

SELF-ASSESSMENT OF COMMUNICATION SKILLS OF HEALTHCARE PROFESSIONALS: A QUANTITATIVE STUDY

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Abstract. *Communication and social skills are becoming increasingly valuable in the 21st century. Despite increasing awareness of the importance of communication skills in modern healthcare practice, there is a lack of research that addresses this issue. The aim of this research is to assess the communication skills of healthcare professionals working in Lithuanian healthcare institutions. Respondents (n=1154) were asked to assess their own communication skills using the Interpersonal Communication Skills Inventory. The research revealed that sending clear message skills were the strongest and giving/getting feedback skills were the lowest for most of the respondents, including physicians, head nurses, nurse, nurse assistants, and other personnel. The strongest aspects were that respondents can talk to other people and others seemed to be interested and attentive when healthcare specialists were talking because in conversation they were trying to talk about things of interest to both them and the other persons. The respondents could recognize as well how others were reacting to what they were saying. However, they did not always care how other person feels about the point they try to make. Emotional interaction skills were the lowest for most of the respondents in this study. They saw a tendency to change the subject when other person's feelings enter into the discussion and it was difficult for them to think when they were angry with someone. It was summarized that talking, listening, and emotional interaction skills of the respondents are the areas that need more consistent attention, and giving / getting feedback is the skill that needs much improvement.*

Keywords: *communication skills, communication skills self-assessment, healthcare, social skills.*

Introduction

Complex communication and social skills are becoming increasingly valuable in the 21st century (Koenig, 2011). It is argued that advantages of effective communication cannot be emphasized enough (Choudhary & Gupta, 2015) and it must be noted that excellent communication is the expectation of the patients (Hobgood, Riviello, Jouriles, & Hamilton, 2002).

Communication is a two way process which has both verbal as well as nonverbal components. Concentrating more on the verbal content and ignoring the nonverbal means can make communication less effective. A seemingly straightforward communication may become quite challenging due to the complexity of the whole processes involved. This happens because the interaction between a health care professional and a patient are influenced by the feelings (emotions) and thoughts by both the parties which are at different levels surrounded by the social context and the environment where the communication takes place. On the other hand, good communication can improve patient outcome, patient and physician satisfaction (Rajashree, 2011).

Extensive research has shown that no matter how knowledgeable the healthcare professional might be if he/she is not able to open good communication channels with the patient, he/she may be of no help to the latter. Despite this known fact, effective communication with the patient has been found to be sadly lacking (Asnani, 2009).

The situation of communication in contemporary healthcare in Lithuania is still *terra incognita*. The aim of this research is to reveal the level of communication skills of Lithuanian healthcare professionals, indicate the strengths and areas of the communication skills that need improvement.

Literature review

Many researchers argue the importance for healthcare professionals to be able to clearly express themselves, use language the patient can understand, and listen to their patients (Cote & Leclere, 2000).

The research of the communication of the healthcare professionals revealed the factors of communication, those are interpersonal skills, exchange of information, honesty in the relationship, and professionalism (Pereira & Puggina, 2017). These skills include being able to solve complex problems, to think critically about tasks, to effectively communicate with people from a variety of different cultures and using a variety of different techniques, to work in collaboration with others, to adapt to rapidly changing environments and conditions for performing tasks, to effectively manage one's work, and to acquire

new skills and information on one's own (Koenig, 2011; Lum, Dowedoff, & Englander, 2016). Communication skills are not just verbal but encompass the spectrum of nonverbal communications including body language and written communication (Hobgood et al., 2002).

Good communication skills give the possibility to demonstrate the ability to respectfully, effectively, and efficiently develop a relationship with patients and their families, to demonstrate respect for diversity and cultural, ethnic, spiritual, emotional, and age-specific differences in patients and other members of the health care team, to demonstrate effective listening skills and to be able to elicit and provide information using verbal, nonverbal, written, and technological skills, to demonstrate ability to develop flexible communication strategies and be able to adjust them based on the clinical situation, to demonstrate effective participation in and leadership of the health care team, to demonstrate ability to elicit patient's motivation for seeking health care, to demonstrate ability to negotiate as well as resolve conflicts, to demonstrate ability to effectively use the feedback provided by others, etc. (Hobgood et al., 2002).

Interpersonal relationship between professionals and patients uses communication as a basic element, in order to allow the patients to understand their problems and treatment plan (Silva, 2015). The professional that demonstrates communication skills may handle the situations of dealing with patients more effectively (Pereira & Puggina, 2017). George, Rahmatinick, and Ramos (2018) found the evidence that patient-centered communication develops a holistic relationship with the patients.

