor with different individual typological features) with arterial hypertension, coronary heart disease (CHD) and arrhythmias, aged 43 to 82 years. Using the comparative analysis of the average group indicators of the type of attitude toward the disease in patients, whose doctors were characterized by different typological

features, certain conclusions and theoretical generalizations were made.

Study tools

The study was carried out using valid psychological techniques.

To identify patients' attitudes toward the disease, the TOBOL technique was used. It was developed in the laboratory of clinical psychology of the Institute named after V.M. Bekhterev in 1987 using the classification of types of attitude toward the disease; this classification was proposed by Lichko and Ivanov.

To develop a typology of doctors, personality questionnaires focused on diagnosing the degree of manifestation of certain traits and the level of development of professionally important personal qualities were selected: Diagnostics of the level of empathic abilities by Boyko; Technique for diagnostics of social and mental sets of a personality in the motivational and need sphere by Potemkina; Methodology "Personality orientation in communication (POC – A)" by Bratchenko; Affiliation motivation by Ilyin; Motivation of professional activity by Zamfir; Cook-Medley hostility scale; "Burnout Syndrome" Method by Boyko; Basic beliefs of a personality by Yanov-Bulman, Adaptation of Kravtsova; Cattell's 16 Personality Factors Test.

The study also used the typology of doctors developed in 2014 by Bonkalo and Shmeleva (2012).

Studying the doctor-patient relationship features was implemented using a number of modified techniques. It should be noted that the diagnostic instruments were chosen based on the analysis conducted by Eveleigh et al. (2012). The researchers conducted a systematic search in PubMed, PsychInfo, EMBASE, and Web of Science for questionnaires measuring the doctor-patient relationship. Thus, they identified 19 methods that evaluate such relationships by different parameters (Eveleigh et al., 2012). Based on the results obtained, the authors selected a questionnaire that allows assessing the cognitive (that is, the peculiarities of a patient's perception of the level of the doctor's professionalism), emotional (attitude toward the doctor's personality) and behavioral (subjective assessing the features of interaction with the doctor) aspects of the patient's attitude toward the doctor.

Statistical analysis of empirical data was performed using factor (principal component method), cluster (the Ward method based on the method for variance analysis), correlation (the Spearman correlation coefficient) and comparative (the Kruskal-Wallis H test and Mann-Whitney U test) analyses, multi-criteria approach (Pipaiy, 2018).

Ethical Considerations and Confidentiality

The conducted study meets the requirements of scientific ethics, professional ethics of a research psychologist and confidentiality. The study was carried out with the voluntary consent of the respondents, both doctors and their patients. Information about patients (their affiliation data: surname, name, patronymic, age, disease,

clinical hospital, doctor, personality features) and their doctors' characteristics is not disclosed and is not available to third parties.

Results

The results of studying the typological doctor features

Resulting from the conducted studies performed by means of the designated psychodiagnostic techniques, and subsequent clustering of the obtained empirical data, six clusters were allocated. The clusters reflect the types of doctors corresponding to them. Factor analysis determined the factor structures of each of the selected types (Table 1-2).

Table 1. Factor structures of doctor types

№	Professionally qualified (PQu)		Information and business (InfB)		Alienated (Alien.)	
	Factors (70.95%)	Explained variance share	Factors (67.82%)	Explained variance share	Factors (64.52%)	Explained variance share
1	Personality professional orientation	28.90%	Dialogic orientation	19.97%	Burnout	24.24%
2	Value of Self	16.66%	External positive motivation	15.54%	Latent hostility	14.48%
3	Emotional stability	14.43%	Selfishness	12.27%	External negative motivation	13.84%
4	Leadership potential	10.96%	Diplomacy	10.11%	Lack of basic belief	11.96%
5			Conformity	9.93%		

The first type of doctor called by the authors "professionally qualified" (PQu) is characterized by a pronounced personality professional orientation – a factor, the explicable share of dispersion of which is 28.9%. This factor includes such indicators as intrinsic motivation for work (0.901), result orientation (0.843), factor B (0.711), factor C (0.698), emotional and moral disorientation (-0.614) and reduction in professional duties (-0.603). The second factor describing this doctor type includes indicators of such scales of questionnaires as "Super-Value of Self" (0.911), orientation to egoism (0.793), factor E (0.664), factor M (-0.599) and factor Q2 (0.504). Another feature of this doctor type is a stable emotional state (a factor, the explicable

share of dispersion of which is 14.43%), that is, emotional stability (0.901), hyperthymia (0.843) and high self-control (0.774). Such doctors, as a rule, have very developed leadership personal qualities.

