
Communication Relationship between Physicians and Post-Partum Depressed Mothers in Select Public and Private Hospitals in Minna, Niger State, Nigeria

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DOI: <https://doi.org/10.5281/zenodo.11077555>

Abstract

The researchers investigated the communication relationship between physicians and mothers experiencing postpartum depression (PPD) in select public and private hospitals in Minna, Nigeria. It aimed to understand the communication strategies used by physicians, effectiveness of these strategies in aiding recovery and the challenges hindering effective communication. Anchored on the patient-centred care model, interviews and focus groups were the method adopted. Findings showed that empathy and informal interactions were used as mothers responded positively to physicians who addressed them with a smile, concern and active listening. Further findings revealed that effective communication leads to better outcomes. Participants felt that open-ended questions, patient involvement in treatment plans and emotional expression encouraged by physicians led to improved well-being. Also, cultural sensitivity, utilisation of interpreters and readily available information resources in hospitals were identified as crucial for addressing communication and cultural barriers. The researchers concluded that physician communication style significantly impacts PPD recovery and, therefore, recommended that healthcare institutions should create supportive environments and train professionals in cultural sensitivity.

Keywords: Postpartum Depression, Communication Strategies, Empathy, Counselling, Physician

Introduction

Pregnancy, childbirth and the postpartum period are transformative life experiences for women. However, these transitions can also be accompanied by significant mental health challenges, with up to one in five women experiencing perinatal depression (Mayberry, Horowitz & Declercq, 2007). To Field (2020), postpartum depression is a common and often underdiagnosed mental health condition that affects mothers worldwide, with detrimental effects on both maternal and infant well-being. It is a period characterised by a prolonged period of sadness, low mood and loss of interest or pleasure in activities following childbirth. PPD not only affects the well-being of mothers, but also has significant implications for the overall health and development of their infants.

It is important to state that extensive research has been carried out on postpartum depression from the medical, nursing and psychological point of view. These studies were basically centred on etiological factors as they relate to medicine, nursing and

psychology, none of these researches are media studies or communication research related.

The subject of communication has not been adequately answered in previous research on postpartum depression. On the other hand, it is important to also re-emphasise that there is a difference between postpartum depression and postpartum psychosis. While postpartum psychosis requires the administration of specific drugs and treatment from a qualified physician or a psychologist as the case may be, PPD is not as intense as postpartum psychosis. If advise and counseling as suggested by Obajaja (2023) is one of the most potent tools in addressing PPD, then there is a need to pay attention to effective communication between healthcare providers, mothers, and support networks to play a crucial role in promoting maternal mental health and positive childbirth experiences. This is crucial in identifying and managing this condition, ensuring appropriate support and promoting positive maternal and infant health outcomes. It is from the counseling approach to the treatment of PPD as suggested by Obajaja (2023) that the subject of communication research comes in from a more professional angle in providing solutions to PPD. The result of which when harnessed with research from medical and psychological perspectives, will provide a multidisciplinary approach to handling the subject matter of postpartum depression which is an aspect of maternal mental health. This will in turn, make the United Nations SDG goal attainable, realistic and achievable. Otherwise, SDG goals 3, 5, 10 and 17 will remain a mirage in Africa and Nigeria in particular.

Objectives of the Study

The objectives of the study were to:

1. Find out the communication strategies used by physicians.
2. Ascertain the effectiveness of these strategies in aiding the recovery of postpartum depression.
3. Identify the challenges hindering effective communication between physicians and patient.

Review of Empirical Studies

Review of empirical studies in research according to Smith & Johnson (2018) involves systematically examining and analysing existing scientific studies conducted on a specific topic or research question. It aims to provide a comprehensive overview of the current state of knowledge, identify research gaps and highlight key findings and trends in the field. They further stated that a review of empirical studies helps to synthesise existing research findings and identify areas for further investigation. This section focuses on the review of previous studies on health communication about physician-patient communication. The essence is to situate how the methodologies, objectives and findings used in previous studies align or differ with this work. The study began this review by looking at Zhang, Li, Zhang, Le & Wu (2023). They conducted a systematic review to synthesise existing studies on physician empathy and its value to patient outcomes and doctor-patient communication. The systematic review consisted of studies published in

English peer-reviewed journals between January 2017 and October 2021. Following the PRISMA procedure, a total of 3055 articles were retrieved and 11 articles were retained. The thematic analysis revealed three emergent themes: physicians' empathic expressions; patient outcomes (patient functional status, patient safety and patient satisfaction); and empathy-enhancing doctor-patient communication. The study highlighted the different ways empathy may be expressed by physicians and its positive effects on patient outcomes and doctor-patient communication. It also suggested the under-researched areas that can be expanded in future communication interactions.

