Knowledge, Practices, and Barriers of Communication Skills among a Group of Primary Health-care Physicians in Baghdad 2023

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Abstract

Background: Communication skills are essential for health professionals to achieve a positive relationship with patients, improving their health and quality of life. Communication is the foundation for obtaining medical history and conveying a diagnosis and treatment plan. **Objectives:** To assess the knowledge, practice of communication skills among primary care physicians, to find out any barriers related to the communication skills, and the association between the studied variables with knowledge and practice of communication skills. **Methodology:** A cross-sectional study with analytic component conducted in 40 Primary Health Care Centers in Baghdad, with data collection during a period of 4 months from March 1, 2023 to June 30, 2023. Data had been collected in a questionnaire by direct interview with the participants done by the researcher and including three parts: (participants' sociodemographic characteristics, knowledge, practice toward communication skills, and the barriers to successful communication). **Results:** The total number of the participants was 126. The level of knowledge of the participants about physician-patient communication skills was fair in 74 (58.7%) of them, poor in 35 (27.8%). The highest prevalence of poor level of knowledge was seen in participants with specialties other than family medicine and in those with more than 20 years of experience. Level of practice of the participants toward physician-patient communication skills was good in 63 (50%) of them and 63 (50%) had moderate level of practice. The highest prevalence of moderate level of practice was seen in elderly age participants. The most common barrier as mentioned by the participants was time limitation. **Conclusion:** The majority of primary health-care physicians in this study have fair levels of knowledge, with moderate to good level of practice about communication skills. Family physicians and those who had experience between 10 and 19 years had better knowledge about communication skills. Time limitations are perceived as the biggest hindrance to communication followed by the presentation with multiple complains.

Keywords: Communication, Iraq, knowledge, patient, physician, practice, skills

Introduction

Adequate communication skills between physician and patient are the main part of clinical functions and construction of the effective therapeutic physician-patient interpersonal relationship. It is called the heart and art of medicine.[1] Communication skills are essential for health professionals to achieve a positive relationship with patients, improving their health and quality of life. Furthermore, training in communication skills can improve performance and self-efficacy of health professionals.[2] Furthermore, the results of some studies have emphasized on the importance of the physician and patient interactive relationship and expressed that lack of communicational skills among physicians is the most important factors that leads to the negligence of patients' feelings. This has adversative effects on the ability of physicians to communicate efficiently with their patients.[3] The

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aim of any communication with the patient is for the physician to know the patient's skill and facilitate improving their well-being. Communication is the foundation for obtaining medical history and conveying a diagnosis and treatment plan. Good communication experience by the physicians has been shown to improve patient satisfaction, adherence to therapies, and to decrease the malpractice claims.[4]

Three broad types of skills need to be addressed in communication skills training: Content skills, what health-care professionals communicate; process skills, how they do it; and perceptual skills, what they are thinking and feeling.[5]

Essential elements of communication skills: Medical interviews are an important manifestation of communication among health-care workers. Obtaining an accurate history is vital for diagnosis and medical management, and doing so is dependent upon effective communication; components include (nonverbal communication, verbal communication, active listening, introduction, eye contact with patient, empathy, organization, concern, awareness of unspoken issues, wait-time, and closure).[6-9] Communication barriers in healthcare: Since communication is affected by different elements, there are many barriers that can hinder communication. It is proposing that the reason of breakdown in communication in healthcare can be classified into one (or more) of the following five distinct causal barriers: Behavioral, cognitive, linguistic, environmental, and technological.[10]

Objective

The objective of this study is: To assess the knowledge, practice of communication skills among primary care physicians, to find out any barriers related to the communication skills, and the association between the studied variables with knowledge and practice of communication skills.

Methodology

This was a cross-sectional study with analytic component conducted in 40 Primary Health Care Centers (PHCCs) in Baghdad as follow:

- Al-Karkh Health Directorate: Included 20 PHCCs (10 main PHCCs and 10 family HCCs)
- Al-Russafa Health Directorate: Included 20 PHCCs (10 main PHCCs and 10 family HCCs).

