



Communication Skills and Related Factors in Health Care Providers

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Abstract

Background: Communication skills have a significant impact on the medical, psychological, and social aspects of patient satisfaction. Furthermore, the acquisition of these skills by the staff reduces their burnout level. This study aimed to evaluate the communication skills of medical personnel.

Methods: This descriptive study was performed on 280 medical personnel of Shahroud university of medical sciences in 2019. Data were collected through the standard questionnaire communication skills questionnaire. The questionnaire consists of 34 items with a minimum score of 34 and the maximum score of 170. The data were analyzed using χ^2 and T-tests. The significant level was set at 0.05.

Results: The mean age of the participants was 32.52 ± 6.2 years and 82.3% of them were female. On average, the mean score of the communication skills of the participants was 107.94 ± 9.3 . Communication skill score was found to be optimal in this study. Mean work experience was significantly higher in the high communication skills group compared to the low communication skills group.

Conclusions: Based on the results of this study, the communication skills of medical personnel were at the desired level. Due to the importance of communication skills in patients and staff, and for the improvement of these skills in the newly-recruited staff, it is recommended that their communication skills be assessed and training workshops be regularly held.

Keywords: Communication skill, Medical personnel, Satisfaction.

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Introduction

Communication is a dynamic process between human beings¹ and in the clearest definition, it refers to sending and receiving verbal and non-verbal messages between two or more people.² The communicators must convey their beliefs in a way that the recipient understands the essence and gist of the message.³ In other words, the information, meanings, and concepts must be transferred from the sender to the receiver in such a way that the main purpose of the message is precisely received and figured out.⁴

Communication can be considered the sine qua non of success in all social systems and subsystems⁵ because, in the absence of a communication system, the organization will be a set of disconnected and insular elements and components that do not cooperate to achieve certain goals.⁶ The root of many individual and organizational problems can be traced to the

lack of effective communication and the communication system and, in general, to communicative misinterpretations.⁷

Effective communication is essential in the countless interactions that occur daily between health care providers and patients.⁸ Many experts view the ability to communicate properly as one of the most important characteristics of healthcare workers⁹ and consider ineffective communication as a powerful barrier to healthcare services.¹⁰ Therefore, today the teaching of medical sciences has shifted from purely theoretical training to the acquisition of human and communication skills, and such an ability is considered as one of the variables evaluated in determining the qualifications of health care workers¹¹ because having communicative skills will help people to interact effectively and exert a positive influence on others.¹²

Communication skills refer to behaviors that help people express their emotions and needs appropriately and achieve interpersonal goals.¹³ Having the right communication skills is essential for health care providers to maintain effective relationships with service recipients and other members of the service-providing team.¹⁴ Effective communication skills form the basis of the quality of services and care¹⁵ and are considered as one of the main clinical skills and important tools in providing medical care.¹⁶⁻¹⁸ Communication skills can lead to the maintenance of the safety and health of the patient; moreover, they can reduce stress, anxiety, and burnout of employees and increase their productivity and job satisfaction.¹⁹

The results of several studies in different parts of the world have shown that proper communication has a positive effect on patients. Communication increases awareness of patient issues and problems, improves decision making on patient discharge and transfer, improves the quality of care and reduces medical errors, reduces patient length of hospital stay, reduces medical costs,^{12,20} and reduces patient complaints.¹⁷ Moreover, it can lead to the improvement of vital signs, reduction of pain and anxiety, an increase in the satisfaction of service recipients, and even faster recovery of patients.²¹⁻²⁵ Effective communication also improves the exchange of information with patients and their greater adherence to treatment recommendations,¹⁴ better understanding and empathy with patients, and patient comfort.²⁶ On the other hand, communication disorders lead to misdiagnosis, reduced care effectiveness, and quality, imprecise decision-making by the treatment team, and reduced patient participation in the treatment process. Miscommunication, moreover, endangers patients' safety and

increases their hospitalization,^{21,27-30} reduces patients' and their families' satisfaction, and discourages patients from performing the correct and timely treatment instructions.^{17,31,32} Miscommunication also makes it impossible to properly recognize patients' mental, psychological, and social needs.⁶ Improper interactions cause stress, frustration, and loss of employee focus, reduce cooperation and information transfer, and disrupt patient-service provider relationships.^{9,23,28} It should be noted that the ability of health care providers to communicate appropriately with patients will play a decisive role in their satisfaction.^{21,33} However, a review of studies shows that communication between the treatment groups and patients is not appropriate, or it does not continue for a long time.^{25,28} Therefore, considering the importance of the issue and observing the existing shortcomings in health care providers' clients relationships, it is necessary to conduct more extensive research to identify the current situation, examine the causes and problems of communication between providers and recipients of health services and provide strategies to solve such problems. The present study, therefore, was conducted in 2019 and aimed at evaluating the communication skills of the personnel providing medical services at Shahroud university of medical sciences.

