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Healing Through Dialogue: Exploring Culturally Sensitive Physician-Patient Communication in Urban and Peri-urban Minna, Nigeria, for Addressing Postpartum Depression

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

The research was on physician-patient communication. Specifically, the study investigated the communication relationship between physicians and mothers experiencing postpartum depression (PPD) in urban and peri-urban areas of Minna, Nigeria. The study aimed to understand the nature of communication strategies used by physicians, their effectiveness in aiding recovery, and the challenges hindering effective communication. The study fills a research niche on how different forms of communication with patients influence the recovery of postpartum depressed mothers in Minna, Nigeria, and how healthcare professionals may need to promote culture-sensitive communication. The study was anchored on the patient-centered care model. In-depth interviews (IDI) and focus group discussions (FGD) were adopted as the primary research methods. The study had a total of 204 respondents, 196 nulliparous, primiparous, and multiparous women with PPD for FGD, and 8 medical experts for in-depth interviews. 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 led to better outcomes. Participants felt that open-ended questions, patient involvement in treatment plans, and emotional expressions encouraged by physicians led to improved well-being. The basis for the measurement of effective communication for improved health outcomes was measured through self-reported improvements from the mother. Also, cultural sensitivity, utilisation of interpreters, and readily available information resources in hospitals were identified as crucial for addressing communication and cultural barriers. The researcher 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. Dedicated resources like information desks and support groups can empower mothers with PPD. The implications of the study highlight the importance of communication in PPD treatment and suggest actionable strategies for healthcare institutions to improve their interaction with mothers experiencing this critical mental health condition in Minna and similar settings.

Keywords: Postpartum depression; physician-patient communication; communication strategies; empathy; counselling.

1. INTRODUCTION

Battling diseases including postpartum depression demands more than medicine; it requires the power of effective communication to help inform, educate, support, and improve health outcomes. Similarly, in light of the surge in diverse health challenges confronting the world, the communication landscape is becoming indispensable in addressing and curtailing threats to human life and social well-being. One such health condition this research seeks to address is the issue of maternal health, specifically postpartum depression (PPD).

It is worthy of note that the World Health Organisation, UNICEF, and governmental and non-governmental organisations have carried out extensive interventions in maternal health and childcare, especially in the area of breastfeeding, family planning, safe motherhood practices, childbirth practices, maternal and child mortality, polio vaccination, and immunisation for children amongst others, conversely, the issue of postpartum depression is almost silent whereas it is a very serious condition among mothers which requires urgent attention because the birth of a child is a thing of joy and celebration and not sadness. Imagine a society filled with depressed mothers; it will certainly not produce the ideal maternal care a mother is expected to provide for her newborn and the total well-being of the family including the peace of her husband.

Having established this fact, what then is postpartum depression? Postpartum depression is a significant public health issue that affects 1 out of 7 mothers globally [1,2]. It is a psychological effect triggered by pregnancy, delivery, or the way and manner of management after childbirth. In other words, PPD can be precipitated during pregnancy, at the point when a woman is put to bed, or how she is managed after delivery [3]. Results from 291 studies conducted in 56 countries showed that the global pooled prevalence rate of postpartum depression was 17.7% [4]. Three years later, 565 studies from 80 countries revealed that the global prevalence rate of PPD is now 17.22% [5]. This shows an increase of 0.48% within 3 years.

Furthermore, in Africa, Chinawa et al. [6] highlight the magnitude of postpartum depression as follows: They found that the prevalence of PPD in South Africa ranges from 31.7%-39.6%, Morocco 6.9-14%, Nigeria from 10.7%-22.9%, Uganda 43%, Zimbabwe 33%, Sudan 9.2%, Kenya 13-18.7% and 19.9% in Ethopia. Conversely, a recent study by Tesfaye, Ashine, Tezera, and Asefa [7] shows that the prevalence of PPD in Ethiopia has now risen to 23.8%. Further, emerging evidence from Negesse et al. [8] posits that 24% of lactating women in East Africa suffer from postpartum depression.

