**Physicians between Technical and Interpersonal Skills**

**Ihab B Abdalrahman1, Yasir Abdalgadir2, Shaima N Elgenaid3\***

1Faculty of Medicine, University of Khartoum, consultant of acute care medicine, Soba university hospital

2Teaching assistant, Faculty of Medicine, University of Khartoum

3Clinical instructor, Department of Internal Medicine, Faculty of medicine, University of Khartoum

\*Corresponding author: Email: [shema2690@gmail.com](mailto:shema2690@gmail.com)

**Abstract**

**Introduction:** Medical knowledge and skills provide the technical components for medical providers. Patients want their physician to demonstrate interpersonal skills such as confidence, empathy, humanism and respect. We conducted this survey to discover community in low resources area, perception of the important character of their medical providers.

**Methodology:** This is a descriptive cross sectional community based study, conducted in Khartoum state, Sudan from January to May 2014. The study population was adults 20 years and above from both sexes. We surveyed 384 participants; only 280 of them returned their questionnaires. Participants were asked to list 3 characters they admired and three characters they do not like in their healthcare providers.

**Results:** The mean age of participants was 38.4 years. The participants recorded ‘experience’ as the most frequent attribute they would like to see in their doctors. When we grouped the reported character by domain moral characters became the most important character admired by the participants. When we merged the responses by the themes whether reported positively or negatively, we noted 318 of the responses were related to communication (35.9%) and dominated the list. Moral character scored 28% and it was second to communication skills. Looking deeply at communication, we found that 90 responses were about truthful communication. Truthfulness is a quality added to communication skills, which is a moral character. If we add these responses to the theme of moral values then this theme dominated all others.

**Conclusion:** Though technical skills are pre-requisite to qualify as a healthcare provider, interpersonal skills (non-technical skills) dominated the participants' perceptions. Moral values are the most crucial characters. These values shape the quality of communication and professional behavior.

Keywords: communication skills, Doctor patient relationship, Moral values, Non-technical skills, Behavior, Experience.

**Introduction:**

Medical knowledge and skills provide the technical components for medical providers. This is the science that enables us to understand, diagnose and manage illnesses and conditions. The art of medicine is reflected on the wise use of this technical competency within the context of healthcare setting and patients' preferences. This art is decoded by delivering the right care for the right patient at the right time within the right context. This art is the interpersonal skills in the process of doctor patient interaction. This requires a medical professional who is characterized by up-to-date, ethical, and resource efficient clinical practice. It demands effective communication in partnership with patients, other health care providers and the community (1). Professionalism demands placing the interests of patients above those of the physician, setting and maintaining standards of competence integrity, and providing expert advice to society on matters of health (2). Researchers at Mayo clinic reported patients’ views about the ideal physician were reflected in 7 ideal behavioral themes. The ideal physician is confident, empathetic, humane, personal, forthright, respectful, and thorough (3). Patients want more than the technical skills they want their doctor to listen longer and allow them to express themselves in their own words (4). They want doctors who care about the outcome—the patient’s personal outcome, not just the clinical course (4).

Doctor patient interaction experienced significant shift in the last 50 years. Paternalism has been one of the traditional characteristics of the therapeutic relationship in medicine (5). Currently ethical practice moved from pure paternalism to autonomy and shared decision making (6). We have to consider our patients as a partners and practice should be patient centered. Dealing with such an important customers and strategic partners requires more understanding of their perspectives. Though this question was answered in many studies, we would like to affirm it validity transculturally. In order to achieve this goal we conducted this study in Khartoum state, Sudan to discover participants' perception in low resource African community by asking about what they considered as good or bad characters in their healthcare providers.

**Methodology**

This is a descriptive cross sectional community based study. It was conducted in Khartoum state, the capital of Sudan. Khartoum state is divided geographically into three cities; Khartoum, Omdurman and Khartoum North. We selected one neighborhood from each city; these are Almamora from Khartoum, Shumbat from Khartoum north and Alwaha from Omdurman. The study population was adults 20 years and above from both sexes. The study was conducted from January to May 2014. The sample size was calculated by the following formula:

n = = (1.96)2 (0.5) (0.5)/ (0.05)2=384

Where; z = Confidence level, p = the prevalence, d = desired margin of error.

