

## Doctors' Communication Skills in Military Hospitals–A Critical Analysis

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### ABSTRACT

**Objective:** To assess the level of communication skills of doctors in military hospitals and compare their own and patient perceptions. We also aimed to determine factors affecting doctors' communication skills and suggest recommendations for improving doctors' communication skills.

**Study Design:** Cross-sectional study.

**Place and Duration of Study:** CMH Lahore, CMH Gujranwala and CMH Chunian and Armed Forces Institute of Cardiology, Rawalpindi, from Oct 2016 to Jun 2017.

**Methodology:** Through non-probability consecutive sampling, questionnaires were distributed to 100 physicians and 100 patients inquiring about various aspects of doctors' communication skills and factors affecting them.

**Results:** Doctors were asked to judge the overall level of their communication skills, and more than half of them (53%) opined that their communication skills were very good. However, the perception of doctors' communication skills was better by doctors themselves compared to patients' perception. More than half of the doctors strongly agreed that increased workload, use of the hospital management system and extra commitments were major impediments to effective communication skills.

**Conclusion:** The perception about the communication skills of doctors is not as high as that of the doctors themselves. There is a striking disparity between the physicians' and patient responses. The communication skills of doctors can be improved by formal training of physicians in the form of workshops. In addition, the workload on doctors should be reduced by minimizing extra commitments.

**Keywords:** Communication skills, Combined Military Hospital, Patients, Physicians.

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### INTRODUCTION

Solid communication skills are essential for physicians to provide better healthcare. The expectations from health care personnel go beyond the knowledge of medical facts only. To practice medicine effectively, doctors need to develop skills in communication, leadership, teaching, and time management.<sup>1</sup>

Quality of communication between doctor and patient has a measurable impact on medical therapy and is a major determinant of the accuracy and efficacy of a physician's work.<sup>2</sup> Solid communication skills enhance the ability to make an accurate diagnosis and achieve greater patient satisfaction. It also results in fewer referrals and investigations and increases patient understanding and acceptance of their doctor's recommendations.<sup>3,4</sup> Evidence showed that within the last few years, most complaints against the doctors regarded their poor competence in communication skills and empathy while interacting with patients. In addition, Wall Street Journal online and Harris Interactive

Health-Care Polls revealed that doctors having poor communication skills are the overwhelming factor that drives patients to switch their doctors.<sup>5</sup>

Communication in medicine used to be considered an innate skill which could not be acquired. With the advancement in the field of medicine, the assessment of the communication competence of physicians has become a major priority of medical, educational, and licensing organizations in the United States and most developed countries.<sup>1,4</sup> Even in Pakistan, the College of Physicians and Surgeons encourages communication skills workshops for post-graduates.

Communication skills involve dealing with and relating to other people on a face-to-face basis and consist of verbal and non-verbal communication skills, listening, negotiating, problem-solving, decision making and assertive skills.<sup>6</sup>

Healthcare professionals with better communication and interpersonal skills can diagnose diseases earlier and prevent expensive investigations and interventions, thus providing better care to their patients.<sup>7</sup> In addition, doctors and patients may get involved in collaborative decision-making, in which doctors and

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patients participate as partners to achieve agreed-upon goals in attaining a better quality of life.<sup>8</sup>

The objective of this study was to assess the level of communication skills of doctors in military hospitals and compare their own and patient perceptions. We also aimed to determine factors affecting doctors' communication skills and suggest recommendations for improving doctors' communication skills.

### METHODOLOGY

It was a cross-sectional study conducted at three Combined Military Hospitals (1x Class A, B & C), i.e. CMH Lahore, CMH Gujranwala and CMH Chunian and Armed Forces Institute, i.e. Armed Forces Institute of Cardiology from October 2016 to June 2017. The sample size was calculated using the WHO sample size calculator. By keeping the confidence level (1- $\alpha$ ) values like 95%, the anticipated population proportion was 0.5, and the absolute precision was 0.1.9 The calculated sample size was 194. However, we distributed questionnaires to 100 doctors, to whom a modified Communication Assessment Tool (CAT) was used to determine the level of communication skills based on their perception and 100 questionnaires for patients to know how they rate the communication skills of their treating physicians. To obviate bias, a non-probability consecutive sampling technique was employed to select the respondents.

