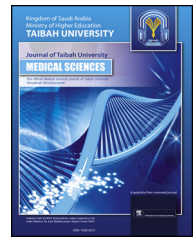




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Original Article

## Communication skills between physicians' insights and parents' perceptions in a teaching hospital in KSA

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### المخلص

**أهداف البحث:** يُعد التواصل بين الأطباء والآباء حجر الزاوية في علاقتهم للوصول إلى هدف مشترك هو صحة أفضل للطفل. يحتاج الطبيب، حتى يتمكن من توفير التواصل المناسب، أن يتعلم مهارات معينة لا تشملها مناهج كليات الطب ولا برامج تدريب مقيمي الأطفال في المملكة العربية السعودية. سبّرت هذه الدراسة انطباع الآباء تجاه أساليب تواصل الأطباء.

**طرق البحث:** جُمعت البيانات من عينة من الأطباء والآباء تم اختيارها بشكل عشوائي من أجنحة أمراض الأطفال العامة في مدينة جامعة الملك سعود الطبية بالرياض، في المملكة العربية السعودية. استخدمنا استبانة لاختبار الكفاءة المعرفية، وتم التحقق من صحة معاييرها للأطباء، ونسخة محررة ومترجمة من الاستبانة للآباء. بعد ذلك تم تحليل البيانات باستخدام أساليب إحصائية كمية ونوعية مختلفة.

**النتائج:** جُمعت البيانات من 63 طبيباً و 100 من الآباء في أجنحة الأطفال في مدينة جامعة الملك سعود الطبية. لاحظنا مستوى مرتفعاً من الثقة في مهارات التواصل بين الأطباء ذوي الخبرة، بينما أعرب الأطباء حديثو التخرج عن قلقهم بخصوص تواصلهم مع الآباء حول الأمور المتعلقة باتخاذ القرار. في حين أن الآباء قيموا مهارات الأطباء في الاستماع الفعال بأنها ضعيفة. إضافة إلى ذلك فقد قيم الآباء مهارات الأطباء في التقديم أعلى من تقييمهم الشخصي. كما أن رضى الآباء تجاه مهارات التواصل لدى الأطباء تناسبت تناسباً عكسياً مع المستوى التعليمي للآباء.

**الاستنتاجات:** تشير البيانات المتوفرة لدينا إلى فارق كبير بين انطباعات الأطباء وروى الآباء في ما يتعلق بمهارات الاتصال لدى الأطباء. تؤكد هذه النتيجة الحاجة إلى المزيد من التدريب بين الأطباء لبلوغ رضى الآباء وذلك للوصول في نهاية المطاف إلى تحسين صحة الطفل في المملكة العربية السعودية.

**الكلمات المفتاحية:** الاتصال؛ الآباء؛ الإدارك؛ الأطباء؛ المملكة العربية السعودية؛ مهارات

### Abstract

**Objectives:** Communication between physicians and parents is the cornerstone of their relationship to reach a common goal of better child health. To deliver proper communication, a physician needs to learn certain skills that are not included in the curriculum of medical schools or paediatrics residency training in KSA. This study probed the physicians' attitude towards their styles of communication based on the parents' perception.

**Methods:** The data were collected from a randomly selected sample of physicians and parents from general paediatrics wards at King Saud University Medical City (KSUMC), Riyadh, KSA. We used a validated Criteria Cognitive Aptitude Test (CAT-T) questionnaire and a translated version of the CAT-T questionnaire for the physicians and parents, respectively. The data were then analyzed using variable qualitative and quantitative statistical methods.

**Results:** The data were collected from 63 physicians and 100 parents in the pediatric wards at KSUMC. We observed an increased level of confidence in communication skills (CS) among experienced physicians, while young physicians expressed concerns regarding their communication with parents concerning decision-making. The parents rated the physicians' skill of active listening as poor. However, the parents rated the physicians' introduction as higher than their own self-rating. In addition, the parents' satisfaction with the physicians' CS was inversely related to the parents' level of education.

**Conclusion:** Our data suggests a clear discrepancy between the physicians' insights and the parents' perceptions about the CS. This finding emphasizes a need for further training among

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physicians to satisfy parents and in ultimately improving child health in the KSA.