After selecting the neighborhood, then one block from each area was selected randomly. Then the 384 subjects were divided between the three selected neighborhoods according to the population density in each area. Omdurman area has the highest density with a population of 2,390,109 (47.2%), Khartoum was second with a population of 1,486,776 (29.2%) and Khartoum North was last with a population of 1,197,436 (23.6%).

Accordingly we selected 181, 112, and 91 from Omdurman, Khartoum, and Khartoum North respectively. Unfortunately convenience sampling was used in Omdurman and Khartoum north because the maps of these neighborhoods were not accessible.

Data was collected by pre-tested and pre-coded questionnaires containing demographic information: residence area, age and gender. The participants were asked to list the most important characters of their healthcare providers. They were supposed to list 3 of the characters they admired and three of the characters, they do not like. Data was analyzed by (SPSS) statistical software system.v.19. A chi-square test was used to examine significance. A p-value of 0.05 or less was considered significant.

Participants enrolled in this study were all briefed about the purpose of the study. Verbal Consent was taken from all participants before collecting data. All participants were volunteers and none of them received financial incentives. For the illiterate participants, the investigator read the questionnaire to them. Data handling was Confidential. Study was approved by Soba Center for Audit and Research.

**Results**

In this study 384 adults were surveyed by questionnaires, only 280 (72.9 %) of them returned their responses. The respondents were from Omdurman (98), Khartoum (94) and Khartoum north (88). Males and females were 121 (43.21%) and 159 (56.78%) respectively. The age of the participants ranged from 20 - 86 years with a mean of 38.4 years and about 70% of the participants were younger than 40 years. Fifty five percent of the study population was university graduates and 8% were illiterate.

Participants' responses were grouped in table 1 and 2 for admired and negative characters respectively. The participants recorded ‘experience’ as the most frequent character they would like to see in their medical provider. When we grouped the reported characters by domains moral characters and values became the most important attribute admired by the participants as shown in (table1). More than half of participants (56.5%) did not like bad communication while one quarter did not like bad behavior as shown in (table 2).

When we merged (table 1 & 2) by the themes or the domain whether reported positively or negatively we noted that 212 of the participants did not like bad communication and 106 reflected positively about good and truthful communication. The overall importance of communication as a domain represented 35.9% and dominates the list. This is followed by moral character, experience and behavior as in (table3).

Table (1): Admired attributes reported by participants and its domain.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Good attributes | Number | % | Domain | Total number & % |
| Experience | 139 | 27.2% | Unclassified | 139 (27.2%) |
| Truthful communication | 90 | 17.6% | Communications | 106 (20.7%) |
| Listen to the patient | 16 | 3.1% |
| Respect patient | 85 | 16.6% | Moral characters values | 248 (48.4%) |
| Respect time | 80 | 15.6% |
| Honest | 60 | 11.7% |
| Humble | 23 | 4.5% |
| Good manner | 18 | 3.5% | Behavior | 18 (3.5%) |
| Total responses | 511 |  |  |  |

Table (2): Negatively reported characters and its domain.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bad attributes | Number | % | Domain |  |
| Unclear communication | 212 | 56.5% | Communication | 56.5% |
| Inexperience | 43 | 11.5% | Unclassified | 11.5% |
| Bad behavior | 97 | 25.9% | Behavior | 32.0% |
| Untidiness | 23 | 6.1% |
| Total | 375 |  |  |  |

Table (3): Grouping of attributes according to the domain

|  |  |  |  |
| --- | --- | --- | --- |
| Domain | Reported positively | Reported negatively | Total |
| Communication | 106 | 212 | 318  (35.9%) |
| Moral characters & Values | 248 | 000 | 248  (28%) |
| Experience | 139 | 43 | 182  (20.5%) |
| Behavior | 18 | 120 | 138  (15.6%) |
| Total responses | 511 | 375 | 886 |

**Discussion**

Our patients judge our ability to communicate and deliver information. Our moral values will be reflected in our performance by showing interest, compassion empathy, concern and by implementing the ethical principles. In this survey, physician’s technical competence was never mentioned directly by the participants. This might reflected that this component is a prerequisite for practice. Dealing with patients is a very complex process requiring both technical and interpersonal skills (non-technical skills). *Epstein* define professional competence as the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served(7). The importance of interpersonal skills was emphasized in this report from a low resource country. Based on the responses of our participants, *Epstien* definition is valid transculturally.