Materials and Methods

This is a descriptive-analytical study that was conducted cross-sectional in 2019. The statistical population was all the personnel (n=895) providing medical services (general practitioners, specialist doctors, midwives, and nurses) in hospitals affiliated with Shahroud university of medical sciences. Using a randomized stratified sampling procedure 280 healthcare providers were selected from this population and a total of 254 completed questionnaires were collected from this sample by the researchers.

To collect the data required for research, first, the objectives of the study were explained to the participants. Then after obtaining informed consent from them, they were asked to complete a questionnaire including items on participants' characteristics such as age, marital status, level of education, gender, the field of study, type of employment, work experience, department or ward of providing service, and their type of work shift. The participant also completed a communication skills questionnaire.

The Queendom communication skills test-revised (CSTR) was used to measure communication skills.³⁴ The validity of the CSTR Questionnaire has been confirmed by a group of experts, i.e., professors and faculty members, and the Cronbach's alpha reliability of 0.71 were reported for this scale. CSTR includes 34 specific items on understanding verbal and nonverbal messages (9 items), emotional regulation (9 items), listening skills (6 items) insight into the communication (5 items), and assertiveness (5 items). The items were responded to on a five-point Likert scale ranging from one (never) to 5 (always). The overall score on CSTR ranges from 34 to 170. A

score between 34 and 68 indicates poor communication skills; a score between 68 and 102 indicates moderate communication skills and a score above 102 indicates good communication skills. The collected data were fed into SPSS16 and were analyzed with descriptive statistics and chi-square and T-test, and the results were displayed in descriptive and analytical tables. In analyzing the results, the significance level was set at 0.05.

Results

The mean age of the participants in this study is 32.52 ± 6.2 years. Most of the participants (82.3%, n=209) were women and the rest (17.7%, n=45) were men. Table 1 displays in detail the frequency distribution of other demographic variables including gender, marital status, level of education, type of employment, and type of job.

The lowest and highest scores for communication skills were 61 and 134, respectively. The mean score of the communication skills of the studied people was 107.94 ± 9.3 , which is a good level. The mean scores of the five dimensions of communication skills are reported separately in table 2. In this study, 50 people (19.7%) of the participants had a moderate level of communication skills and the rest had a high level of communication skills (80.3%). The mean score of communication skills in women was 108.2 ± 7.8 and in men, it was 110.9 ± 4.9 , which indicates no significant difference between the communication skills scores of the two groups (Pvalue=0.14).

The mean work experience and age in the two groups of high and medium communication skills showed that the meaningful work experience was higher in the personnel group who had higher communication skills. In other words, the higher the work experience, the better the communication skills. However, there was no significant difference between the mean age of the two groups of people with high and medium communication skills (Table 3). Moreover, the frequency distribution of individuals based on gender, marital status of employees, and type of employment did not show a significant relationship between moderate and high communication skills. Table 4 displays the information in detail.

Examination of the correlation coefficient between age and the scores of the five dimensions of communication skills and the overall score of communication skills shows that there is a positive and significant correlation between age and the score of understanding the messages. Also, the higher the work experience, the higher the message understanding score. That is, a significant positive correlation exists between work experience and message understanding score. The correlation coefficient between education and the scores of the five dimensions also showed that the higher the education, the lower their emotional control score (Table 5).

Table 1. Frequency distribution of participants by demographic variables

Variable	Situation	Frequency	Percent
Sex	Male	45	17.7
	Female	209	82.3
Marital status	Single	61	24
	Married	193	76
Education	Associate degree	1	0.4
	Bachelor's degree	213	83.9
	Master's degree	13	5.1
	Doctorate	27	10.6
Employee status	Medical service program	58	22.8
	Contractual	6	2.4
	Probationary	100	39.4
Type of job	Tenure physician	90	35.4
	Midwife	29	11.4
	Nurse	13	5.1
		212	83.5

Table 2. Mean scores of subscales of communication skills in the participants

Subscales of communication skills	Mean \pm Sd
Understanding of the message	28.1 \pm 3.2
Emotional regulation	26.7 \pm 3.7
Listening skill	22.1 \pm 2.7
Insight into the communication	17.6 \pm 2.3
Assertiveness	14.0 \pm 2.2
The overall score of communication skills	8.1 \pm 108.6

Table 3. Mean scores of variables by levels of communication skills

	Medium	High	T-test	Pvalue
Work experience	5.8 \pm 4.2	7.9 \pm 5.9	-2.28	0.02
Age	31.2 \pm 5.3	32.8 \pm 6.4	-1.8	0.07

Table 4. Frequency distribution of demographic variables by levels of communication skills

Variable	Situation	Medium (%)	High (%)
Sex	Male	10(22.2)	35(77.8)
	Female	4(19.1)	169(80.9)
Marital status	Single	15(24.6)	46(75.4)
	Married	35(18.1)	158(81.9)
Employee status	Medical service program	15(24.6)	43(74.1)
	Contractual	3(50)	3(50)
	Probationary	15(15)	85(85)
	Tenure	17(18.9)	73(81.1)

