



## Knowledge and skills essential for doctors' work – explorational study

Wiedza i umiejętności psychologiczne kluczowe pracy lekarza – badanie eksploracyjne

Justyna Bankiewicz-Nakielska<sup>\*1(A,B,C,D,E,F)</sup>, Monika Tyszkiewicz-Bandur<sup>1(A,B)</sup>, Beata Karakiewicz<sup>1(G)</sup>

<sup>1</sup>The Pomeranian Medical University, Department and Division of Public Health

A – koncepcja i przygotowanie projektu badań, B – wykonanie analiz diagnostycznych, zbieranie danych, C – analiza statystyczna, D – interpretacja danych, E – przygotowanie manuskryptu, F – opracowanie piśmiennictwa, G – pozyskanie funduszy.

Autor do korespondencji: Justyna Bankiewicz-Nakielska, ul. Łukasińskiego 36e/7, 71-215 Szczecin, tel. 602 249 492, mail: justyna.bankiewicz@gmail.com

### SUMMARY

**Background.** Psychological skills, including building relationship with patients and effective communication, are the key clinical qualifications of a doctor. The lack of these abilities often results in patient dissatisfaction. The doctors themselves perceive these skills as important and requiring better education.

**Objective.** Recognition of difficulties experienced by the doctors in contact with patients and deficient educational areas as long as psychological competencies are concerned.

**Material and methods.** The study included 36 doctors, with 1-29 year professional working experience, who are during GP specialization. The group consisted of 30 female and 6 male doctors aged 26-57. The research was explorational in its character. The authorial survey was used for collecting data. The analysis was performed by competent judges.

**Results.** Difficulties experienced by the doctors during interaction with patients come down to:

- working with demanding and aggressive patient, establishing boundaries, motivating for treatment

Educational areas needing exploration and practice:

- assertiveness, communication with patients, support and motivating patients, work with psychosomatic patients, work with patients with personality disorder issues, separation of professional and private life.

93% of surveyed doctors consider participation in courses extending their psychological knowledge important.

**Conclusion.** Doctors experience the necessity to develop their psychological skills to improve work and relationship with patients.

Education and training areas of psychological competence in deficit concern: assertiveness, communication with the sick, handling different types of patients.

It is of extreme importance to lay emphasis on development of proper psychological skills when training prospective doctors.

**Key words:** assertiveness, communications, physicians, education

### STRESZCZENIE

**Wstęp.** Umiejętności psychologiczne, w tym budowanie relacji z chorym i skuteczna komunikacja, stanowią podstawę klinicznych kwalifikacji lekarza. Ich brak jest często podstawą niezadowolenia pacjentów. Przez lekarzy rozpoznawane są jako ważne i wymagające lepszego przygotowania podczas edukacji zawodowej.

**Cel Pracy.** Celem pracy było rozpoznanie trudności, jakich w kontakcie z pacjentem doświadczają lekarze oraz obszarów deficytowych w przygotowaniu zawodowym w zakresie kompetencji psychologicznych.

**Material i metody.** Badaniem objęto 36 lekarzy z doświadczeniem zawodowym w przedziale od 1 do 29 lat, będących w trakcie kursu specjalizacyjnego z medycyny rodzinnej. Grupa składała się z 30 kobiet i 6 mężczyzn, w wieku 26- 57 lat. Badanie miało charakter eksploracyjny. Do zbierania danych wykorzystano autorski kwestionariusz. Analizowali je sędziowie kompetentni.

**Wyniki.** Na podstawie analizy danych jakościowych rozpoznano trudności, jakich w kontakcie z pacjentem doświadczają lekarze:

- praca z pacjentem roszczeniowym i agresywnym, stawianie granic, motywowanie do leczenia.

Jako obszary deficytowe w przygotowaniu zawodowym lekarzy rozpoznano wiedzę i umiejętności psychologiczne z zakresu:

- asertywności, komunikacji z chorym, wspierania i motywowania do leczenia, pracy z pacjentem psychosomatycznym czy zaburzonym osobowościowo, oddzielania życia osobistego od zawodowego.

93.% badanych widzi potrzebę udziału w kursie doszkalającym umiejętności psychologiczne (m.in: komunikację i budowanie relacji z pacjentem).

**Wnioski.** Lekarze odczuwają potrzebę rozwijania umiejętności psychologicznych przydatnych do lepszego radzenia sobie w pracy z pacjentem. Obszary najbardziej deficytowe w przygotowaniu zawodowym lekarzy w tym zakresie dotyczą:

asertywności, komunikacji z chorym, radzenia sobie w pracy z różnymi typami pacjentów, oddzielania życia zawodowego od prywatnego. Należy położyć większy nacisk na rozwój umiejętności psychologicznych w kształceniu zawodowym lekarzy.