Both studies are similar in terms of physician-patient communication which is the central focus of this research but differ in approach. While the review adopted content analysis as a methodology, this research has a better advantage in terms of the validity of empirical data through the use of interviews and focus group discussion which involves qualitative research methods. Furthermore, the review was not hinged on any theoretical underpinning while this research was hinged on the patient centred care model. Furthermore, both studies differ in location. While the review was done in a developed nation, this research was carried out in Nigeria which falls under the third-world nations. Findings from this research will confirm if patients' expectation of physician communication would be the same feeling of empathy from physicians as ascertained from the findings from the review.

Earlier research conducted by Street, Makoul, Arora & Epstein (2009) examined the effect of physician communication on patient satisfaction and health outcomes in a primary care setting. The researchers utilised a survey-based approach to collect data from a large sample of patients. They found that effective communication, characterised by information exchange, shared decision-making and patient-centeredness was associated with higher patient satisfaction and improved health outcomes. The researchers highlighted the importance of physician-patient communication in enhancing patient experiences and clinical outcomes; although, the focus of the review may be subject to suggestions for further studies because that is not the central focus of this research. Both studies only share similarities in the fact that they both highlight the importance of physician-patient communication in enhancing patient experiences and clinical outcomes. Again, the theoretical framework of this research is no match for the review as their study was not founded on any theory. While the study was based on a quantitative research method, this study adopted a qualitative research approach which has a better standing by the virtue of combining interview and FGD in a single study.

Levinson *et al* (2010), they focused on the role of communication in patients' safety. The researchers conducted in-depth interviews with physicians and patients to explore the factors contributing to medical errors. They identified breakdowns in communication, such as unclear explanations, inadequate information exchange and lack of patient involvement as significant contributors to adverse events. The study emphasised the critical role of effective communication in preventing medical errors and improving patient safety. The review is a step further compared to this study in the sense that it assessed and identified certain breakdowns in communication between physician and patient. This study is only delving into that area 13 years after the reviewed study

was carried out in a developed nation. This fact attests to some of the points highlighted in the introduction. The researchers had earlier pointed out that there is no specific communication research carried out on this subject matter in Nigeria, especially in Minna, Niger State as a whole thereby making this study of utmost significance. Notwithstanding, the theoretical framework and perfect blend of research methodology adopted in this work makes it better than the review in terms of quality aside from the fact that this work is superior to the review when we talk of recency. This is because research that is up to 13 years demands an upgrade to fit into the current trends of innovation and research.

Dennis & Dowswell (2013) examined the psychosocial and psychological interventions for preventing postpartum depression in women. Findings from the study revealed that communication within the family unit also influences the management of postpartum depression. The researchers found that open and supportive communication between partners, family members and the affected mother facilitated a greater understanding of her condition and increased the likelihood of seeking help and adhering to treatment plans. The researchers concluded that effective communication is crucial for the successful management of postpartum depression. They recommended that healthcare providers should prioritise empathetic and non-judgmental communication with postpartum women, while also promoting open and supportive communication within the family unit. By fostering these communication practices, healthcare professionals can enhance treatment engagement and outcomes for women with postpartum depression. The review was from a psychological approach while this study was from a communication research perspective. Therefore, both studies differ in methodology as they were carried out in separate fields of study. They both share similarities as both are interested in post-partum depressed women and how suitable interventions can help cushion the effect

Avneet *et al* (2022) conducted a community-based cross-sectional study to assess the prevalence of postpartum depression. The review aimed to identify the incidence of depression in the post-partum period and explore the underlying etiological factors responsible for the same. The method adopted was a cross-sectional study conducted on 250 post-natal mothers covered under UHTC, Tripuri, Patiala. The data collection was done through a one-on-one interview technique with a mental evaluation done by the Edinburgh Postnatal Depression Scale instrument. The results from the cases sampled were classified either as normal or presence of psychiatric morbidity. Psychiatry referral was provided to those requiring it. The association of postpartum depression with various socio-demographic and medical correlates was then sought through statistical analysis. Results showed that post-partum depression was observed in 82 out of 250 females (32.8%). On univariable analysis family income, illiteracy, history of depression, cesarean section and death in family were significantly associated with post-partum depression. On multivariable analysis, poverty, female gender of the baby, domestic violence was observed as true predictors of depression in the post-partum period.