The good communication skills of healthcare professionals have also been shown to relate to better patient enablement (Pawlikowska, Walker, Nowak, & Szumilo-Grzesik, 2010) and contribute to establishing trust with the patient, the family, and other members of the healthcare team (Hobgood et al., 2002). It has been revealed that patients' satisfaction is directly related to the amount of information provided to them. Patients want information and are more satisfied when they receive it. McGuire et al. found that 63–90% of physicians made no attempt to discover the patient's views and expectations, encourage questions, check understanding, categorize information, or negotiate a treatment plan (McGuire, Fairbairn, & Fletcher, 1986). Effective communication skills also increase patient satisfaction and are associated with improvement in patient compliance, health status, and symptom resolution with a positive influence on patient recall, understanding, better patient adherence, and fewer malpractice suits (Oh, Segal, Gordon, Boal, & Jotkowitz, 2001; Laidlaw, Kaufman, Macleod, Sargeant, & Langille, 2001; Alotaibi, 2018). However, the findings by Wittenberg et al. (2016) demonstrate that lack of preparation to function as a team is a barrier for nurses in communicating about goals of care. Park (2017) implied that healthcare professionals need to make sure that their communication skills are

effective when they communicate with patients, and education programs for healthcare professionals to develop the advanced communication skills would be necessary.

This review indicates that communication competencies are of exceptional importance for effective healthcare, but there are still gaps in communication knowledge and practice.

Methodology

A questionnaire-based survey was carried out with the authorization of Klaipeda University Research Ethics Committee (permission No. 46-SL-1).

Interpersonal Communication Skills Inventory (Learning Dynamics, 2002) was used for self-assessment of communication skills. This Interpersonal Communication Skills Inventory was designed to provide individuals with some insights into their communication strengths and potential areas for development. By answering each question candidly, an individual receives a profile that displays their level of competence in four key communication areas: sending clear messages, listening, giving and getting feedback, and handling emotional interactions. The inventory consists of four scales. Each section contains 10 questions. By answering seldom, sometimes or usually, the participants can get from 0 to 3 points (using the Scoring key) and collect 30 points in each scale.

The interpretation of the results is suggested:

- Scores in the 1 > 15 range indicate areas of the communication skills that need improvement,
- Scores in the 16 > 21 range indicate areas of the communication skills that need more consistent attention, and
- Scores in the 22 > 30 range indicate areas of strength or potential strength.

Reliability analysis was run and the results were good, with Cronbach's Alpha coefficient ranging from .704 to .855 for all the scales.

The questionnaires were distributed among the professionals working in healthcare institutions (primary health centers, hospitals, medical sports centers, and rehabilitation centers) in Lithuania. The data were collected in October - December 2018. 1154 questionnaires were completed by medical doctors, nurses, head nurses, assistants of the nurses, other personnel.

Data from the questionnaire were analyzed using the SPSS version 23.0. Based on the descriptive analyses and Kruskal-Wallis test the following results were found.

Research results

According to the methodology of Interpersonal Communication Skills Inventory, participants could collect 30 points in each scale. The results are shown in Table 1. According to the suggested interpretation it can be summarized that talking, listening, and emotional interaction skills of the respondents are the areas that need more consistent attention and giving/getting feedback is the skill that needs improvement. None areas of strength or potential strength were indicated.

Table 1 Self-assessment of interpersonal communication skills

Communication skills	Mean	Min	Max	SD
Sending clear message	18.59	9	27	4.47
Listening	17.82	7	28	4.39
Giving and getting feedback	15.01	7	26	3.91
Emotional interaction	16.36	5	30	5.11

n=1154

When comparing the distribution of responses from different professionals, a statistically significant difference was found in the assessment of sending clear message skills ($p=0.015$). However, there was no statistically significant difference in the competencies of medical professionals from different specializations (Figure 1).