Communication is a very important component in patient-doctor interaction. In our survey communication got the highest score and reported by 35.9% of the participants. Interestingly one third of the participants referred to communication in a positive way and two third in a negative way. We wonder if reporting this character in a negative fashion was a reflection of lack of satisfaction. Frankel and Beckman reported that physicians interrupt patients an average of 18 seconds into the patient's description of the presenting problem(8). *Stewart* reported that 54% of patient problems and 45% of patient concerns are neither elicited by the physician nor disclosed by the patient (9). A systematic review of randomized clinical trials and analytic studies of physician–patient communication confirmed a positive influence of quality communication on health outcomes (10). Good communication has a positive effect on patient outcomes and coping with pain, recovery from symptoms, anxiety, functional status and physiologic measures of blood pressure and blood sugar. There is strong evidence that communication affects patient adherence and co-operation with management plans (11). In this survey our participants are interested in good communication.

Experienced provider was reported by 20.5% of the participants. Experience is defined as knowledge or practical wisdom gained from what one has observed, encountered, or undergone (13). In this context, knowledge and skills can be considered as the technical components. Practical wisdom reflects the interpersonal skills developed from different characters. In business the term expert is defined as a [professional](http://www.businessdictionary.com/definition/professional.html) who has [acquired knowledge](http://www.businessdictionary.com/definition/acquired-knowledge.html) and [skills](http://www.businessdictionary.com/definition/skill.html) through [study](http://www.businessdictionary.com/definition/study.html) and [practice](http://www.businessdictionary.com/definition/practice.html) over the years, in a particular [field](http://www.businessdictionary.com/definition/field.html) or subject, to the extent that his or her [opinion](http://www.businessdictionary.com/definition/opinion.html) may be helpful in [fact finding](http://www.businessdictionary.com/definition/fact-finding.html), [problem solving](http://www.businessdictionary.com/definition/problem-solving.html), or understanding of a situation (14). In CANMEDs the term expert is defined as a physician who possess a defined body of knowledge, clinical skills, procedural skills and professional attitudes, which are directed to effective patient-centered care (15). The Role of Medical Expert is central to the function of physicians and draws on all the competencies. Experience reflects the combination of perceived competence and credibility acquired overtime. It is important for young providers to know the important effect of all characters over time in shaping their interpersonal skills. The practical wisdom and the interpersonal skills might influence the way medical service is delivered and perceived. It is intuitive to view expert as someone with technical skills cultivating around ethical principles, painted with effective communication skills and flavored by professional attitude and behavior.

In this survey, when we grouped the responses, moral values scored 28% and it was second to communication skills. If we look critically at the responses regarding communication, we found that 90 responses were about the truthful communication. Truthfulness is a quality added to the communication skills, which is a moral character. Trustfulness as moral character is an essential part of ethical communication. The integrity of communication depend on the fact of dynamic interplay between communicators which itself based on honesty and trustfulness. Furthermore, accurate information is necessary for human decision making and thus it is considered as foundation for ethical communication (12). If we add these responses (truthfulness) to the theme of moral value then this theme will dominate. *Joffe et al* reported that conﬁdence and trust in providers and treatment with dignity and respect strongly inﬂuenced patients’ evaluation of healthcare providers. He noted strong positive relationship between experiences of respect and overall evaluations of the hospital providers (16). Respectful providers are likely to be perceived as trustworthy. *Beckman et al* noted that disrespect, as demeaning patient or family views, failing to understand their perspectives, and desertion, were common features of malpractice suits (17). *Beauchamp* claimed that, the common morality is “applicable to all persons in all places, and all human conduct is rightly judged by its standards. He claims that virtually all people in all cultures grow up with an understanding of the basic demands that morality makes upon everyone (18). Clinical medicine aims to relieve patients’ suffering and improve their health, so every medical action has a moral dimension (19)

Professional behavior as a theme was reported by 15% of participants. Behavior is shaped by moral values. Moral characters and moral values represent state of mind, emotion and belief admitted by individuals and society. These values are reflected in our ideas, behavior and actions (20, 21).