Statistics in Nigeria showed that in a recent study from Abamara et al. [3] “PPD occurs in about 1 in 20 mothers” The prevalence of PPD varies significantly across regions, indicating a critical need for targeted interventions. For instance, statistics from Uwakwe and Okonkwo [9] showed that the prevalence of PPD in Anambra was 10.7%. A study by Adeyemo, Oluwole, Kanma-Okafor, Izuka, and Odeyemi [10] showed that Lagos had a 35.6% prevalence rate of PPD, Chinawa et al. [6] posit a 22.9% prevalence rate of PPD in Southeast Nigeria, It is also worthy of note that an earlier study by Adewuya et al. [11] revealed that the prevalence rate of postpartum depression was 14.6% in Southwest. Interestingly, a more recent research by Obioha et al. [12] showed that the prevalence rate of PPD among mothers in Southwest has risen to 52.3%. Essentially, if within a space of 2005 and 2021, the prevalence rate of PPD in Southwest is increasing, then it is an indication of a major problem. This again proves that PPD is real among mothers in other parts of the country.

Northern Nigeria has a 21.8% prevalence rate of PPD [13]. Conversely, of all the 19 States we have in Northern Nigeria, studies on the prevalence of postpartum depression were carried out in Bauchi and Jos respectively. No empirical research has been carried out in Niger State to ascertain the prevalence rate of PPD in Niger State nor the communication relationship between Physicians and mothers with PPD, Hence the need for research to unravel the statistics. There is also a need to ascertain the communication relationship to determine if communication plays any role in addressing PPD. Findings will aid in determining suitable intervention accordingly as postpartum depression is an undeniable maternal health challenge among mothers. This is where health communication comes in, as one of the core uses of health communication is to prevent and control communicable and non-communicable diseases, create awareness by educating people, and influence health behaviours as evident in the works of [14].

2. RESEARCH AIM AND OBJECTIVES

The study aims to assess the communication relationship between physicians and mothers experiencing postpartum depression (PPD) in public and private hospitals in Minna, Nigeria. Specifically, the objectives are to:

1. Determine the nature of the relationship that exists between physicians and postpartum depressed mothers.
2. Ascertain the extent of the physician-patient communication relationship
3. Find out the communication strategies employed in aiding the recovery of postpartum depression.
4. Ascertain the hindrances to communication between physicians and patients.

3. SCOPE OF THE STUDY

The study, is limited to Minna, Niger State, Nigeria. The urban population included people from crowded areas with good infrastructure and easy access to quality health facilities and services whereas the peri-urban population included people from transitional zones from actual urban areas which may be from semi-rural setups with little or no access to health facilities and services. This study is a cross-sectional descriptive study. However, a follow-up study is recommended to assess the long-term effects of improved communication on postpartum depression recovery.

4. THEORETICAL FRAMEWORK

The study was anchored on the patient-centered care model which was propounded by Stewart [15]. The model posits that instead of prioritizing the disease, the patient-centred care mode puts patients at the heart of their healthcare. This approach emphasizes open communication and collaboration between patients and providers. It considers not just the medical condition, but also the patient's individual needs, values, and emotional well-being. This empowers patients and aims to improve their satisfaction with care and positive health outcomes which is more of a 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, and likewise, to collaborate on care plans that work optimally for everyone. The relationship between patient-centered care model and locale in Minna is in the consideration of patients' cultural, social, and psychological requirements as well as the patients' cultural and linguistic diversity to ensure that communication centered towards postpartum depression is culturally sensitive and responsive to individual patient preference which improves on postpartum depression in Minna.

5. METHODOLOGY

The methodology employed in this study is qualitative research. This involves the exploration and understanding of complex phenomena through methods that emphasise context, subjective interpretation, and rich descriptions. The basis for adoption of qualitative method was based on the fact that, administration of a questionnaire to depressed mothers may not generate the desired outcome in terms of response, as it is logical to reason that a depressed mother may not be in the right frame of mind to naturally go through the process of taking out time to fill a questionnaire. Therefore, it is only feasible to engage them in focus group discussion to ease the stress of filling out a questionnaire. On the other hand, a depressed mother might feel comfortable discussing her experiences when she is among fellow depressed mothers who share similar experiences with her.

