

COMMUNICATION SKILLS OF DOCTORS IN A PAEDIATRIC DEPARTMENT, THEIR PERCEPTIONS AND PRACTICES

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ABSTRACT

Objective: To determine the perceptions and practices regarding communication skills of doctors in a paediatric department of a tertiary care hospital.

Methodology: This was a cross-sectional study conducted in the Department of Paediatrics, Dow Medical College and Civil Hospital Karachi from October to December 2008. Fifty four doctors including faculty, consultants, registrars, postgraduates and medical officers of indoor and outdoor departments and wards were enquired regarding their behavior and communication with parents and physicians. Their responses were recorded on a questionnaire based on standards IMNCI/WHO guidelines for good communication skills. The data was later analyzed and given as frequencies and percentages.

Results: Sixty five percent doctors were spending less than 10 minutes with patients, seventy percent of the doctors claimed that they were polite and friendly with their patients, thirty seven percent were using simple language, thirty nine percent were listening carefully without interruption whereas eighty percent did not know the appropriate time of follow up. Seventy four percent doctors claimed that lack of parental understanding is one of the important reasons for lack of effective communication. Other reasons reported were large number of patients (56%) lack of adequate time (50%), inadequate numbers of doctors (35%) and other paramedical staff (30%).

Conclusion: Majority of doctors of Paediatric Department are using inadequate communication skills. Large number of patients, lack of adequate number of doctors and paramedical staff and lack of parental understandings were the reasons given by the doctors for inadequate communication practices.

KEY WORDS: Communication Skills, Paediatricians, Perceptions, Practices.

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INTRODUCTION

Communication skills of physicians play a significant role in the health care of their patients. It is generally a neglected component of clinical practice and training and is a skill that must be taught and emphasized.¹ Effective health care communication is the foundation of the therapeutic relationship between physicians, parents and their families and it is an essential tool for accurate diagnosis.² Skillful

communication helps in the development of successful treatment plan and reduction of morbidity and mortality in children.³ Good communication is responsive to the needs of the patient and family dynamics, on the other hand poor communication can result in compromised outcomes for the patient and family and can have medico-legal consequences for the practitioner.⁴

Despite the importance of good communication in health care, there is inadequate programmatic or curricular emphasis on building interpersonal skills in paediatric service and training.⁵ One of the biggest barriers in acquiring good communication skills is the behavior of physicians, very few of us appreciate its importance and hardly make a concerted effort to learn and apply such skills. Even doctors who realize the value of effective communication skills are not always successful at practicing it.⁶

This scenario of patient physician relationship motivated our study. It was done to determine the perceptions and practices regarding communication skills of doctors in a paediatric department of a tertiary care hospital. It also provides practical suggestions to improve these skills enabling more effective health care.

METHODOLOGY

This was a cross-sectional study conducted in the department of Paediatrics, Dow University of Health Sciences and Civil Hospital Karachi from October to December 2008, Fifty four doctors including faculty, consultants, registrars, postgraduates and medical officers of OPD and wards were enquired regarding their practices and communication with parents and patients.

Their responses were recorded on a previously prepared questionnaire based on standard IMNCI/WHO guidelines for good communication skills⁷ (Table-I). The data was later analyzed and described as percentage and frequencies where required.

RESULT

Responses of fifty four doctors were recorded and analyzed as adequate and inadequate

practices Table-II. When enquired about the amount of time spent on each patient 35% of doctors gave 10 minutes or more to each patient while 64.8% doctors spent 5-10 minutes on each patient. About 70% doctors claimed that they were always polite and friendly with their patients while 29.6% stated to be, "to the point". All doctors claimed that they were never hostile to their patients.

Thirty seven percent doctors used simple and patient's own language while communicating, Forty four percent used both medical and simple language and only nineteen percent doctors were using medical language alone.

When enquired about evaluation of feeding problems 37% used adequate practices of explaining, demonstrating and then checking the mother's understanding and observing her feeding practices. About 46% ask and listen only and 16.6% doctors said that they listen only.