Both studies have certain differences; while the review was medical-based research, this study was mainly mass communication research. Also, the review was

aimed to identify the incidence of depression in the post-partum period and explore the underlying etiological factors responsible for PPD. This study was not centred on etiological factors (medical and psychological) rather it was based on physician-patient communication. The methodology adopted was quite different.

In a study conducted by Street (2013) on how clinician-patient communication contributes to health improvement, his objective focused on understanding the role of clinician-patient communication in improving health outcomes. The author employed a theoretical approach to examine the link between clinician-patient communication and health improvement. He utilised existing literature and synthesises various studies and theoretical frameworks to develop a conceptual model of communication processes that influence health outcomes.

To be classified as findings from the study was a model he proposed; a model that elucidates the pathways through which clinician-patient communication can contribute to health improvement. The model incorporates several key components, including patient-centered communication, information exchange and shared decision-making. The author emphasises the importance of effective communication in fostering patient engagement, understanding and adherence to treatment plans, thereby leading to improved health outcomes.

In terms of the theory adopted, the article does not explicitly mention a specific theory used. However, it draws on multiple theoretical frameworks to support the proposed model. These frameworks include patient-centered care, social cognitive theory, and the trans-theoretical model of behavioural change. By incorporating these theories, the author aimed to provide a comprehensive understanding of the relationship between communication and health improvement.

His work provided valuable insights into the significance of clinician-patient communication in promoting better health outcomes. The conceptual model presented in the study serves as a foundation for understanding the complex interplay between communication processes and patient well-being. The findings highlight the importance of patient-centered communication approaches and shared decision-making in healthcare settings, emphasising their potential impact on improving patient outcomes. Both studies are similar in terms of the patient-centred care theoretical frameworks adopted.

Levinson *et al* (2010) conducted a study on developing physician communication skills for patient-centered care. The objective was to explore the importance of developing effective physician communication skills in providing patient-centered care. The study aimed to highlight the significance of communication skills training and identifies strategies for improving physician-patient interactions and was grounded in the framework of patient-centered care, which emphasises the active involvement of patients in their healthcare decisions and the importance of understanding patients' values, preferences and needs. The authors argue that effective communication is essential for achieving patient-centered care and enhancing patient outcomes. The method adopted was a literature review to synthesise existing research on physician communication skills and patient-centered care. They analysed various studies, including randomised controlled trials, observational studies and systematic reviews, to identify common themes and

effective strategies for improving communication skills. Their findings showed that effective physician communication skills positively impact patient outcomes, satisfaction, adherence to treatment, and health outcomes. The findings emphasised the importance of physician communication skills in delivering patient-centred care. It highlights the need for training programmes and systemic changes to promote effective communication in healthcare settings, ultimately improving patient outcomes and satisfaction.

Theoretical Framework

The study was anchored on the patient-centred care model which was propounded by Stewart *et al* (1995). The model emphasises the importance of understanding the patient's unique perspective, values and preferences. It focuses on building a therapeutic alliance, promoting patient involvement and addressing the patient's physical, emotional and social needs. The key principles of the theory are Biopsychosocial perspective, patient as a person, sharing power and responsibility, and therapeutic alliance that helps in building a trusting and empathetic relationship between healthcare providers and patients. Application of the core tenets of patient-centered communication theory in this study allows physicians to build rapport, trust and shared understanding with postpartum patients to collaborate on care plans that work optimally for each individual. This approach enhances satisfaction, information exchange and ultimately outcomes.

Methodology

This study is qualitative research that involves the exploration and understanding of complex phenomena through methods that emphasise context, subjective interpretation and rich descriptions. Focus group discussions and interviews were adopted. The population for FGD in this research is 196. This comprised woman with post-partum depression who were registered and had undergone consultations with their physicians in the four hospitals selected for the study in Minna, Niger State. The hospitals were Jummai Babangida Maternal and Neonatal Hospital and General Hospital M.I Wushishi Minna which are government-owned facilities, then Blossom Specialist Hospital and Ibrahim Badamasi Babangida Specialist Hospital which are privately-owned hospitals in Minna. The population from Jummai Babangida Maternal and Neonatal Hospital was 120, General Hospital M.I Wushishi Minna was 32, Blossom Specialist Hospital was 15 and Ibrahim Badamasi Babangida Specialist Hospital 29, making a total population of 196 women with PPD that were duly registered at the various hospitals and had undergone consultations with their physician. The choice of sampling women with PPD who were registered and had gone through consultations with their doctors is that they will assist the researcher in attaining the set objectives for the study. This is because they will be in a better position to talk about their experiences with their healthcare professionals during their health crisis. Furthermore, information obtained from them will help the researcher to assess if the communication strategy adopted by doctors and midwives in Minna was effective or not.

