Assessing the Importance of Communication Skills in the Education Service Sector with Special Reference to Postgraduate Medical Students in Malaysia

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Abstract

The doctor-patient relationship is central to the delivery of high quality medical care, which to a large extent has been found to depend on high communication skills. We can analyse the importance of communication in various ways, such as how to collect information regarding the patient and how to transmit information to the patient regarding his illness (a crux of medical practice). Based on this information, diagnosis can be made and health care is delivered in an effective manner. This study sought to quantify the current knowledge of postgraduate (PG) medical students in Malaysia about the importance of communication skills in improving their professional skills and handling patients. A cross-sectional study using a self-report questionnaire was conducted among postgraduate medical students. Data analysis was questionnaire based. PG medical students are not taught communication skills as part of the medical syllabus; however, the results suggest that there is a real need to integrate communication skills within the course. This should be linked to the various ethnic and religious backgrounds of medical students, into Malaysian medical curriculum. Some recommendations will be made based on the study carried out. Some limitations of the study will also be discussed.

Key words

Postgraduate, Medical student, PG, Communication skills, Malaysia, Female, Male, Doctor, Patient, education sector

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Introduction

Patients in recent times are highly updated and familiar with the availability of different type of medicines and medical treatments in the health care system. Hence, it is highly important priority that health care providers use effective communication skills. It has been well documented that the doctor-patient relationship is central to the delivery of high quality medical care. It has been shown to affect patient satisfaction, to decrease the use of pain killers, to shorten hospital stays, to improve recovery from surgery and a variety of other biological, psychological and social outcomes. Lack of knowledge of

communication skills, or an inability to use them effectively, can be distressing and is potentially hazardous for patients. It may also be a cause of stress for postgraduate medical students (arriving on the ward for the first time). There is a large body of evidence indicating the importance of students' knowledge of communication skills and how lessons learnt from "communication skills training" is transferred into the clinical setting and such training is known to have long term effects on student's behaviours.

However, little is known about the importance of communication skills in the practice and training of doctors in Malaysia, where the culture differs greatly from that of the west. Sensitivity to religious matters is particularly important in Malaysian doctor-patient relationships. As Malaysia has a multi-racial and multi-cultural society, hence the need of using excellent communication skills is highly important for doctors.

A major criticism of current medical training in Malaysia is that communication skills have not been embedded in the curriculum of most of the medical schools, despite knowing the importance of communication skills. In this paper we investigate the knowledge level of postgraduate students about communication skills to gain a clearer picture of some challenges relating to health care promotion, especially patient satisfaction and adherence to treatment. Two questions guided the study (1). How do postgraduate students assess their knowledge about communication skills?; and (2) Is there a significant difference between the level of knowledge among male and female postgraduate students.

Literature Review

It is now widely accepted that effective interpersonal communication is at the heart of quality health care delivery but that current standards in medicine must be improved (Numann 1988; Cowan *et al.* 1992). One approach acknowledged by the General Medical Council (1991) devotes more attention during training to the theme of communication, and quite significant modifications of the undergraduate medical curriculum in UK took place.

The majority of studies concerned with the communication skills in medical students reported a low level of communication skills. Mohsen Tavakal et al (2005) have performed communication skills study amongst interns using a self reported questionnare. They found that interns had a limited knowledge of communication skills. They also reported that the confidence of male interns about communication skills was significantly higher than those of female interns. They felt a need for integrating communication skill course in Iranian medical curriculum. Similarly Owen Hargie et al (1998) performed a postal survey of communication skills training in 26 Schools of Medicine from UK. They stressed for the further development of CST in the medical curriculum

Communication of bad news to patients or families is a difficult task that requires skill and sensitivity. Little is known about doctors' formative experiences in giving bad news, what guidance they receive, or what lessons they learn in the process (Jay D. Orlander 20020. Similarly Sonia Dosanjh et al (2008) done a qualitative study aimed to examine residents' perceptions of barriers to delivering bad news to patients and their family members. They observed that most residents realize important guidelines in the delivery of bad news, their own fears, a general lack of supervisory support and time constraints form barriers to their effective interaction with patients. It is further noticed that

very few studies have explored medical students' attitudes towards communication skills learning. The result of the study by Charlotte Rees [1] & Charlotte Sheard (2002) indicates that medical students' attitudes towards communication skills learning are associated with their demographic and education-related characteristics.