The factor structure of the information and business type (InfB) of doctors includes such factors as dialogic orientation of a person (19.97%), external positive motivation for professional activity (15.54%), selfishness (12.27%), and diplomacy (10.11%) combined with conformity of their personalities (9.93%).

The alienated type of doctors is characterized by a pronounced degree of burnout syndrome

development. The factor structure of this type of doctors allows talking about their latent hostility (14.48% – the explained variance share of the factor), external negative motivation for profession (13.84%) and lack of basic beliefs (11.96%), that is, beliefs in the goodwill of the world (-0.833), in the kindness of other people (-0.707), and in the value of Self (-0.502).

The other three types are named by the authors as paternal types of doctors. It is worth noting that the word "paternal" is not used by the authors by analogy with the word "paternalistic", the meaning of which is traditionally interpreted as

"dominant and protective". In designating the doctor types as paternal, the authors proceeded from the notion of the word "pater", that is, father. The image of the father has many interpretations, but one thing remains unchanged – it is the need to help his "children", in this case, patients.

The main feature of the paternal-protective doctor type is a high level of empathy (0.909), the need for affiliation (0.901), the idea of the doctor as a caring and attentive person who shows paternal care for the patient, the patient's health and life (0.815) (Table 2).

Table 2. Factor structures of doctor types

№	Paternal-protective (PtP)		Paternal-directive (PtD)		Paternal-cooperating (PtC)	
	Factors (79.05%)	Explained variance share	Factors (87.11%)	Explained variance share	Factors (80.99%)	Explained variance share
1	Altruistic orientation	22.84%	Dominance	26.62%	Dialogic orientation	24.73%
2	Professional orientation	19.27%	Leadership potential	18.77%	Basic belief	17.95%
3	Need for affiliation	15.59%	Professional orientation	18.16%	Result orientation	16.69%
4	Trust, dedication	11.33%	Conservatism, rigidity	13.59%	Independence, self-sufficiency	12.18%
5	Anxiety, sensitivity	10.02%	Manipulative orientation	9.97%	Emotional stability	9.44%

The main features of the paternal-directive doctor type are the doctor's orientation to dominance (26.62%), power and leadership (18.77%), self-confidence and super-value of self; having established views and ideas (13.59%), they are characterized by an increased tendency to moralization and lecturing, are rather rigid and do not perceive dissent. At the same time, they have internal motivation, values of the professional (18.66%), are convinced of the correctness of their thoughts and that they do people good (9.97%).

According to the factor analysis, the main features of the paternal-cooperating doctor type are sociability (24.73%), altruism, the tendency

to cooperation (17.95%) and personality professional orientation (16.69%).

The results of studying patients' attitudes toward doctors with different typological personality features

The results of studying patients' attitudes toward their doctors are of interest. The comparative analysis of the average group indicators of the cognitive, emotional and behavioral components of the attitude of heart disease patients toward their doctors has shown that such attitudes are largely due to the typological features of doctors (Table 3).

Table 3. The results of studying heart disease patients' attitudes toward different doctor types

Attitude components	PQu	InfB	Alien.	PtP	PtD	PtC
Cognitive	9.94±0.9	7.06±0.8	3.56±0.6	5.82±0.7	6.62±0.7	9.12±1.0
Emotional	7.76±0.8	4.49±0.5	2.22±0.3	8.79±0.9	4.93±0.5	8.86±0.9
Behavioral	5.24±0.7	5.38±0.6	2.86±0.3	8.94±9.1	5.28±0.6	9.22±0.9

Most patients of the professionally qualified doctor type are convinced that their doctor has a high level of professionalism (9.94), that the doctor is quite an interesting and intelligent person (7.76), but they are not completely satisfied with the interaction developing with him/her (5.24). The highest average group values for all relationship characteristics were recorded in the group of patients, whose treating doctors belong to the paternal-cooperating personality type. It indicates the trust of patients to doctors with the designated typological features.