Furthermore, the population for an interview is made up of physicians and midwives in the four hospitals selected for the study. The choice of midwives arises from

the fact that they focus on providing care and support to women with low-risk pregnancies, emphasising holistic woman-centred care and aiming to facilitate natural childbirth whenever possible. Midwives generally have a more hands-on approach to emotional and psychological support before, during and after childbirth. In addition, the reason behind the adoption of physicians in this study is that they are qualified to perform medical interventions such as cesarean sections, assisted deliveries, and other medical procedures and consultancies in case complications arise during pregnancy, labour or childbirth. In a nutshell, both midwives and physicians play distinct roles in providing medical care for women during pregnancy, childbirth and the postpartum period.

The population of these healthcare professionals interviewed in each of the four hospitals selected for the study both public and private hospitals are 2 from Jummai Babangida Maternal and Neonatal Hospital, 2 from General Hospital M.I Wushishi, 2 from Blossom Specialist Hospital and 2 from Ibrahim Badamasi Babangida Specialist Hospital respectively making a total population of 8 doctors and midwives that were interviewed.

Data Presentation, Analysis and Discussion of Findings

In this study, Yin's (1984) thematic analysis was used to analyse qualitative data from FGD and interviews. The thematic analysis involves identifying and analysing themes or patterns within qualitative data.

What is the Nature of the Relationship that exists between Midwives and Depressed Mothers in Select Hospitals in Minna?

The nature of the communication relationship between physicians and patients in this study refers to how healthcare professionals and patients interact, share information and engage in discussions during medical encounters. This communication is a crucial aspect of healthcare, as it plays a significant role in determining the quality of care, patient satisfaction and health outcomes.

Data from the discussion session revealed that women with PPD in Minna, Niger State Nigeria experienced a range of relationships with physicians and midwives. For instance, some perceived the nature of communication to be more language and culture-sensitive. Physicians take into account patients' language preferences and cultural backgrounds to ensure that information is understood and respect for patient's dialect, culture and religion is maintained when communicating with them. This singular step by healthcare givers made a difference in their communication relationship with PPD mothers in Minna as most of the participants in the FGD did not have formal education and could not speak English language, only a few could speak English fluently.

Further findings from discussions with post-partum depressed mothers revealed that the nature of communication adopted by physicians was more of a patient-centred approach than a physician-centred approach. This is in line with the major theoretical standpoint of this study which is the patient-centred care model propounded by Stewart *et al* (1995). The model emphasises the importance of understanding the patient's unique perspective, values and preferences. It focuses on building a therapeutic alliance,

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promoting patient involvement and addressing the patient's physical, emotional and social needs. Also, participants admitted that physicians addressed not only their physical aspects but also the psychological, social and cultural dimensions of patients' lives. This point raised by participants is referred to as the biopsychosocial perspective of the patient-centred approach which is one of the strengths of the theory adopted for the study.

Furthermore, participants mentioned that they were at the centre of decision-making, taking into account their preferences and values especially cultural and religious values which made them more at home and ease with physicians/midwives. Information from participants revealed that physicians/midwives were more empathetic and understanding, leading to a more positive relationship, while very few of the post-partum depressed mothers felt distant or misunderstood due to differences in communication styles. More findings indicated that the nature of the relationship between midwives and post-partum depressed mothers ranged from supportive and trusting to distant and transactional. A positive relationship emerged when midwives demonstrated understanding, empathy and respect for the mothers' emotional experiences.

Furthermore, participants affirmed that they noticed more openness between the physician and patient. This made patients feel comfortable sharing their concerns and asking questions, while physicians were transparent and empathetic in their responses. Other points raised by participants were empathy and emotional support which is regarded as compassionate communication. This point is recurrent in their comments regarding the communication relationship between them (women with PPD) and physicians/midwives. On the other hand, most of the physicians and midwives interviewed think that the nature of the relationship that existed between them and post-partum depressed mothers was generally cordial. Here is one of the responses from physicians:

The relationship I establish with women suffering from post-partum depression is one of trust, support, and collaboration. It is essential for them to feel safe expressing their emotions and concerns. The level of effectiveness of communication varies depending on the individual's comfort level and progress. Overall, I believe that the open and empathetic communication approach I employ contributes significantly to fostering a positive therapeutic relationship and supporting their recovery.