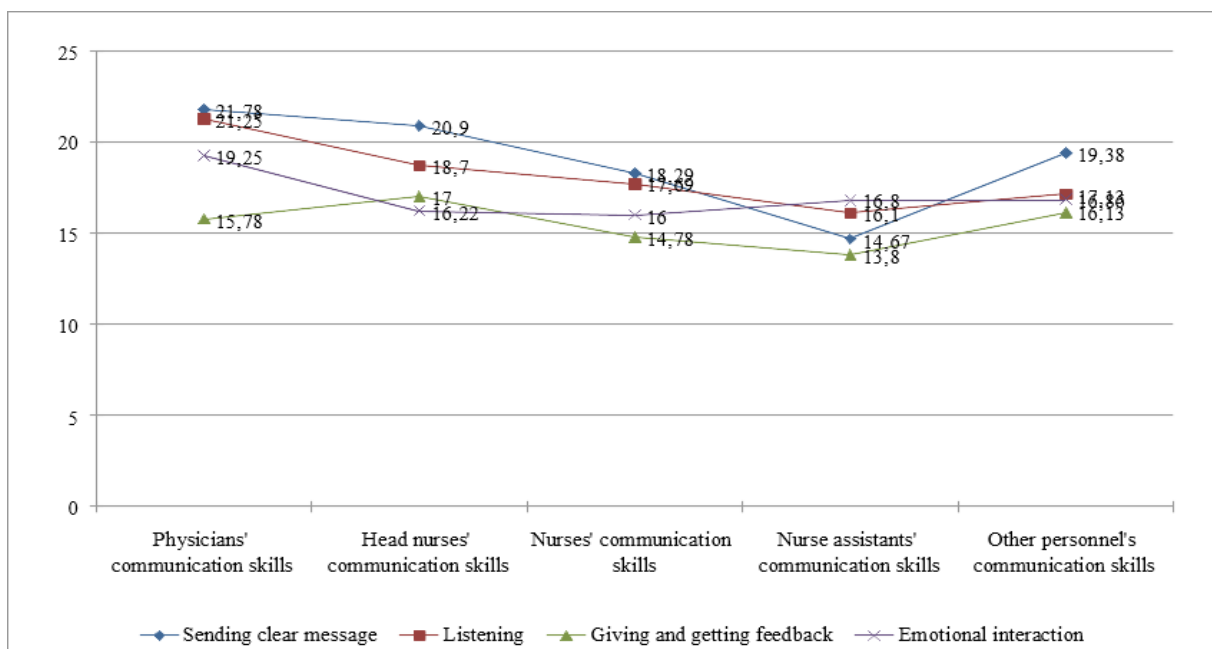


Figure 1 Self-assessment of interpersonal communication skills (means)

Communication skills of different professionals:

- **Physicians.** Sending clear message skills were the strongest and giving/getting feedback skills were the lowest.

The strongest aspects of sending clear message skills were that physicians were that physicians can talk to other people quite easily and they think that their words usually come out the way they expect (2.66), while others seemed to be interested and attentive when physicians were talking (2.55), and medical doctors can recognize how others are reacting to what they were saying (3.00), because in conversation they were trying to talk about things of interest to both them and the other persons (3.00). However, they did not always care how other person feels about the point they try to make (0.11) and did not try to foster a discussion (1.66).

Analysis of the listening skills revealed that physicians did not avoid asking questions when they did not understand what was said (2.55) and in conversation they let the other person finish talking before reacting to what was said (3.00). However, respondents agreed that in conversation they found themselves paying most attention to facts and details, and frequently missing the emotional tone of the speaker's voice (0.87).

Giving and getting feedback skills were the lowest for this group of respondents. The results showed that physicians find it difficult to disagree with others because they were afraid that others could get angry (0.77). That associates with another aspect that others seemed to get defensive with the way physicians demonstrated disagreement with their point of view (0.88).

The strongest aspects of emotional interaction skills were that physicians can apologize someone whose they may hurt (2.77) and they can admit that they were wrong. However, physicians found it difficult to continue the conversation when someone becomes upset (0.77).

- **Head nurses.** It was revealed that sending clear message skills were the strongest and emotional interaction skills were the lowest for head nurses.

The strongest aspects of sending clear message skills were explaining the things clearly and others seemed to be interested and attentive when head nurses were talking (2.6). Head nurses could recognize how others are reacting to what they were saying (2.80) and in conversation they were trying to talk about things of interest to both them and the other persons (3.00). However, they did not always care how other person feels about the point they try to make (0.10).

The strongest aspects of listening skills were that head nurses were trying to let others talk, tried avoiding interrupting and finishing the sentences for another person (2.60), and let other person finish talking before reacting to what was said (2.33). However, respondents agreed that in conversation they found themselves paying most attention to facts and details, and frequently missing the emotional tone of the speaker's voice (0.70)

Head nurses do not find it difficult to compliment or praise others (2.60) and they can talk about how they feel (2.60). However, respondents agreed that it became uneasy when someone paid them a compliment (0.70).