Furthermore, a multi-stage sampling technique was adopted. In the first stage, purposive sampling was used to select four hospitals out of a total of 68 hospitals in Minna which comprise 4 public and 64 private hospitals respectively (This information was retrieved from the Director of Ministry of Health Minna, Niger State). Furthermore, out of the four hospitals that were purposively selected, two were private and two were public hospitals. The public hospitals selected were Jummai Babangida Maternal and Neonatal Hospital and General Hospital M.I Wushishi Minna. The choice of selection was based on the following: Jummai Babangida Maternal and Neonatal Hospital is a government-owned hospital which has modern state-of-the-art facilities for women and newborns, while General Hospital M.I Wushishi, is a branch of General Hospital Minna where antenatal and post-natal services are rendered with medical doctors attached to the facility.

The private hospitals selected were Blossom Specialist Hospital and Ibrahim Badamasi Babangida Specialist Hospital. The researcher's choice of selection of the two private hospitals was based on the fact that Ibrahim Badamasi Babangida Specialist Hospital is a specialist tertiary health care in Minna with state-of-the-art facilities while Blossom is another major private hospital in Minna with rich facilities and expertise.

In the second stage, purposive sampling was also used to select post-partum depressed mothers since they are the focus of the study and not every other regular patient. While in the third stage, the researcher used a purposive sampling technique to select members of the focus group discussion. This is because it was only women with PPD who were ready and willing to be part of the discussion were allowed to participate in the study.

In the fourth stage, participants were allowed to indicate the days of the week that would be most convenient for them to participate in the discussion session. Mondays and Thursdays were discovered to be the most preferred days for participants at Jummai Babangida Maternal and Neonatal Hospital. The hospital has a total population of 120 registered women with postpartum depression. Therefore, the researcher grouped the 120 patients into 15 groups made up of 8 participants each who were admitted into the discussion based on their preferred day of the week.

The justification for placing 8 participants in a group stems from the fact that the ideal number of participants in qualitative research such as FGD ranges from 6-12 participants in a group. This claim was affirmed by Krueger & Casey [16], who posit a 6 to 12-participant range for FGD, stating that a larger number may lead to difficulties in managing the discussion, while a smaller number may not capture a sufficient range of perspectives. The rationale behind this recommended range is to strike a balance. A smaller group allows for more in-depth discussion, active participation from all members, and better facilitator control. On the other hand, a larger group may lead to participants feeling less engaged, and it can be challenging to manage the dynamics effectively.

After the grouping was done for participants at Jummai Babangida Maternal and Neonatal Hospital, a total of 3 group discussion sessions were held every week. 2 discussion sessions were held on Mondays between 9 am and 9:45 am and 11 am and 11: 45am, while 1 group was held on Thursdays between 9 am-9:45 am for 5 weeks (September 4th to October 5th 2023). The same steps were used for other participants in the remaining hospitals. For instance, Group 2 of the FGD session was held at M. I. Wushishi Hospital. Tuesdays were unanimously agreed upon by participants to be convenient for discussion. Hence, the researcher grouped the total population of 32 patients into 4 groups made up of 8 participants each. A group discussion session was held every week between 9 am and 9:45 am for 4 weeks. Also, Group 3 of the FGD session was held at Blossom Specialist Hospital. Saturdays were unanimously agreed upon to be the most convenient day for discussion. Hence, the researcher grouped the total population of 15 patients into 2 groups made up of 8 participants and 7 participants respectively. A group discussion session was held every week between 9 am and 9:45 am for 2 weeks.

Furthermore, group 4 which was the last group for the FGD was held at Ibrahim Badamasi Babangida Specialist Hospital. Tuesdays were the most convenient day of the week for participants. Therefore, the discussion was fixed on Tuesdays. The researcher grouped the total population of 29 women with PPD into 4 groups made up of 8 participants for 3 groups and 5 participants for the last group. The discussion session was held every Tuesday from 11 am -12 noon for 2 weeks.

In addition, the FGD (Focus Group Discussions) and interview techniques were used as the research tools. The census for the study was 204 participants. Precisely this took place because the population of study were women affected by PPD who were receptive and present for FGD only and the census method was the sampling technique used in labelling sample size. 196 mothers with PPD for FGD and 8 medical professionals for interview. Participants for FGD comprised mothers 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 as postpartum depressed mothers. 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 the 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 caesarean 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. In addition, 8 healthcare professionals were administered a semi-structured interview. 2 from each of the four hospitals selected for the study. However, scheduling challenges, language barriers and cultural barriers were limitations encountered in gathering data for the study. Ethical consideration was strictly observed. This is to ensure respondents' informed consent, confidentiality, and the right to withdraw from the study at any time. Respondents were also assured that the research is for only academic purpose.