What is the Level of Effectiveness of the Communication Patterns adopted by Midwives in handling Post-Partum Depressed Mothers in Select Hospitals in Minna?

This question sought to find out if the method or pattern of communication adopted by physicians in Minna was effective or not. Findings from interactions with women with PPD showed that they perceived the effectiveness of communication patterns adopted by midwives differently from physicians. Effective communication, such as active listening and validation of their feelings, led to better outcomes in terms of understanding and addressing their concerns. On the other hand, ineffective communication led to frustration and exacerbation of their depressed state. Not up to five persons out of the

total population of women who participated in FGD rated the communication relationship as ineffective.

They attested that communication with their physicians was helpful to them, as it gave them so much relief, and it helped them to have a better understanding of their health condition and how to come out of depression. In other words, they came to the hospital full of the heaviness of heart and depression but left with so much relief as a result of finding someone who they could talk to and that have an understanding of what they were going through as women like them. In assessing the level of effectiveness of the communication adopted by physicians and midwives, further findings from focus group discussions with the majority of the post-partum depressed mothers revealed that:

The pattern of communication adopted by midwives and physicians was very effective to a very large extent. They further stated that they got some form of relief from their interactions with midwives/physicians. This is because they felt that until they came to the hospital for consultation and diagnosis, they never knew anyone could understand what and how they felt. Some noted that their best moments were times when they visited the hospital because midwives and doctors seemed to understand and communicate with them better and more than their spouses, friends, and relatives around them who have no idea of how they feel or going through hence they were able to get relief from interactions with midwives and physicians.

This finding is in line with Abdulbaqi *et al*'s (2023) assertion that the perception of patients about the communicative attitude of healthcare givers, especially nurses, determine, in no small measure, the effectiveness of healthcare-seeking and delivery interactions. Attainment of the Sustainable Development Goal (SDG) three: 'good health and well-being' for all, will 'depend on clear, concise and accurate communication of observations, assessments, process, data and instructions' (Riley, 2017, p. vii) all of which are within the job description of nurses. Ethically, nurses are expected to exhibit positive attitudes such as empathy, deep respect for patients, encouragement, attention to detail, a sense of humour, giving patients ample time, using kind and courteous words such as 'please' and 'thank you,' as well as being frank and honest when communicating (Afriyie, 2020) to enthrone meaningful nurse-patient relationship.

More findings from the study showed that midwives/physicians who engaged in empathetic and supportive communication most likely contributed positively to the emotional well-being and recovery of post-partum depressed mothers. Conversely, communication that lacks sensitivity or fails to address the mothers' emotional needs could hinder their progress and process of recovery from depression.

Furthermore, a study by Street *et al* (2009) found that several factors support effective communication. One of which is a crucial facilitator in the establishment of trust and rapport between physicians and patients. When patients perceive their physicians as trustworthy and caring, they are more likely to communicate openly and honestly, leading to better health outcomes.

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Participants corroborated the above statement by Street (2009) that the nature of communication patterns adopted by health professionals in interacting with them indeed helped in establishing trust and rapport with physicians/midwives. The result of this made them communicate openly and honestly despite religious and cultural differences which helped in no small way to hasten their healing process from post-partum depression. This finding aligned with earlier research conducted by Street, Makoul, Arora & Epstein (2009), in their study, they examined the effect of physician communication on patient satisfaction and health outcomes in a primary care setting. Their findings amongst others showed that effective communication, characterised by information exchange, shared decision-making, and patient-centeredness was associated with higher patient satisfaction and improved health outcomes. Thus, participants rated the communication adopted by physicians as effective because it led to better outcomes for their health condition compared to when they first visited the hospital for consultations.

Findings from this research are in line with findings from research carried out by Letourneau *et al* (2019). They examined the impact of a nurse-led intervention program on women with postpartum depression. Although their study is not communication research in nature, it was a randomised clinical trial that was aimed at checking the effect of nurse-led home visits vs. usual care on reducing postpartum depression among high-risk women. Hence the methodologies differ from this research which is communication research based. The similarity lies in the fact that the nurse-led intervention programme on women with post-partum depression can be likened to midwives' and physician's intervention with post-partum depressed mothers. Both studies have the interest of post-partum depressed mothers in mind. They both sought to find out if the method of intervention given to women with PPD would help salvage their health condition. The researchers found that:

Effective communication, characterised by active listening, empathy and non-judgemental attitudes, improved treatment engagement and outcomes for women with PPD through supportive and compassionate communication, healthcare providers were able to establish trusting relationships, address concerns and provide appropriate interventions tailored to the individual needs of each woman.