Emotional interaction skills were the lowest for head nurses. They saw a tendency to change the subject when other person's feelings enter into the discussion (0.60) and it was difficult for them to think when they were angry with someone (0.80). Nevertheless, head nurses were satisfied with the way they handled differences with others (2.6).

- **Nurses.** Sending clear message skills were the strongest and giving/getting feedback was the lowest for nurses.

The strongest aspects of sending clear message skills are that nurses can talk to other people quite interesting and others seemed to be interested and attentive when nurses were talking (2.36), in conversation they were trying to talk about things of interest to both them and the other persons (2.71), and can recognize how others are reacting to what they were saying (2.48). However, they did not always care how other person feels about the point they try to make (0.30).

When in the listener's role, nurses did not tend to finish sentences or supply words for the other person (2.41) and let another person finish talking before reacting to what was said (2.46).

The strong aspect of giving and getting feedback skills is the ease to compliment or praise others (2.16).

However, emotional interaction skills were low for nurses. They saw a tendency to change the subject when other person's feelings enter into the discussion (0.77), it was difficult for them to think clearly when they were angry with someone (0.97), and nurses found it difficult to continue the conversation when someone becomes upset (0.92).

- **Nurse assistants.** The skills of emotional interaction were the strongest and giving/getting feedback was the lowest for nurse assistants.

When in the listener's role, nurse assistants did not tend to finish sentences or supply words for the other person (2.00) and let another person finish talking before reacting to what was said (2.00).

Nurse assistances agreed that it was not difficult to accept constructive criticism from another person (2.00), but it was difficult to talk with someone who hurt the feelings (0.90).

Emotional interaction skills were the strongest for nurse assistants. They responded that they did not get upset when someone disagrees with them (2.20), they could discuss the problem without getting angry (2.00), apologize to someone whose feelings may be hurt (2.20), could admit when they were wrong (2.10), and overall feel satisfied with the way they handle differences with others (2.20). Even then respondents saw a tendency to change the subject when other

person's feelings enter into the discussion (0.70) and it was difficult for them to think when they were angry with someone (0.90).

- **Other personnel.** Sending clear message skills were the strongest and giving/getting feedback was the lowest for the other personnel.

The strongest aspects of sending clear message skills are that other personnel can easily talk to other people and in conversation they try to talk about things of interest to both them and the other person (3.00). Others seemed to be interested and attentive when the respondents were talking (2.5), and participants of the study could recognize how others were reacting to what they were saying (2.5). However, they do not always care how other person feels about the point they try to make and do not try to foster a discussion (0.12).

When in the listener's role, other personnel did not tend to finish sentences or supply words for the other person (2.50).

Giving and getting feedback skills were the lowest for the other personnel. Though it was easy to compliment others (2.75), but others remarked that respondents always seemed to think they were right (0.62).

Analysis of emotional interaction skills showed a tendency to change the subject when other person's feelings enter into the discussion (0.62) and difficulty to think clearly when angry with someone (0.62).

Discussion and conclusions

Summarizing the study, it can be emphasized that many of the authors notice the importance of communication competencies for effective healthcare. The aim of this research was to reveal the level of communication skills of Lithuanian healthcare professionals, indicate the strengths and areas of the communication skills that need improvement.

The research revealed that sending clear message skills were the strongest and giving/getting feedback skills were the lowest for most of the respondents, including physicians, head nurses, nurse, nurse assistants, and other personnel. The strongest aspects were that respondents can talk to other people and others seemed to be interested and attentive when healthcare specialists were talking because in conversation they were trying to talk about things of interest to both them and the other persons. The respondents could recognize as well how others were reacting to what they were saying. However, they did not always care how other person feels about the point they try to make. The study by Fong Ha and Longnecker suggests that many doctors tend to overestimate their ability in communication and not always care about the feelings of the others (2010).

Emotional interaction skills were the lowest for most of the respondents in this study. They saw a tendency to change the subject when other person's feelings enter into the discussion and it was difficult for them to think when they

were angry with someone. However, it is argued that good doctor-patient communication has the potential to help regulate patients' emotions (Arora, 2003).

It should be noted that senior officials, i.e. physicians and head nurses agreed that in conversation they found themselves paying most attention to facts and details, and frequently missing the emotional tone of the speaker's voice.

It can be summarized that talking, listening, and emotional interaction skills of the respondents are the areas that need more consistent attention and giving/getting feedback is the skill that needs much improvement.