**Inclusion criteria:** Adult patients (age 18 and above) and attendants of children reporting at the Out Patient Department (OPD) or admitted in the hospitals were included in the study. Doctors, irrespective of their seniority, qualification, and speciality, both civil and military, were a part of our study after taking informed consent.

**Exclusion criteria:** Patients or doctors unwilling to participate in the study, unable to comprehend the questionnaire or critically sick patients were excluded from the study. Doctors who were not directly involved in patient interaction (hospital administration) were also excluded from our study.

The study was conducted after obtaining approval from the Institutional review board of Armed Forces Postgraduate Medical Institute (AFPGMI). Consent was also taken from the Ethical Review Committee and Administration of respective hospitals. Written informed consent was taken from all the patients and doctors participating in the study. Communication Assessment Tool (CAT) questionnaire was distributed to know patients' perceptions about their treating

physician. The responses were plotted on 5 points Likert scale, i.e., poor, fair, good, very good and excellent. A modified questionnaire was used to evaluate the level of communication skills of doctors based on their perception. Data was collected by distributing questionnaires to doctors as well as patients. Data was obtained from civil and military doctors, including house officers, medical officers, post-graduate residents and consultants. Interviews were conducted with civil as well as military patients.

Data was entered into Statistical Package for Social Sciences (SPSS) version 22 for analysis. Quantitative variables were summarized as mean  $\pm$  SD and qualitative variables were summarized as frequency and percentages.

### RESULTS

A total of 100 doctors and 100 patients were included in the study to grade (on the Likert scale) various aspects of communication skills. Table-I showed the frequency of each response by patients, while Table-II showed the frequency of the responses by physicians.

Table-III compared the overall mean of responses by physicians and patients. A comparison of patients' and physicians' total scores of responses showed the *p*-value of <0.001, which was statistically significant.

When the doctors were asked to judge the overall level of their communication skills, more than half of them (53%) opined that their communication skills were very good, and none believed they were poor.

Another objective of our study was to determine the factors which affected doctors' communication skills. Therefore, we asked the doctors whether they agreed or disagreed about the role of the following factors in affecting the physician-to-doctor relationship. Their response was shown in the Table-IV.

### DISCUSSION

In this study, we evaluated doctors' communication skills in military hospitals based on their own and patient perceptions. Most of the patients seem satisfied with their interaction with the physicians. However, their perception of the communication skills of doctors is not as high as that of the doctors themselves. A patient's interaction starts with his physician in how the physician greets him. Our results indicate that 65 percent of physicians greeted their patients excellently, while only 51 percent of the patients believed that they do so. A good physician can win the patient's confidence in the first interaction before

**Table-I: Frequency of responses of patients.**

	Poor	Fair	Good	Very Good	Excellent
Greeted me in a way that made me feel comfortable	2	1	17	29	51
Treated me with respect	0	2	12	25	61
Showed interest in my ideas about my health	0	7	22	28	43
Understand my main health concerns	0	2	7	40	51
Paid attention to me	0	2	12	36	50
Let me talk without interruption	3	6	33	21	37
Gave me as much information as I wanted	2	6	24	29	37
Talked in terms I could understand	2	7	18	20	53
Checked to be sure I understood everything	0	10	14	28	48
Encouraged me to ask questions	1	5	22	31	41
Involved me in decisions	0	14	27	25	34
Discuss next steps, including follow-up plans	0	11	26	34	29
Showed care and concern	0	3	13	45	39
Spent right amount of time	0	5	21	45	29

**Table-II: Frequency of responses of physicians.**

	Poor	Fair	Good	Very Good	Excellent
I greet the patients to make them comfortable	2	0	15	19	65
I treat the patients with respect	0	3	10	23	65
I show interest in patient's ideas about their health	0	4	8	29	60
I try to understand patient's health concerns	1	3	9	23	64
I pay attention to patients by looking at them and listening to them carefully	1	10	15	73	1
I let the patients talk without interruption	0	3	7	15	75
I give the patients as much information as they required	1	1	12	14	73
I talk in the language the patients understand	1	0	9	18	73
I check to make sure that that patients understand everything	1	1	9	17	72
I encourage the patients to ask questions	1	1	15	19	63
I involve the patients in decision making regarding their treatment	1	2	8	19	70
I discuss next steps including follow up plans	2	1	8	19	70
I show care and concern	1	11	11	76	99
I spend the right amount of time with patients	1	2	5	14	77

starting the formal interview. A common adage that "First impression is the last impression" holds good.