**Słowa kluczowe:** asertywność, komunikacja, lekarze, edukacja

## BACKGROUND

During 40 years of work on average, a doctor takes from 120 000 to 160 000 medical histories, thus spending a bigger part of work time performing this task [1]. The ability to build up relationships with the patient is the basis for a doctor's clinical qualification - a tool of diagnostic data acquisition and a way to motivate the patient for treatment [2]. Research shows that carefully and attentively listening to the patient is the key to making a good diagnosis for over a half of patients and in four out of five disease cases [3]. Inability to establish good communication significantly increases the risk of diagnostic errors and performing unnecessary examinations.

Patients' dissatisfaction in terms of contact with the treatment provider is mainly related to quality of communication with doctors, especially in the area of listening, communicating information, answering questions, providing explanations, as well as reacting to the patient's emotions and uncertainty.

On the other hand, relationship with the patient is a source of serious stress for a doctor, especially when the patient does not show trust, demands a lot of time to be spent with them, does not follow recommendations and does not cooperate. Moreover, sources of everyday professional tension include attempts at manipulating the doctor by the patient, conflict with the patient or their family, the patient's specific personality traits or a feeling of failure in dealing with the patient.

In order to protect themselves from stress or tension, doctors not equipped with proper psychological tools in contact with the patient often avoid difficult or especially emotional subjects, or try to maintain a „professional distance”, which makes them appear indifferent. It might initiate a vicious circle, with patients escalating certain behaviours or emotional reactions in order to induce more commitment from the doctor. And the doctors, to protect themselves from patients' demanding attitude or excessive emotionality, make communication even more directive and distanced. It therefore leads to a certain paradox.

The described situation poses a challenge in terms of building interpersonal skills in future doctors, so that they are properly prepared for the challenges of professional work. The condition of properly planning out an educational process is, among others, recognizing what difficulties are identified by doctors in their everyday work, and then implementing a strategy to deal with them into the curricula carried out throughout medical studies.

The aim of the presented study was to recognize the most important difficulties faced by doctors in their everyday relations with patients, and the skills necessary to deal with them, in the opinion of the respondents themselves.

## MATERIAL AND METHODS

The study was undertaken in 2013 and was exploratory in nature.

Its objective was to recognize difficulties faced by doctors in contacts with their patients, and deficit areas in professional preparation in terms of psychological competence.

The study used a nonprobability sampling procedure [4,5] according to the criterion of occupation, i.e.: a doctor in specialization: general practice. The group consisted of 36 doctors (30 women, 6 men) aged between 26 and 57. The years of respondents' professional experience ranged from 1 to 29. They were graduates of various medical schools. Participation in the study was voluntary, preceded by informed consent. Data was collected using the author's own survey in which the doctors provided written answers to three open-ended questions and one close-ended question.

The survey consisted of particulars and questions concerning:

- the most difficult situations in contacts with patients, psychological knowledge and skills the respondents would like to acquire in order to perform better in their professional work,
- the „patient type” that proves most troublesome, willingness to participate in training related to building relationships with patients and dealing with difficult situations in a doctor's work,

In order to analyse and interpret the acquired data, the doctors' written statements were assessed by expert judges. The group of expert judges included three psychologists aged 32 - 40, with professional experience ranging from 5 to 10 years, pre-trained in qualitative data analysis and interpretation.

The procedure of survey data analysis entailed the expert judges studying the respondents' answers, categorizing them into thematic groups, and then assigning individual responses to proper categories. That way, data derived from the statements was thematically ordered, as well as operationalized into numerical data, allowing for visualization of the studied phenomenon's proportions.

## RESULTS

1. What situations, in contacts with patients, are the most difficult to you?

Figure 1 presents the percentage of individual answers in the surveyed group. The respondents deem the most difficult parts of contacts with patients to be the patients' aggression, setting boundaries, refusing the patients (e.g. giving referrals, prescriptions), negotiating and motivating for treatment, as well as their own helplessness.