The results of the research support the insights of the previous research and show that health care professionals are not born with excellent communication skills, as they have different innate talents. Instead they can understand the theory of good doctor-patient communication, learn and practice these skills, and be capable of modifying their communication style if there is sufficient motivation and incentive for self-awareness, self-monitoring, and training (Fong Ha, & Longnecker, 2010; Lee, Back, Block, & Stewart, 2002; Roter, Hall, & Aoki, 2002). Revealing the gaps in communication skills of the healthcare professionals suggests the objectives for the development of effective communication.

References

- Alotaibi, B. (2018). Nurses Communication Barriers in Healthcare Centers: Patients' Perspectives, *International Journal of Nursing Didactics*, 8(1), 24-34.
- Arora, N. (2003). Interacting with cancer patients: the significance of physicians' communication behavior. *Social science and medicine*, 57(5), 791-806.
- Asnani, M.R. (2009). Patient-physician communication. *West Indian Medical Journal*, 58(4), 357-361.
- Choudhary, A., & Gupta, V. (2015). Teaching communications skills to medical students: Introducing the fine art of medical practice, *International Journal of Applied and Basic Medical Research*, 5(4), 41-44.
- Cote, L., & Leclere, H. (2000). How clinical teachers perceive the doctor-patient relationship and themselves as role models, *Academic Medicine*, 75, 1117-1124.
- Fong Ha, J., & Longnecker, N. (2010). Doctor-Patient Communication: A Review, *Ochsner Journal*, 10(1), 38-43.
- George, S., Rahmatinick, S., & Ramos, J. (2018). Commit to Sit to Improve Nurse Communication, *Critical Care Nurse*, 38(2), 83-85.
- Hobgood, C.D., Riviello, R.J., Jouriles, N., & Hamilton, G. (2002). Assessment of Communication and Interpersonal Skills Competencies, *Academic Emergency Medicine*, 9, 1257-1269.
- Koenig, J.A. (2011). *Assessing 21st century skills*. Summary of a Workshop. The National Academies Press: Washington, DC.
- Laidlaw, T.S., Kaufman, D.M., Macleod, H., Sargeant, J., & Langille, D.B. (2001). Patients' satisfaction with their family physicians' communication skills: a Nova Scotia survey, *Academic Medicine*, 76, S77-S79.

- Learning Dynamics (2002). *Interpersonal Communication Skills Inventory*. Retrieved from https://wicworks.fns.usda.gov/wicworks/Sharing_Center/CT/Inventory.pdf
- Lee, S.J., Back, A.L., Block, S.D., & Stewart, S.K. (2002). Enhancing physician-patient communication. *Hematology. American Society of Hematology. Education Programme, 1*, 464-483.
- Lum, L., Dowedoff, P., & Englander, K. (2016). Internationally educated nurses' reflections on nursing communication in Canada, *International Nursing Review, 63*(3), 344-351.
- McGuire, P., Fairbairn, S., & Fletcher, C. (1986). Consultation skills of young doctors. Most young doctors are bad at giving information. *British Medical Journal, 292*, 1576-2578.
- Oh, J., Segal, R., Gordon, J., Boal, J., & Jotkowitz, A. (2001). Retention and use of patient-centered interviewing skills after intensive training, *Academic Medicine, 76*, 647-650.
- Park, S. (2017). Differences between Nurses and Patients' Perception of Nurses' Communication Skills, *Korean Journal of Adult Nursing, 29*(2), 166-176.
- Pawlikowska, T.R.B., Walker, J.J., Nowak, P.R., & Szumilo-Grzesik, W. (2010). Patient involvement in assessing consultation quality: a quantitative study of the Patient Enablement Instrument in Poland, *Health Expectations, 13*(1), 13-23.
- Pereira, T.J., & Puggina, A.C. (2017). Validation of the self-assessment of communication skills and professionalism for nurses. *Revista Brasileira de Enfermagem, 70*(3), 588-94.
- Rajashree, K.C. (2011). Training Programs in Communication Skills for Health Care Professionals and Volunteers. *Indian Journal of Palliative Care, 17*: S12-S13. Doi:10.4103/0973-1075.76232
- Roter, D.L., Hall, J.A., & Aoki, Y. (2002). Physician gender effects in medical communication: a meta-analytic review. *JAMA, 288*(6), 756-764.
- Silva, M.J.P. (2015). *Comunicação tem remédio: a comunicação nas relações interpessoais em saúde. 10th edition*. São Paulo: Loyola.
- Wittenberg, E., Ferrell, B., Goldsmith, J., Buller, H., & Neiman, T. (2016). Nurse Communication About Goals of Care, *Journal of Advanced Practitioner in Oncology, 7*, 146-154.