Although their study was carried out about 13 years ago which demanded an upgrade to fit into the current trends of innovation and research this study intends to bridge the gap. Fortunately, their findings of 13 years ago are not far-fetched from what post-partum depressed mothers of today felt from their communication with doctors at the different health facilities in Minna. Therefore, the researchers conclude that physicians' communication with patients will yield the desired result in patients' recovery process if such communication is combined with empathy, support and compassion. Therefore, the communication relationship between physicians/midwives is said to be effective since they adopted these elements in their communication and the patients involved attested to this fact and how effective they perceived the communication relationship between them and their physicians.

What are the Factors that militate against the Communication Relationship between Midwives and Post-Partum Depressed Mothers in Select Hospitals in Minna?

Data from FGD with women with PPD showed that very few physicians/midwives in Minna possess adequate professional communication skills to communicate effectively with mothers who are experiencing post-partum depression. Apart from the few lessons on communication they were taught while in school, they lacked professional communication skills. This resulted in miscommunication, misunderstandings and a lack of support from healthcare professionals, hence very few of the depressed mothers felt very disappointed.

Furthermore, societal stigma around mental health issues, including post-partum depression, affected the willingness of women with PPD to engage in open and honest communication with physicians in some cases. Also, cultural practices and beliefs of the Nupes and Gbagyi's further inhibited discussions about maternal mental health. This is in line with what O'Hair, Wiemann & Wiemann (2017) suggested that:

Understanding cultural differences is crucial to avoid misunderstandings, misinterpretations and conflicts in intercultural communication. It is essential to be mindful of cultural variations in verbal and non-verbal cues, personal space and directness of communication.

This implies that physicians should be mindful of cultural differences and do everything to ensure hitch-free communication with postpartum depressed women. To confirm the assertion of these women, some midwives attested to the fact that they (midwives) often have busy schedules and limited time to interact with patients as this leads to rushed interactions and inadequate opportunities for meaningful communication, making it challenging to address complex issues like post-partum depression. This singular statement confirmed Street *et al's* (2009) assertion that:

One major barrier to effective physician-patient communication is time constraints. Physicians often face limited appointment times, leading to rushed interactions and less opportunity for in-depth communication. This constraint hampers the establishment of rapport and the exploration of patient concerns and preferences.

Furthermore, language differences between midwives and post-partum mothers especially in multicultural settings like Minna, hindered effective communication. Misunderstandings arose due to language barriers, thereby affecting the quality of health care provided. Moreover, some mothers felt insecure and embarrassed when family members were involved in their treatment plan especially when they had to stand as interpreters between them and their physician. This is because they felt that if healthcare settings lack privacy, it means that their conversations with midwives are no longer confidential, they therefore felt hesitant to openly discuss their emotional well-being to their physician/midwives. This validates Street *et al's* (2009) position that:

When patients perceive their physicians as trustworthy and caring, they are more likely to communicate openly and honestly, leading to better health outcomes.

This implies that, if mothers perceive their physicians as untrustworthy, they may not be willing to openly and honestly communicate their feelings to them. This equally indicates that hierarchical dynamics in healthcare settings can affect communication because mothers feel uncomfortable sharing their feelings especially when they perceive their physicians as authoritative figures or if they fear judgement.

In a nutshell, from the perspective of postpartum depressed mothers, various factors impact the communication relationship with midwives. These might include time constraints, workload, lack of training on mental health communication in dealing with mental health issues, cultural practices, beliefs and stigma surrounding postpartum depression, insufficient resources for addressing mental health issues effectively and personal biases. Such factors hindered effective communication relationships with physicians/midwives.

Conclusion

In conclusion, the study sheds light on the complex communication dynamics between physicians and post-partum depressed mothers in selected public and private hospitals in Minna, Niger State. The findings emphasised the importance of effective communication in promoting the well-being and recovery of mothers experiencing post-partum depression. Furthermore, the study underscores the need for improved training, awareness and resources to overcome barriers and facilitate more supportive and empathetic communication practices within the healthcare setting. The researchers concluded that addressing these communication challenges have the potential to enhance the overall quality of care provided to post-partum depressed mothers and improve their mental health outcomes.

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