A study by Makoul *et al*, in 2007 concluded that physicians should be encouraged to shake hands with their patients while remaining sensitive to non-verbal cues that might indicate whether their patients want them to do so or not. It also states that most patients want their doctors to address them with their first or last names. Moreover, the doctors should also introduce themselves to the patients with their first or last names.<sup>9</sup> Another study by Wallace *et al*, examined the importance of greeting patient surgeons for the first time and concluded that if a surgeon greets his patient well, it sets the stage for the remainder of the clinical encounter.<sup>10</sup>

Our study showed that the perception of doctors paying attention to their patients is much better than what patients think when it comes to receiving attention from doctors. Furthermore, 75 percent of the doctors believed that they let their patients talk without interruption. However, when the patients asked the same question, only a meagre 37 percent believed

that their doctor allowed them to talk without interruption. The striking disparity in the physicians' and patient responses shows that although the physicians believe they are communicating effectively, they are not doing that well from the patients' perspective.

**Table-III: Comparison of mean score of responses of patients and physicians.**

Groups	Mean Score	p-value
Patients	57.55 ± 10.07	<0.001
Physicians	64.06 ± 10.38	

**Table-IV: Factors affecting communication skills of doctors.**

Factors Affecting Communication Skills	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Increased Patient Work Load	4	7	7	33	49
Extra Commitments	4	11	9	26	50
Use of HMS	12	7	20	15	46
Lack of Communication Skills Training	5	5	30	26	34

A study published in the American Journal of Public Health showed that in 50% of visits, the patient and the doctor do not agree on the nature of the main presenting problem.<sup>11</sup> In another study, physicians interrupted patients so soon after they began describing their presenting problems (on average within 18 seconds) that they failed to disclose other significant concerns.<sup>12</sup> Most complaints by the public about doctors deal not with competency problems but with communication problems, and the majority of mal-practice allegations arise from communication errors.<sup>13</sup>

The quality of clinical communication is directly related to positive health outcomes. For example, a study published in the journal of Health Psychology showed a reduction in blood pressure significantly greater in patients who had been allowed to express their health concerns without interruptions during their clinical encounter.<sup>14</sup>

Whenever a patient comes for a consultation from a doctor, he expects that his physician will satisfy him by answering all the questions he asks and providing him with as much information as he needs. For a physician, a patient with a particular disease may be a daily experience, but it may be a life-changer for the patient. This warrants a patient to ask questions about his disease process and for the physician to answer them to the patient's satisfaction. In this aspect, our study reveals that 73% of the doctors believe that they provide complete information to their patients as is desired by the patient. On the contrary, only 37% of the patients believe that their doctors provide complete information. His huge discrepancy paints a bleak picture of the doctor-to-patient interaction in our setup.

Patients suffering from terminal illnesses such as cancer, and those who care for them (i.e., their attendants or family members), often suffer from psychological stress, which may be lowered by effective communication and support from their physician. Unfortunately, research suggests that interpersonal and communication skills do not reliably improve with the physician's experience. Therefore, considerable effort must be dedicated to courses to improve communication skills for healthcare professionals in cancer care.<sup>15</sup>

There has been an increase in the number of lawsuits levelled against doctors. Nevertheless, on the other hand, mass-level agitations by doctors have also been witnessed, especially in Punjab and Khyber-Pakhtunkhwa provinces. Such incidents are appalling, disgraceful, and humiliating for the noble medical profession.

It is rightly said, "You have to treat the patient, not the disease!" The patient's involvement in making decisions about this treatment is immensely important. Different treatment modalities have to be explained to the patient and his family, and only that treatment option is chosen best suits the patient. The physician should always put additional efforts into motivating patients regarding lifestyle modifications, especially as it lowers treatment costs and improves outcomes in prevalent diseases like ischemic heart diseases, diabetes mellitus and hypertension.<sup>16,17</sup>

During his or her professional life, a physician will conduct between 1,00,000 to 2,00,000 patient interviews.<sup>18</sup> The medical interview is the most common task performed by physicians. Neither scientific innovations nor technological advances in medicine have changed the fact that a physician's core clinical skills are interpersonal or communication skills. Through the medical history, physicians can gather 60-80 % of the relevant information for a diagnosis, and the history alone can lead to the final diagnosis in 76 percent of the cases.<sup>19</sup>

The language barrier is also an important factor. Usually, patients speak in their local languages, which gives physicians a tough time. Human failings such as stress, tiredness or lack of time are major factors in an overburdened setting such as ours.<sup>15,20</sup>

Almost half of the doctors strongly agreed that this is due to increased patient workload. Statistics show that the patient-to-doctor ratio in our country is 0.81 doctors for every 1000 individuals, while it is 2.54 in the United States.<sup>21</sup> The direct result of increased workload on the physician is not only the inability of the doctor to spend the right amount of time on the patient but is also his inability to show care, concern, and involvement of the patient in decision making and its complete management.