Methods

A quantitative survey was performed at Universiti Sains Malaysia (USM), Health Campus, Kelantan, Malaysia. A cross-sectional study was conducted using a questionnaire administered to 154 PG students. Anonymity was maintained throughout. The subjects received the self-administered questionnaire with a covering letter explaining the project and the subject's rights. Final data analysis was based on 144 questionnaires. The subjects were asked to complete the questionnaire without referring to source books. The questionnaire consisted of three sections. The first section asked students to give personal details including the demographic items age and gender (summarised in **Table 1**). The second section is related to the educational items: subjects studied or attended in a specific course about communication skills (**Table 2**).

Table 1 - Distribution of background characteristics

Variables	Number	Percentages	Variables	Number	Percentages
Sex			**Age**		
Male	84	58%	Less than 25	4	3%
Female	60	42%	25–30	68	47%
Total	144	100%	More than 30	72	50%
			Total	144	100%

Table 2 - Percentage response to education based query by PG's

Education based query	Yes %	No %
1. Have you studied a paper in relation to communication skills elsewhere? (n =144)	17%	83%
2. Have you formally attended communication skills courses while doing your Medical Program? (n = 144)	33%	67%

Source (Table1&2): *Self administered Questionnaire based on Primary Data collected from PG students at Universiti Sains Malaysia (USM), Kelantan, Malaysia*

The third section asked students to rate their knowledge of communication skills and, if they rated themselves higher than 5, then they had to discuss the item briefly in the space provided in order to assess their real knowledge with regard to that communication skill.

Table 3 - Courses of communication skills training reported by PG's

	anger/difficult patient		2.923				2.948		
4	Demonstration of empathy	2.86	2.923	-0.1	0.00	2.14	2.948	-0.8	0.65
5	Non-verbal communication skills	3.53	2.923	0.6	0.37	2.66	2.948	-0.3	0.08
6	Dealing with patient perception	2.46	2.923	-0.5	0.21	3.33	2.948	0.4	0.15
7	Shared decision making	3.6	2.923	0.7	0.46	3.47	2.948	0.5	0.27
8	Patient-oriented interviewing	3.2	2.923	0.3	0.08	3.76	2.948	0.8	0.66
9	Sex education	2.06	2.923	-0.9	0.74	2.42	2.948	-0.5	0.28
10	Closing skills	2.53	2.923	-0.4	0.15	2.66	2.948	-0.3	0.08
	Total	29.23	-	0.00	2.31	29.48	-	0.00	2.22

The analysis of the scores by topic is shown in (Table 4). The possible range of scores for each item was 1 to 5. Mean scores for topics ranged from 2.06 to 3.76. PG's were most confident on "patient oriented interviewing", and the least confident on "sex education".

The Standard Deviation for the 10 sets of scores is

Females – $2.31/n\text{-}1^* = 2.31 / 9 = 0.25 = \sqrt{0.25} = 0.5$ (SD for females score)

Males - $2.22 / 9 = 0.246 = \sqrt{0.246} = 0.495 = 0.5$ (after rounding off – SD for Males score)

*(n-1= where n is no. of scores, unbiased estimate of the population) i.e. n=10, n-1=9)

The standard deviation of a batch of numbers or sample, denoted by σ is the average of the squared deviations from the mean. Since deviations indicate how much variation exists in the data, having an average of these differences tells one about overall variation. Larger the standard deviation, the greater will be the variation in a batch of numbers, other things being equal. Hence we can say that amongst "Females" the standard deviation is larger by minimal amount of 0.005. This is quite negligible. This shows that males and females have indicated quite similar feedback on importance of communication in medical education. If we compare individual parameters (question wise) then males and females had very different views on "Demonstration of Empathy"- Almost 0.65 i.e. 65% males found demonstration of empathy highly difficult and none of the females found it difficult. This shows males found the need for communication skills training in order to demonstrate empathy to patients and their relatives.