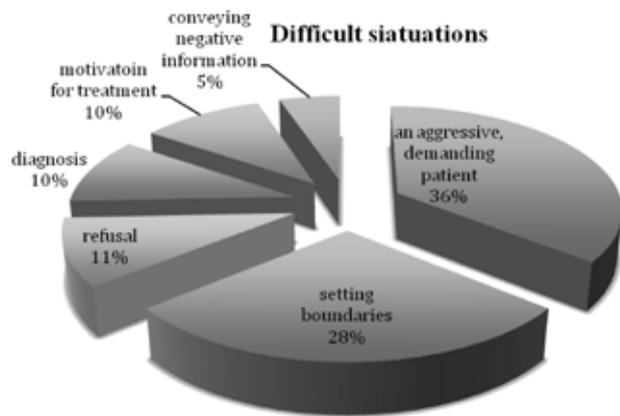


Figure 1. The most difficult situations in contact with the patient.

2. What psychological knowledge and skills would you like to acquire in order to perform better in your professional work?

Figure 2 presents the percentage of answers in the surveyed group. In the area of psychological competence, the respondents would like to develop their own assertiveness, ability to communicate with the patient, build relationships, provide a feeling of support, separate their private and professional lives.



Figure 2. Psychological knowledge and skills you would like to acquire.

3. What type of patient is the most difficult to work with?

Figure 3 presents the percentage of answers for the question related to the patient type the respondents find most difficult to work with. In the respondents' opinion, the most difficult patient to therapeutically work with is a demanding (aggressive, claiming) patient and one presenting themselves as a „victim” (victimized, helpless etc. in their own opinion). They also find it difficult to work with resisting patients, ones manifesting psychosomatic disorders and personality disorders.

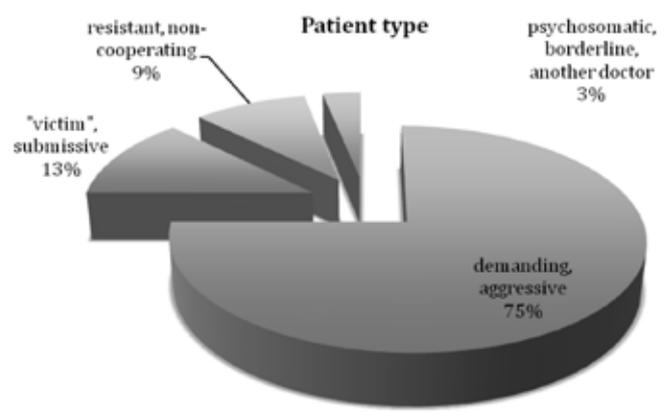


Figure 3. The type of patient you find the most difficult to work with.

4. Would you like to take part in psychological training developing the skills needed to build contact with the patient and deal with difficult situations in a doctor-patient relationship?

Figure 4 presents the percentage of answers in the surveyed group. Almost everyone (34 out of 35 answers provided) would like to take part in training developing psychological competence (1 respondent claimed that „psychology is in one's genes”).



Figure 4. Willingness to take part in psychological training.

To summarize, there is an evident need among the surveyed doctors to receive support in the area of psychological competence, resulting from, among others, inadequate education in terms of these skills during professional training. There is a particular deficit of assertiveness.

Accordingly, it is worth considering implementation of changes into the training program of medical students and graduates, among others in the art of assertiveness, communication, motivation and negotiation with the patient.

## DISCUSSION

Most doctors' worktime consists of communication with the patient. Talking, listening, reacting to emotions, establishing boundaries are of key importance for the efficiency of their actions. Source literature indicates that the way doctors address their patients, how they understand them, react to their emotions determines the degree of patients' satisfaction with medical care.

Unskilful building of the relationship between the doctor and the patient results in many significant consequences, causing stress and decreased work satisfaction on the part of the doctor, as well as worse treatment results and low satisfaction with contact with the treatment provider on the part of the patient.

Patient dissatisfaction significantly reduces motivation to adhere to recommended therapy, raises doubts concerning the doctor's competence, extends recovery time and increases the number of lawsuits against doctors [3]. The experience of being sued by the patient contributes to development of risky behaviours exhibited by the doctor in their future contacts with patients. Surveying over 800 doctors specializing in areas of medicine burdened by a high risk of lawsuits (such as surgery, emergency medicine, neurosurgery, gynaecology, orthopaedics and cardiology) indicated that almost all of those previously sued (93%) mentioned a negative impact of the experience on their professional practice, caused by fear of further lawsuits. The surveyors concluded that such experiences can lead to perceiving every patient as a potential „plaintiff”, especially ones who are demanding, emotional or unpredictable. They also pointed out that the pressure of legal responsibility decreased work satisfaction of the doctors and had an impact on the quality of their relationships with the patients. Over three quarters of the surveyed specialists claimed that every patient can potentially sue them [6].