A recent introduction in our setup is the use of HMS (Hospital Management System). This employs computers and digital systems for patient documentation, diagnostic facilities and dispensing of medicines. We commonly observe that many doctors, mostly seniors, are not comfortable using these computer systems. Maybe this is so because they have not been using these advanced systems before in their practice. Doctors believe they are so preoccupied with using these computers that they do not have much time to communicate effectively with their patients. In our study, 46 percent of doctors strongly agreed that

using HMS affects their communication with the patients.

We also asked the physicians about the role of formal training in communication skills. Again, the results were mostly neutral. Although there are no specialized courses in communication skills training for undergraduates, some workshops have been in place for a couple of years in FCPS-II training; the results of the study showed that doctors believe that lack of specialized training in communication skills does not affect their communication skills immensely. Therefore, we can assume that doctors believe that other factors i.e., increased workload, extra commitments, and use of HMS, play a far more important role in affecting doctors' communication skills.

### LIMITATIONS of STUDY

We believe that the relatively limited number of our study participants affected the overall results of the study. Secondly, it was a cross-sectional questionnaire-based study with a subjective assessment of different communication modalities. Subjective perceptions can arguably bring bias to the study results. Unfortunately, no objective measurement could be used to assess communication skills in a limited period.

### RECOMMENDATIONS

1. Communication skills of doctors can be improved by formal training of physicians for this purpose. We recommend including communication skills training in the syllabi of undergraduates or organising these much-needed workshops for undergraduates too. Since house officers and residents share most of the workload of patients, formal training must begin at an earlier level.
2. Most of the physicians in our study cited increased workload to be a major impediment to effective communication with the patients. In order to decrease workload, all non-professional commitments of the doctors should be rationalized. Even professional commitments, including lectures in medical colleges/wards and seminars/ workshops, should be streamlined. Assessment of the doctor-to-patient ratio should be done in every hospital, and the number of doctors and other healthcare professionals should be allocated according to the workload in that hospital. Filter clinics and primary care physicians must ensure that only the deserving patient is referred to a specialist. Patient appointments should be given, and timings should be followed in true letter and spirit. In a military setup, only entitled patients should be checked during working hours, and the patients' entitlement must be verified at registration counters.
3. In military setup, annual appraisals and assessments of physicians/healthcare professionals are given due weightage to patient feedback about their communication/interpersonal skills. This step will act as an incentive for health care providers to improve their communication skills.
4. Large proportion of doctors in our study have held the use of HMS responsible for poor communication with their patients. There seems to be some acceptability issue among our doctors. Proper training should be imparted to physicians for the use of this system. Moreover, the system also needs to be improved, tailoring it to physicians' needs. The system should be user-friendly, and frequent power breakdowns should be minimized. Further, the system should be made available in all the hospitals so that the doctors become accustomed to its use.
5. Hospital environment should be made patient-friendly. From the hospital entrance to the doctor's clinic, the transition of patient care in each step should be made easy. Dispensation of medicines at medical stores should be made smooth. This action will alleviate anxiety on the part of the patient, and he shares all his concerns with his treating physician while interacting with him.

### CONCLUSION

Perception of the communication skills of doctors is not as high as that of the doctors themselves. There is a striking disparity between the physicians' and patient responses, which shows that although the physicians believe that they are communicating effectively, they are not doing so when viewed from the eyes of their patients. The communication skills of doctors can be improved by formal training of physicians in the form of workshops. In addition, the workload on doctors should be reduced by minimizing extra commitments.

**Conflict of Interest:** None.

### Author Contributions

ZK: Design and acquisition of data, final approval of the article, concept and design, MUR: Necessary help in making graphs and statistics, drafting of article, corresponding author, MAK: Drafting & analysis and interpretation of data.

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