The results of studying the attitudes toward the disease of patients of doctors with different typological personality features

Further study was aimed at revealing the nature of the influence of the typological features of doctors on the formation of the type of attitude toward the disease in heart disease patients.

Resulting from the comparative analysis of the average group indicators of attitude toward the disease in heart disease patients, whose doctors are characterized by different typological personality features, statistically significant differences between the formed study samples were revealed (Table 4).

Table 4. The results of studying the types of attitude toward the disease in heart disease patients of different doctor types (wall)

Type of attitude toward the disease	PQu	InfB	Alien.	PtP	PtD	PtC
Sensitive	3.3 ± 0.4	5.9 ± 0.6	3.4 ± 0.4	5.7 ± 0.6	6.8 ± 0.8	2.2 ± 0.4
Anxious	4.0 ± 0.4	5.7 ± 0.6	3.7 ± 0.4	5.9 ± 0.7	6.7 ± 0.7	2.4 ± 0.3
Hypochondriac	2.9 ± 0.3	4.0 ± 0.4	2.8 ± 0.3	3.0 ± 0.3	4.2 ± 0.4	2.3 ± 0.3
Melancholic	1.9 ± 0.2	2.5 ± 0.3	2.4 ± 0.3	2.9 ± 0.4	2.3 ± 0.3	2.0 ± 0.2
Apathetic	2.2 ± 0.2	3.3 ± 0.4	4.2 ± 0.4	2.2 ± 0.3	7.2 ± 0.9	1.8 ± 0.2
Neurasthenic	3.0 ± 0.3	3.3 ± 0.3	3.8 ± 0.4	3.6 ± 0.5	7.3 ± 0.7	2.4 ± 0.2
Egocentric	3.2 ± 0.4	3.6 ± 0.5	4.0 ± 0.4	5.0 ± 0.5	3.4 ± 0.4	3.0 ± 0.4
Paranoiac	2.6 ± 0.3	2.4 ± 0.3	2.9 ± 0.3	4.0 ± 0.4	6.9 ± 0.9	1.9 ± 0.3
Anosognosic	4.2 ± 0.4	4.0 ± 0.4	5.2 ± 0.5	3.9 ± 0.4	5.0 ± 0.5	4.2 ± 0.5
Dysphoric	2.7 ± 0.3	4.9 ± 0.6	5.5 ± 0.6	3.0 ± 0.3	5.7 ± 0.7	2.0 ± 0.2
Ergopathic	5.2 ± 0.6	4.8 ± 0.6	5.6 ± 0.6	3.8 ± 0.5	5.4 ± 0.7	6.0 ± 0.6
Harmonious	7.2 ± 0.8	6.8 ± 0.8	6.2 ± 0.7	6.4 ± 0.7	6.0 ± 0.6	8.9 ± 0.9

Thus, the average group indicators of the anxious type of attitude toward the disease are statistically higher in the group of patients, whose doctor has the features of paternal-directive (6.7 ± 0.7), paternal-protective (5.9 ± 0.7) and information-business (5.7 ± 0.6) personality types (compared to the group of patients interacting with paternal-cooperating doctors: $p < 0.01-0.001$). The indicators of the apathetic type of attitude toward the disease differ by a high significance level ($p < 0.001$) in the group of patients interacting with paternal-directive doctors compared to patients, whose

doctor is characterized by other typological personality features.

The most harmonious attitude toward the disease was revealed only in groups of patients interacting with paternal-cooperating and professionally qualified doctors.

It should be noted here that in the group of patients, whose doctors are characterized by the features of the alienated type, there was no predominant type of attitude toward the disease – the average group indicators generally

correspond to the normal distribution. It testifies that there is no influence of such typological features of doctors on the heart disease patients' mental states and that the formation of the internal picture of the disease in such patients is determined by the interaction of other factors.

Discussion

In the course of the study, the authors classified 26.95% of the total number of surveyed doctors as a professionally qualified type. Such doctors are result-oriented in their professional activities. Having internal motivation, they strive to achieve high professionalism with a sufficiently high level of intelligence and personality traits such as restraint, emotional stability, and general optimism. Such doctors establish contacts with patients, based on their personal features; they are able to achieve their goals, regardless of the severity of the obstacles on the way. Increased motivation for professional activities causes their high activities, efficiency and, despite fatigue, preservation of emotional response and emotional-moral orientation.