Similarly in the case of "sex education" almost 74% females & 28% males were in favour of keeping sex education as an integral part of the medical education curriculum. Rest did not feel it should be kept as an integral part of their curriculum. In total there were 58% Males PG students and 48% Female PG students. They were further divided into three age-groups (less than 25 years, or 25 to 30 and 30 years and above). Only 3% of PG students were in the age of 25 and 47% were under the age-group 25-30 and 50% belonged to the age-group "Above 30".

Table 5 – PG students who responded "Yes" to having done communication Course earlier

Variables	Number	Percentages
Sex		
Male	16	67%
Female	8	33%
Total	24	100%

Almost 17% (24 out of 144) of the total PG students were sure of having undergone some course in communication in their undergraduate course or elsewhere. Out of this 17%, more than half were Male PG students and only few female PG students (Table 5)

Discussion

The very high response rate (95%) of this questionnaire reflects general interest, or may have resulted from the advantages of self-assessment which itself may improve performance. The results on the CSKS show that basic knowledge of PG students in some areas in Malaysia (dependent on area defined in this research) about communication skills is limited. Researchers have reported similar findings in other countries which reveal a deficit in the knowledge of doctors about communication skills.

The importance of communication skills has long been acknowledged in general practice training and the need to teach communication skills formally has become integral part of some Universities in Malaysia as well as British undergraduate medical education. In some areas in Malaysia, PG's knowledge deficiency may be attributed to the fact that they have never been trained to consult in the general practice setting, and their skills are limited to making general judgments, often using the only available criterion, in line with the present practice. This approach to a patient is not cost-effective and may lead to negative health outcomes such as patient dissatisfaction, poor adherence to treatment and medical errors. A few students rather misinterpreted (Table 3) their attendance at courses such as Ethics and communication in undergraduate Medical education, English language, Bahasa language course as communication training courses, which have no relation with communication skills training. This indicates that students are not familiar with the tasks of communication skills.

The results of the study show that there were significant differences between males and females with regard to their reported knowledge of the main communication skills. We have also seen in Table 4 that PG's were most confident on "patient oriented interviewing", and the least confident on "sex education". The results on the CSKS suggest that there are areas of weakness in the communication skills confidence of PG's, particularly in breaking bad news. While it is well recognised that delivering bad news is a difficult task that requires skills and sensitivity, both female PG's and male PG's reported that their confidence in breaking bad news is low (refer Table 4). Three studies which have attempted to address resident doctor's perception of delivering bad news indicate that they had experienced discomfort with

psychosocial issues related to the conveyance of bad news, such as personal fears and different perceptions of bad news.

There is no significant difference between the mean score of the PG's on breaking bad news. Both male and female PG's have reported low confidence in breaking bad news. In line with this even Orlander et al's work demonstrated there were no significant differences between males and females with regard to the delivering of bad news. Given the poor levels of confidence about communication skills, particularly sex education skills, revealed in this study, it is concluded that educational programmes are necessary. In sex education skills training, given the complex interplay of multi-cultural and religious beliefs in Malaysia, particular attention must be paid to improve communication skills. Therefore, further work is needed on gender education, sex education, learning styles; and inclusion of course on communication in the undergraduate as well as post-graduate curriculum in all medical schools. The enthusiastic response to the questionnaires may suggest that medicine is accepting the need for developing communication skills within the medical curriculum. Medical education in Malaysia and the developing countries must respond to this challenge.

Limitations

There were a number of limitations to this study including the CSKS has not been normalised for a set population of PG students. Findings can not be generalized because they are derived from only one medical school in Malaysia. Self-assessment data may suffer from biases.

Conclusions and Recommendations

Whilst the approach to this research has been shaped by a government-recognised health need, the authors recognize the need for, and welcome, further examination of these findings from multiple perspectives, especially with regards to ethnicity and social issues. Since not enough attention has been focused on individuals as makers of health as a service rather than customers of health care services, it is therefore seen as essential for medical students to be trained in the context of psychosocial issues that may influence health behaviour. It is particularly important that this type of approach be incorporated into the curricula of medical training. This may assist in transferring from the disease-oriented to the patient-oriented approach and ultimately lead to patients understanding more and taking greater responsibility for their own health.

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