**Conclusion**

Though technical skills are pre-requisite to qualify as healthcare providers, interpersonal skills dominated the perceptions in doctor patient relationship. Moral values are the most crucial characters. These values shape the quality of communication and professional behavior. Experienced providers are admired by their patients. Experience can be viewed as accumulation of technical and interpersonal skills. It might reflect the wisdom and art of medicine gained over time.

Limitations:-

Methodologically the sampling was a convenience (non-probability) because of lack of the maps of these neighborhoods.

**References:**

1. Frank JR. The CanMEDS 2005 physician competency framework. <http://rcpsc> medical org/canmeds/CanMEDS2005/CanMEDS2005\_e pdf. 2005.
2. Koizumi S. Medical professionalism in the new millennium: a physician charter. General Medicine. 2005;6(1):33-6.
3. Bendapudi NM, Berry LL, Frey KA, Parish JT, Rayburn WL, editors. Patients' perspectives on ideal physician behaviors. Mayo Clinic Proceedings; 2006: Elsevier.
4. Loxterkamp D. What do you expect from a doctor? Six habits for healthier patient encounters. The Annals of Family Medicine. 2013;11(6):574-6.
5. Komrad MS. A defence of medical paternalism: maximising patients' autonomy. Journal of medical ethics. 1983;9(1):38-44.
6. Murgic L, Hébert PC, Sovic S, Pavlekovic G. Paternalism and autonomy: views of patients and providers in a transitional (post-communist) country. BMC medical ethics. 2015;16(1):65.
7. Epstein RM, Hundert EM. Defining and assessing professional competence. Jama. 2002;287(2):226-35.
8. Frankel R, Beckman H. Evaluating the patient's primary problem (s). I: Stewart M, Roter D, eds. Communicating with medical patients. London: Sage; 1989.
9. Stewart MA, McWhinney IR, Buck CW. The doctor/patient relationship and its effect upon outcome. JR Coll Gen Pract. 1979;29(199):77-82.
10. Teutsch C. Patient–doctor communication. Medical Clinics of North America. 2003;87(5):1115-45.
11. Stewart M, Brown JB, Boon H, Galajda J, Meredith L, Sangster M. Evidence on patient-doctor communication. Cancer. 1999;25(1999):30.
12. Truthfulness and Use of Accurate and Reliable Facts as a Foundation of Ethical Communication- 2017 [Internet] [cited 2018 November 23]. Available from <https://www.natcom.org/sites/default/files/pages/2017_NEW_Truthfulness_and_Use_of_Accurate_and_Reliable_Facts_as_a_Foundation_of_Ethical_Communication.pdf>
13. Experience - definition of experience by The Free Dictionary [Internet] [cited 2018 June 1]. Available from: https://[www.thefreedictionary.com/experience](http://www.thefreedictionary.com/experience).
14. What is expert? definition and meaning - BusinessDictionary.com [Internet] [cited 2018 June 1]. Available from: <http://www.businessdictionary.com/definition/expert.html>.
15. McMaster University Department of Medicine ; Adult Gastroenterology Training Program; CANMEDs Medical Expert [Internet] [cited 2018 June 1]. Available from: <http://fhs.mcmaster.ca/medicine/gastro/residency/goals_CANMEDs-expert.htm>.
16. Joffe S, Manocchia M, Weeks J, Cleary P. What do patients value in their hospital care? An empirical perspective on autonomy centred bioethics. Journal of medical ethics. 2003;29(2):103-8.
17. Beckman HB, Markakis KM, Suchman AL, Frankel RM. The doctor-patient relationship and malpractice: lessons from plaintiff depositions. Archives of internal medicine. 1994;154(12):1365-70.
18. Beauchamp TL. A defense of the common morality. Kennedy Institute of Ethics Journal. 2003;13(3):259-74.
19. Pellegrino ED. The internal morality of clinical medicine: a paradigm for the ethics of the helping and healing professions. The Journal of medicine and philosophy. 2001;26(6):559-79.
20. Kamra V, Singh H, Kumar De K. Factors affecting patient satisfaction: an exploratory study for quality management in the health-care sector. Total Quality Management & Business Excellence. 2016;27(9-10):1013-27.
21. Bardi A, Schwartz SH. Values and behavior: Strength and structure of relations. Personality and social psychology bulletin. 2003;29(10):1207-20.