Table 5. Coefficients of correlations between scores of communication skills subscales and age, work experience and education

	Understanding of the message	Emotion regulation	Listening skill	Insight to the communication	Assertiveness	Overall score of communication skills
Age	r=0.16 Pvalue=0.02	r=-0.04 Pvalue =0.52	r=0.11 Pvalue =0.1	r=-0.07 Pvalue =0.9	r=-0.04 Pvalue =0.53	r=0.07 Pvalue =0.34
Education	r=0.09 Pvalue =0.19	r=-0.16 Pvalue =0.02	r=0.02 Pvalue =0.74	r=-0.04 Pvalue =0.56	r=-0.02 Pvalue =0.79	r=-0.04 Pvalue =0.59
Work experience	r=0.15 Pvalue =0.03	r=0.06 Pvalue =0.4	r=0.06 Pvalue =0.35	r=-0.03 Pvalue =0.96	r=-0.03 Pvalue =0.65	r=0.1 Pvalue =0.17

Discussion

In this study, the mean score of the communication skills of the participants was at a good level and 80.3% of the people had a high level of communication skills. This finding is consistent with the findings of Ahmadi, Javaher, and Pourasghar.^{13,27,35} The participants in these studies showed an optimal level of communication skills which was higher than the average. However, in a study by Safavi and colleagues, 85.2% of the participants had a moderate level of communication skills.¹⁹ In Rostami and colleagues' study, only 14.3 percent of nurses had good verbal communication skills, and the results of their study showed poor communication between nurses and patients.³⁶ In a study by Kermani and colleagues, more than 55% of the participants had poor and moderate communication skills.²⁸ These results are inconsistent with the results of the present study. The results of other similar studies indicate a moderate level of communication skills between individuals and groups under study.^{7,37,38}

The results of the present study did not show any significant relationships between the score of communication skills and gender, age, marital status, and type of employment (P value>0.05). In other words, the age of the personnel did not make them have different communication skills. That is, young staff did not have better communication skills than older staff or vice versa. Regarding gender, despite the men's higher scores in communication skills, the difference between the two groups was not statistically significant. The marital status of the participants did not influence their level of communication skills, either. Moreover, the employment type of the staff did not affect these skills; in other words, personnel with tenure employment did not have better communication skills than others and vice versa. However, a significant positive relationship was observed between the communication skills score and the work experience of the personnel. As the work experience increased, the communication skills score of the personnel also increased. The staff who gained diverse experience over the years showed better skills in communication with patients. It can be argued that personal experience in communication with patients is enhanced over the years because communication skills are largely acquired and one's clinical experiences play a major role in improving these skills.³³ In studies by Ahmadi, Asefzadeh, and Nazari, there was no significant relationship between the level of communication skills and age, gender, degree, marital status, and type of employment.^{6,13,33} A by Salehi and colleagues also showed no significant relationship between age, marital status, and level of education of the participants with their communication skills score.²¹ Neither was a significant relationship between the level of communication skills and the marital status of the participants in the study by Javaher, which is consistent with the present study.²⁷ However, the results of Safavi and colleagues showed a significant relationship between age, work experience, marital status, and type of employment with communication skills scores, so with an increase in age and work experience, communication skills scores also increased. Communication skills scores were also higher in married people and those with formal employment status.¹⁹ In another similar study, men and married people were better off in terms of communication skills.¹⁵ The results of a

study by Pourasghar and colleagues also showed a significant relationship between age, work experience, education, and employment status with the level of communication skills of the participants in the study, so that with increasing age and level of education, people's level of communication skills also increased. They maintained that as the experience of people at different levels of education increases, their ability to communicate effectively improves. Moreover, the results of their study showed that with an increase in work experience, the level of communication skills decreases, a finding which is inconsistent with the results of the present study. They also reported that older participants experienced higher levels of job burnout and they become demotivated to use communication skills. The above-mentioned authors believe that less-experienced people try to gain experience and stabilize and improve their position, so they try harder to communicate effectively. In their study, short-term contractual personnel had the highest score of communication skills, and tenure staff had the lowest score of communication skills.³⁵ The results of Mirhaghjoui and colleagues also showed a significant positive relationship between communication skills scores and the age of the participants. People who were older and often had more work experience were more in contact with patients, which in turn increased their communication skills. In addition, in their study marital status was one of the factors which influenced communication skills. They stated that married people had a higher level of courage to communicate with others due to their high level of self-confidence, and this leads to an increase in their level of communication skills.³⁸ Perhaps one of the reasons for the different results in different studies is the type of population studied and the tools used to assess the level of communication skills.

A cross-sectional study of the relationships between variables is one of the limitations of this study. Moreover, physicians did not cooperate adequately in the study.

Although medical personnel has a higher level of education in society, the type of job, work experience, and burnout-related factors can impact their communication skills.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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