The study revealed that 16.17% of the surveyed doctors belong to the information and business type characterized by doctors' desires to establish equal relationships with patients, hence their desire to provide patients with all essential information relating to their diseases. The patient chooses independently treatment that the doctor should follow, despite the likelihood of some bias of the patient. The patient is ultimately responsible for the choice of treatment. According to the factor analysis, the main features of the information and business type of doctors are the dialogic orientation in communications, energy, desire for cooperation, focus on business relations and money, external positive motivation, super-value of "Self" and emotional detachment.

As a result of the study, the smallest number of doctors (8.18%) belong to the alienated type reflecting the consequences of doctors' burnout and manifested in their desire to formally perform their professional duties. Indifference and lack of will, a formal and professional approach to each patient, self-distrust, a negative attitude toward the world as a whole – these are the main features of the alienated doctor type. It was discovered that 11.97% of doctors have features of the paternal-protective type. A focus on altruism, altruistic orientation in communications, the desire to please, impress, dependence on other people's opinions and lack of independence cause a decrease in the

efficiency in such doctors. With their ability to quickly establish psychological contacts with people, however, such doctors are subject to rapid fatigue and exhaustion, which is manifested in their relatively anxious reactions.

The authors referred 18.17% of the surveyed doctors to the paternal-directive type, that is, to such doctors who establish clear boundaries between the position "above", "on top" and the position of "full obedience" of the patient, while avoiding any disputes over the methods of the patient's treatment.

The authors classified 18.56% of the total number of surveyed doctors as the paternal-cooperating type: caring for their patients, such doctors seek to establish a trusting interpersonal relationship with them, telling in detail about the prospects of patients' recovery and encouraging them to talk about everything completely frankly and sincerely. Having a high level of a person's basic beliefs development, doctors are focused on communicative cooperation with the patient; having a sufficiently developed empathy, they, however, show perseverance, balance, and resoluteness, willingness to take responsibility for their actions and deeds not shifting them on to the patient.

The study found that the most favorable harmonious, or balanced, type of attitude toward the disease is characteristic for most heart disease patients, but to a greater extent for those patients, whose physician is a doctor belonging to the paternal-cooperating and professionally qualified types. Most patients of such doctors, according to this study, evaluate their states without the tendency to exaggerate its severity, but also without underestimating it. Many of them are characterized by their desire to actively contribute to treatment success and devote themselves to those areas of life that are possible in their diseases.

The paternal-directive type of doctors causes the formation in patients of apathetic attitude toward their diseases, characterized by a complete indifference to their fates, loss of interest in life and everything that once worried. The same high rates in the group of patients of paternal-directive doctors were recorded on the scales reflecting the "anxious", "sensitive", "paranoiac" and "neurasthenic" types of attitude toward the disease. It indicates the negative impact of these typological features of doctors on the formation of the internal picture of the disease in patients.

Conclusions

The conducted study has shown that the formation of excessive concern about the disease, the fear of being inferior and become an object of conversations is largely due to contacts with doctors who assume full custody of patients, consider them as objects of their influences and communicative manipulation. The paternal-protective, paternal-directive and information-business types of doctors become sources for development in heart disease patients of the intrapsychic orientation of the reaction to the disease, causing violations of their social adaptation. The patient's mental and social adaptation is not disturbed if his/her physician is characterized by such individual typological features as the desire for cooperation, the establishment of trusting relationships with the patient, a sufficient level of empathy combined with responsibility, resoluteness and professional competence.

It can, therefore, be concluded that the typological features of doctors are one of the dominant factors in the formation of a certain type of attitude toward the disease in heart disease patients. In this regard, the problem of the formation of doctors' communication skills with patients, the development of the skills to establish psychological contacts with patients, involving the achievement of mutual understanding, mutual trust, and productive interaction, is actualized. This determines the possibility of building in the "Doctor-Patient" system paternal-cooperating relationships based on, on the one hand, patients' natural needs for doctors' help and support, and, on the other hand, patients' desire to maintain their subjectivity even in the case of diseases and remain the subjects of their lives and activities in general.

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