6. DATA PRESENTATION AND ANALYSIS

In analysing the demographic data, it can be stated the majority of the study participants were multiparous women aged 26-35, predominantly Muslim, married, and having low education. Majority of these women were either jobless or they acted as housewives. These characteristics note the conditions that reflect socio-cultural as well as economic determinants that make up the postpartum depression narrative, thus the necessity of developing culturally appropriate messaging to women in such conditions.

Table 1. Demographic features of post-partum depressed mothers in Minna

Variable	Frequency	Percentage
Age		
18-25	45	23
26-35	106	54
36-45	30	15
46 and above	15	8
Total	**196**	**100**
Sex		
Female	196	100
Transgender	0	0
Total	**196**	**100**
Marital Status		
Single	44	22
Married	145	74
Divorced	7	4
Total	**196**	**100**
Religion		
Christianity	57	29
Islam	134	68
Others	5	3
Total	**196**	**100**
Educational Qualifications		
O'level	31	16
OND	5	2
HND	56	28
B.Sc.	19	10
M.Sc.	7	4
Others	78	40
Total	**196**	**100**
Occupation		
Civil Servant	58	30
Businesswomen/Artisans	46	23
Unemployed/Full time Housewives	92	47
Total	**196**	**100**
Obstetric History		
Nulliparous women	60	31
Primiparous women	54	27
Multiparous women	82	42
Total	**196**	**100**

Source: Field Survey, 2023

Table 2. Demographic features of physicians/midwives

Variable	Frequency	Percentage
Age		
18-25	0	0
26-35	1	12.5
36-45	2	25
46 and above	5	62.5
Total	**8**	**100**
Sex		
Male	4	50
Female	4	50
Transgender	0	0
Total	**8**	**100**
Marital Status		
Single	0	0
Married	8	100
Divorced	0	0
Total	**8**	**100**
Religion		
Christianity	2	25
Islam	5	62.5
Others	1	12.5
Total	**8**	**100**
Educational Qualifications		
Basic Nursing Education	1	12.5
B.Sc. in Nursing/Midwifery	3	37.5
MBBS	1	12.5
Postgraduate Medical Training	3	37.5
Total	**8**	**100**
Occupation		
Medical Doctor	4	50
Midwife	4	50
Total	**8**	**100**
Years of Experience		
0-5years	0	0
6-10	0	0
11-15	2	25
16-20	1	12.5
21 and above	5	62.5
Total	**8**	**100**

Source: Field Survey, 2023

The majority of physicians and midwives interviewed had over 21 years of experience, with most aged 46 and above. 62.5% were Muslim, and 25% were Christian. Most had advanced qualifications, providing expert insights into postpartum depression due to their extensive field experience.

7. DISCUSSION

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. The following were the themes generated from the qualitative data.

7.1 Nature of the Relationship that Exists between Physicians and Depressed Mothers

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 and aligns with the theoretical framework of this study.

Data from the discussion sessions 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 consider 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 couldn't 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-centered approach than a physician-centered approach. This is in line with the major theoretical standpoint of this study which is the patient-centered care model propounded by Stewart [15]. 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. 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-centered 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 (mothers 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 contributed significantly to fostering a positive therapeutic relationship and supporting their recovery."

7.2 Extent of Physician-patient Communication Relationship

Responses from participants indicated that midwives interacted more frequently with PPD

patients than physicians. Some of the participants noted that this is a result of midwives being women like them who probably have an understanding of how they (women with PPD) feel or what they are going through**.** They noted that such interactions they had with midwives were not only during their visits to the hospital but also after their normal appointments in some cases. They noted that midwives communicate with them through text messages, WhatsApp, and phone calls to check up on them as a result of strong relationships built during their visits to the hospital during antenatal.

Furthermore, participants at the FGD felt that the extent of communication with nurses and midwives varies. Some feel that healthcare professionals are approachable and take time to listen to their concerns, while others perceive a lack of attention or rushed interactions. Here is one of the responses from the discussion session which was contrary to the general response from participants. She said "Some of the midwives are harsh and do not take time to listen to my problems. At times, they are always in a hurry and do not give enough time for proper interaction."