When interacting with the mothers, 39% doctors were using adequate practice of clarification during the conversation and asking questions to reach the diagnosis. About 42% listen to and allow mother to talk, 18.5% doctors told that they start examining the child while mother is talking.

Regarding the most appropriate advice to make ORS, 87% gave adequate advice by explaining to the mother and demonstrating how to make ORS. Remaining doctors were doing inadequate explanations but were not demonstrating. When prescribing medications 39% doctors were doing adequate explanations of the dose to mother, showing how to give the medicine, and asking mother to give first dose in front of them, while 61% were following inadequate practices. Forty Six percent doctors thought that information regarding follow up visit is required where as fifty four percent thought that it was not necessary.

Only 20% doctors knew the adequate time of follow up visits for various diseases whereas majority of them, 80%, were not aware of time for follow up visits. 67% (36/54) doctors thought that presence of both parents is necessary for counseling of their child illness while 33% (18/

Table-I: Communication skills and practices

<i>S.No.</i>		<i>Adequate</i>	<i>Inadequate</i>
1	Time spent on each patient	More than 10 minutes	Less than 10 minutes
2	Attitude towards patients and parents	Polite and friendly / praises helpful actions of parents	To the point / appears to be in hurry / Aggressive
3	Ask and listens	Listen carefully and ask questions to assess child's problems. Asks open ended question	Interrupts all the time. Starts examining and writes prescription before the problem has been identified Ask close ended question
4	Evaluation of feeding practices	Asses the child's feeding and identifies problems. Explains and demonstrates the correct feeding practices and checks mother's understanding by asking question.	Explains only, ignores concerns mentioned by parents.
5	Use of language	Tries to talk in patient's language / simple language	Use many medical terms
6	Making ORS	Asks mother how she will make ORS. Explains and demonstrate how to make ORS and checking mother's understanding by asking question	Explains only or explains and shows only, not checking mother's understanding by asking question
7	Prescribing medicines	Explains and shows how to give medicines, asks mother's questions to check her understanding, how she will give medicines	Explains only / explains and shows, No checking questions.
8	Follow up visit	Information regarding follow up required	No information required
9	Tme of follow up	Calls in 48 hours in cases of ARI, Malaria, Diarrhea, Dysentery, come in emergancy in case child becomes sicker or develops danger sign. Call within week for persistent diarrhea and feeding problems	Not to call every patient for follow up, advises to only come in emergnecy or call after 2 weeks
10	Methods used for follow up	Uses follow up card / mother's card	Uses prescription paper or verbal information

54) thought that either of the parents should be present once the problem is identified, About 28% thought that treatment options should be discussed with parents before starting treatment while most of the doctors (72%) started treatment without discussing treatment options.

When enquired about the need of other staff while communicating with parents, all the doctors replied in affirmative while, 68.5% (37/54) doctors stated that they need help of other doctors during counseling whereas 31% (17/54) were of the opinion that it should be other para-

medical staff such as lady health visitors or translators.

Majority of the doctors, 79.6% felt that they are able to convey their message most of the time while 11% thought that they convey message to the parents sometimes and only (9%) were satisfied that they convey their message adequately all the time.

When asked about reasons of failure to convey message to the parents adequately their response was as follows:

- * Lack of parental understanding 40/54 (74%)
- * Large number of patients 30/54 (56%)
- * Lack of adequate time 27/54 (50%)
- * Lack of adequate numbers of doctors 19/54 (35%)
- * Lack of parental interest 16/54 (30%)
- * Lack of interest of doctors and paramedical staff 9/54 (17%)
- * Lack of knowledge of doctors 4/54 (7%)

DISCUSSION

Health care communication is a key component of relationships between patients and physicians.⁸ It enhances patients understanding and adherence to the therapy. Patients and parents need information, courtesy and time.