Doctors, ill-equipped with psychological skills, often feel alone in everyday difficulties they face in their professional work. They often do not know how to deal with emotions the patients „bring” into the relationship, especially in the form of demands or aggression, as well as their own helplessness in the face of some diseases and patients' reactions. Such a situation fosters professional burnout, depression and addictions, often diagnosed among the representatives of medical professions [7].

In view of the above, the ability to efficiently communicate with the patient and development of psychological skills should be the foundation of a doctor's professional education [8]. There is a range of evidence showing that psychological skills can be effectively trained and developed, and first positive effects are noticeable as soon as a few hours into training [6]. Already in the 1990's of the 20th century, medical schools in Great Britain introduced communication with the patient as a separate

subject in the curriculum (prior to that, these skills were taught as part of other subjects and were not evaluated). Research undertaken in 1993 indicated that only one medical school in Great Britain did not conduct a separate course in contacts with patients [8]. In Poland, medical students have no opportunity to learn these skills within a separate course, and psychological classes take up only 30 hours out of 5700 spent on educating future doctors [7].

In the face of literature-derived data concerning the impact of skills allowing to build relationships with the patient on diagnostic data acquisition and the accuracy of diagnoses, reduction of patients' resistance to medical recommendations, increased trust for the doctor and acceptance of the disease, improved patients' opinion of the doctors' performance, lower number of lawsuits and increased sense of competence in the doctors themselves and their associated mental well-being [7], greater emphasis on development of these skills during education of future doctors should be taken into account. Based on the results of the presented study, abilities related to dealing with an aggressive and demanding patient, assertive denial and setting boundaries should be considered to be of particular importance. Moreover, supporting the patient and motivating them for treatment, as well as properly conveying difficult information to them. It is also worth teaching future doctors to maintain appropriate boundaries between their private and professional lives.

However, in order for that to take place, proper opportunities for doctors and medicine students to acquire these abilities should be put in place, as well as to consolidate new competences.

## CONCLUSION

Analysis of the conclusions derived from the study showed that doctors feel the need to develop psychological skills useful for better dealing with patients at work:

- Doctors deem contacts with a demanding and aggressive patient, establishing boundaries and motivating for treatment to be the most difficult parts of their job.
- The respondents would like to train their assertiveness, communication with patients and ability to provide support.
- Doctors feel the need to develop the ability to maintain boundaries between their private and professional lives.
- In the respondents' opinion, an important part of their medical practice is knowledge related to strategy of working with patients who are aggressive, passive, putting excessive responsibility on the doctor (the „victim” type), resisting and ones who manifest psychosomatic disorders or personality disorders.
- 97% of surveyed doctors see the need to take part in training expanding their psychological skills and supporting building relations with the patient.

Accordingly, more emphasis on development of

psychological skills should be put in professional education of doctors.

## BIBLIOGRAPHY

1. Cole S., Bird J.: The Medical Interview. The three function approach. Second Edition St. Louis: Mosby; 2000.
2. Tyszkiewicz-Bandur M., Bankiewicz – Nakielska J., Zarek A.: Funkcje wywiadu medycznego a przestrzeganie zaleceń terapeutycznych-perspektywa psychologiczna (artykuł przyjęty do druku w: Daśal M., Płonka-Syroka B., Wójcik W., red.: Doradztwo - poradnictwo - wsparcie, Warszawa: Wydaw. DIG; 2016.)
3. Gordon T.: Pacjent jako partner. Wyd. 1. Warszawa: Instytut Wydawniczy Pax; 1999.
4. Brzeziński J.: Metodologia badań psychologicznych. Wyd. 1. Warszawa: Wydaw. Naukowe PWN SA; 2004.
5. Strelau J.D., red.: Psychologia. Podręcznik akademicki. Tom 1. Wyd 1. Gdańsk: Gdańskie Wydawnictwo Psychologiczne; 2008.
6. Roter D.: The Patient-Physician Relationship and its Implications for Malpractice Litigation, 9 J. *Health Care L. & Pol'y* 304, 2006; [przełądany: 14.01.2015] dostępny w: <http://digitalcommons.law.umaryland.edu/jhclp/vol9/iss2/7> (52).
7. Bankiewicz-Nakielska J.: Znaczenie kompetencji psychologicznych w pracy lekarza a ich rozwój w procesie przygotowania do zawodu. Szczecin: Katedra i Zakład Zdrowia Publicznego Pomorskiego Uniwersytetu Medycznego w Szczecinie. 2015 (niepublikowana praca doktorska)
8. Mayerscough P.R., Ford M.: Jak rozmawiać z pacjentem. Gdańsk: Gdańskie Wydawnictwo Psychologiczne; 2001.