7.3 Level of Effectiveness of the Communication Patterns Adopted by Physicians in Handling Post-partum Depressed Mothers

This objective sought to find out if the method or pattern of communication adopted by physicians in Minna was effective or not. The basis for the measurement of effective communication for improved better health outcomes was measured through self-reported improvements from the mothers. For instance, 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 whom they could talk to and have an understanding of what they were going through especially midwives who were women like them. 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 had no idea of how they felt or what they were going through. Hence, they were able to get relief from interactions with midwives and physicians."

This finding is in line with Abdulbaqi et al. [17] 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' [18] 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 [19] 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. This particular patient said, 'Well, the doctor was very nice; he or she used to smile at me and used to listen to me. Just to know that someone was listening and could identify with the pain I feel was soothing. That alone relieved me so much, and this contributed to my healing." a participant shared:

> "Well, the doctor was very nice; he or she used to smile at me and used to listen to me. Just to know that someone was listening and could identify with the pain I feel was soothing. That alone relieved me so much, and this contributed to my healing"

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. [20] 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."

Participants corroborated the above statement by Street et al. [20] that the nature of communication patterns adopted by health professionals in interacting with them indeed helped in establishing trust and rapport with physicians/midwives.

Furthermore, a mother recounted,

> "The midwife first asked me how I wanted to proceed with the treatment and she always tells me the details. This was a huge difference here because at least I felt like I was in charge of my health"

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. Physicians were able to shift from physician-entered to patient-centered communication which significantly improved patient outcomes in the context of PPD treatment. This finding aligned with earlier research conducted by Street et al. [20], 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 show that effective communication, characterized 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. [21]. 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 randomized 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 program 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, characterized by active listening, empathy and non-judgmental 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, this study concludes 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.

7.4 Factors that Militate against the Communication Relationship between Midwives and Post-partum Depressed Mothers 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, the cultural practices and beliefs of the Nupes and Gbagyi in Minna Niger State, Nigeria further inhibited discussions about maternal mental health. This is in line with what O'Hair et al. [22] 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 must do everything to ensure hitch-free communication with postpartum depressed mothers. To confirm the assertion of these mothers, some midwives attested to the fact that they (midwives) often have busy schedules and limited time to interact with patients as this led 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. [20] 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 physicians were no longer confidential, they therefore felt hesitant to openly discuss their emotional well-being to their physician/midwives. This validates Street et al. [20] 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 judgment. Despite the language and cultural barriers, physicians adjusted their communication styles by incorporating local languages and cultural references, which helped build rapport with mothers.

In a nutshell, from the perspective of postpartum depressed mothers, various factors impact the communication relationship with physicians. 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.

8. 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 study concluded that indeed talking can heal and that addressing these communication challenges has the potential to enhance the overall quality of care provided to post-partum depressed mothers and improve their mental health outcomes.

9. RECOMMENDATIONS

The study provided an actionable framework for implementing suggested strategies. It recommended that relevant stakeholders should:

1. Launch educational initiatives by holding quarterly training sessions with the focus on compassionate and culturally sensitive approaches of healthcare clinicians using patients 'feedback to assess the result.
2. Provide mental health check questionnaires during normal maternal care consultations and provide mental health counselors for the targeted women.
3. Have PPD information desks and peer support groups established in various hospitals to provide support to these mothers.
4. Promote interdisciplinary practice by coordinating the care of patients occasionally involving encounters with medical director, midwives, clinical psychologists and social workers, with daily working group meetings and documentation of all details concerning the client.
5. Language and cultural issues should be addressed by using interpreters or teaching languages that mothers use locally and providing culturally appropriate pamphlets or videos for them and their families.

On how intervention for postpartum depression (PPD) relates to certain of the SGDs and more so, the third one of SDG that focuses on good health for all.

ETHICAL APPROVAL

As per international standards or university standards written ethical approval has been collected and preserved by the author(s).

CONSENT

As per international standards or university standards, patient(s) written consent has been collected and preserved by the author(s).

DISCLAIMER (ARTIFICIAL INTELLIGENCE)

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc) and text-to-image generators have been used during writing or editing of this manuscript.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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