A large number of patients are seen by the paediatricians every day, when time is short, it is the communication with parents that is sacrificed.⁹ One of the studies showed that paediatricians spent less time in discussing treatment options and other issues with patients

because of lack of proper training.¹⁰ Our study also revealed that most of the doctors gave inadequate time to the parents and patients. Behavior of doctors also plays a major role in the effective health care of their patients and parents satisfaction with quality of care is influenced by the interpersonal skills of the practitioner, particularly in case of anxious parents.⁵ Most of the doctors do not understand the need for explanations to their patients. Many studies reported that physicians evoke patients trust and convey respect by listening carefully to their patients, explaining issues clearly and fortnightly.¹¹ In the current study 70% of the doctors said that they were polite and friendly with their patients but all of them claimed that they never behaved arrogantly with their patients and 39% doctors were listening to the patients giving them adequate time.

The ability to interact with patients, listening and appreciating their feelings, values and thoughts can be difficult due to time constraints, input from multiple sources and varying level of intelligence and understanding. Open-ended questions can help patients and parents to disclose their problems.¹² Cultural norms and taboos along with language play an important role in communication with parents regarding health status of their children.¹³

It is essential to talk in language that a non-medical person can understand.⁶ It is also better to use the patient's mother tongue or simple language. Use of translators can be helpful in

Table-II: Communication skills and practices of doctors in paediatric department

S. No.		Adequate Practice (%)	Inadequate Practice (%)
1	Time spent on each patient	19 (35)	35 (65)
2	Attitude towards patient and parents	38 (70)	16 (30)
3	Use of language	20 (37)	34 (62)
4	Evaluation of feeding practices	20 (37)	34 (63)
5	Listening practices	21 ((39)	33 (63)
6	Making ORS	47 (87)	7 (13)
7	Prescribing medicines	39 (21)	33 (61)
8	Follow up visit	25 (46)	29 (54)
9	Follow up time	11 (20)	43 (80)
10	Method to arrange follow up	26 (48)	28 (52)

this regard. In our study 37% doctors used simple language.

Effective physician-patient relationships are associated with higher medication compliance.¹⁴ It is important to check mothers understanding by asking questions and to repeat information and asking them to give fist dose in the clinic, to ensure it has been understood.⁶ In our study 34% doctors were using adequate practices for prescribing medicines. Regarding counselling for feeding problems and advising of ORS in diarrhoea, most of the doctors were providing adequate information.

Advice regarding follow up visits and time for follow up is very important for an effective health care system. Every mother should be counseled when to return to the health care centre for a follow up visit and "when to return immediately." A "mother card" or a follow up card can help the mother to remember appropriate food and fluids and when to return to health care centre.⁷ Unfortunately most of the paediatricians ignore the important component of follow up in health care which leads to poor outcomes. In our study majority of the doctors (80%) were unaware of the proper time of follow up for common health problems. Studies have shown that presence of both the parents and the child who is old enough to understand is important while communicating with the paediatrician particularly in certain chronic illnesses for better treatment plan.¹⁵ In our study also most of the paediatrician stated that both parents should be present for counseling of their child illness. The reasons for failure to communicate adequately with patients and parents, as perceived by the paediatricians were lack of adequate time, lack of parental understanding, large number of patients and lack of adequate numbers of doctors. Many studies has shown that training in communication skills of paediatricians has improved health outcomes in terms of parental satisfaction, diagnosis of child illness and adherence to treatment plan.^{16,17} In our study reasons given by doctors were inadequate training and knowledge in communication skills of doctors and other paramedical staff.

Limitation of Study: It was a hospital based study and the sample size was rather small.

CONCLUSION

Majority of paediatricians are using inadequate communication skills while dealing with the patient. The reasons given are large number of patients, lack of adequate number of doctors, paramedical staff and lack of adequate time and parental understanding.

RECOMMENDATIONS

It is suggested that training in communication skills should be included in the curriculum of medical education. Research should also be done on communication education and practices to provide more effective techniques which will lead to better health outcome.

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Authors Contribution:

1. MSE, Collection and statistical analysis of data, writing and editing of manuscript.
2. AA, Statistical analysis of data and collection of references.
3. SMIA, Reviewing and final approval of manuscript.

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