**Keywords:** Communication; KSA; Parents; Perception; Physicians; Skills

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## Introduction

The verbal and non-verbal communication between physicians and patients is a crucial element of everyday practice.<sup>1</sup> The communication extends to include not only the patients, but, when dealing with children, their parents.<sup>2</sup> Such communication helps in building an essential partnership between the healthcare providers, the children and their families. Without adequate communication, such partnership is in jeopardy, leading to poor health outcomes and decreased patient and family satisfaction.<sup>3</sup>

In paediatrics, those skills can be even more challenging.<sup>4</sup> Beyond the sensitivity of dealing with delicate age groups, paediatricians have to tailor their communication according to each child's and parents' needs.<sup>5</sup> Additionally, paediatricians address a wide spectrum of children in different developmental age groups that require variable communication styles.<sup>6</sup>

Communication skills are not well taught as part of the curriculum at medical schools or residency programs, especially in the Middle East.<sup>7,8</sup> Physicians, therefore, at different levels of their career might lack proper communication skills.<sup>9</sup> While some practicing paediatricians have received further communication training in the postgraduate period, others have expressed contentment about their level of communication.<sup>6</sup>

The patients' and parents' views, attitudes and prospective differ from the physicians' insight on their communication skills.<sup>10</sup> This study confronted the physicians' insights towards their styles of communication from the parents' perspective. We hypothesize that physicians in KSA, regardless of their level of training, overestimate their communication skills and assume certain aspects of what should be considered as a routine communication as impractical. The hypothesis extends to explore which domains of communication skills physicians lack, corresponding to their gender and level of training.

To assess communication, a widely used and validated Communication Assessment Tool-Team (CAT-T) was employed. It has been tested in 39 countries, including KSA.<sup>10,11</sup> A translated Arabic version of this validated tool was published and used in the pediatric settings.<sup>3</sup>

This study attempts to compare physicians' insights and parents' perceptions towards communication skills (CS) in general pediatric settings in KSA. Such a comparison might shed light on a deficiency in the CS from the perspectives of both parties. Additionally, it explores which components of CS are valued by both.

## Materials and Methods

This study took place at the King Saud University Medical City (KSUMC) over a period of six months, including a pilot period (June to December 2015). The KSUMC is a leading tertiary teaching hospital in Riyadh, KSA. The data were collected from a proportionate number ( $n = 100$ ) of physicians and primary caregivers of children in stable condition in the pediatric wards. Prior to being surveyed, parents were given a minimum of 24 h after admission to the ward to allow time for communication to occur with their treating general pediatric medical team.

### Parents' data

A published Arabic version of the CAT-T questionnaire was employed for our Arabic-speaking patients/parents.<sup>3</sup> Inclusion criteria included all children admitted to general paediatrics, regardless of their ages, those who have no chronic illnesses that require follow-up and their primary caregivers have no barriers to fully communicating with their medical teams. Exclusion criteria included a short stay (i.e., less than 24 h), children in follow-up with pediatric subspecialties for chronic diseases and an inability to give an informed consent.

### Physicians' data

Physicians data was collected using the validated English CAT-T questionnaire was adopted for physicians.<sup>12</sup> The physicians' questionnaire was retained in English to avoid any translation bias and maintain its validity. Physicians at different levels of training were requested to complete a self-rating questionnaire, with consideration of their age and gender, in a period and setting similar to the parents' data. The main inclusion criteria were to be a practicing physician in inpatient general paediatrics and to consent to answering the CAT-T questionnaire completely. Based on KSUMC practice, each intern cares for 4 patients, while each resident cares for 5 patients and each consultant usually interacts with 10 patients.

An informed consent was sought from each of the respondent physicians and parents/patients to answer the questionnaire completely and the study has an IRB approval.

### Statistical analysis

The raw data were transferred into an Excel spreadsheet and analyzed utilizing the commercial software SPSS, version 20. Furthermore, categorical data were described utilizing percentages, means and medians when necessary for continuous variables that were obtained via summative analysis.

Principal Component Analysis (PCA) and Exploratory Factor Analysis (EFA), with the correlation matrix as an input, were used to identify interdependencies of the items of the CAT-T and existing constructs that may be revealed by the responses from parents and physicians. Furthermore, non-parametric Kruskal-Wallis and Mann-Whitney U tests were used due to the unknown distribution of the outcomes and sample size. They were employed to test the differences of median ranks of specific demographic factors. Additionally,

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