The selection of centers was performed by the convenient sampling method and the data collection conducted during a period of 4 months from March 1, 2023 to June 30, 2023. The study population included the physicians who working in the selected PHCCs after being consented to participate in the study. They informed about the purpose of the study and those who agreed to participate were enrolled in the study. Physicians who refused to participate in the study were excluded. Verbal consent was obtained from each physician before collecting data and information was anonymous. Data had been collected in a questionnaire by direct interview with the participants done by the researcher. The questionnaire based on previous literature[11] and modified according to national needs which was edited, reviewed, revised, and approved by the supervisor and revision committee. Including three parts: part one: Participants' socio-demographic characteristics (age, gender, marital status, job title, years of experience, and private sector practice), part two: knowledge and practice toward communication skills; includes two domains: Domain 1: Included 16 questions that measure knowledge of the physicians towards physician-patient communication skills. The answers to questions that show how physicians can understand physician-patient communication skills were categorized into (true, false, and don't know). Correct answer was given 1 mark while no mark was given for each question that was wrongly answered or stated as "don't know." The total score may range from 0 to 16 with higher scores reflecting better knowledge. Nominal scale and response categorized as true, false, and I don't know. Results to be used in statistical calculation would be correct and incorrect as: [11]

- <60% (0–9) represented poor knowledge
- Between 60% and 80% (10–12) represented moderate knowledge
- >80% (13–16) represented good level of knowledge.

Domain 2: Included 14 questions that measure practice of the physicians toward physician-patient communication skills. The answers to questions were categorized into 5-point Likert scale (Always/often/occasionally/seldom/never). Scores were recorded from 5 to 1, respectively. The total score may range from 14 to 70 with higher scores reflecting better practice. Likert scale score was used to scoring responses in the practice part which is also known as summative scale. It is type of ordinal scale and generally used to quantify practice with the use of Bloom's theory,[11] which categorized by percentage based on summed scores as:

- <60% (14–41) represented poor practice
- Between 60% and 80% (42–56) represented moderate practice
- >80% (57–70) represented good level of practice.

Part three: the barriers to successful communication. It consists of seven opinions; the respondent will rank them according to his point of view, the 8th option left blank for the respondent if he had another opinion.

Administrative approvals were granted from the following:

1. Scientific Committee of Iraqi Board of Health Specialization
2. AL-Rusafa and Al-Karkh Health Directorates (including approval by ethics review committees) which was handed to the manager of each selected PHCC accordingly.

The data were analyzed using the Statistical Package for the Social Sciences (SPSS) software version 26 (SPSS Inc., Chicago, IL, USA). The data presented as mean, standard deviation (SD), and ranges. The categorical data were presented by frequencies and percentages. The Chi-square

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test was used to assess the association between knowledge and practice levels with certain information, while Fisher exact test was used instead when the expected frequency was < 5. A level of $P < 0.05$ was considered statistically significant.

Results

The total number of the study participants was 126. All of them were primary health-care physicians.

The distribution of the study participants by general characteristics is shown in Table 1. Study participants' age was ranging from 30 to 62 years, with a mean of 43.1 years and a SD of ± 8.25 years. The highest proportion of study participants was aged < 40 years (41.3%). Regarding gender, the number of females was higher than males (97 vs. 29), with a female-to-male ratio of 3:1. In this study, 97 (77%) of the study participants were currently married; 30.2% of them were general practitioners; 61.1% were working in family HCCs; 46.8% of them had experience for 10–19 years; and 49.2% had private sector practice.

Table 1: Distribution of study participants by the general characteristics in Baghdad 2023

General characteristics	*n*=126, *n* (%)
Age (years)	
<40	52 (41.3)
40–49	40 (31.7)
≥50	34 (27)
Gender	
Male	29 (23)
Female	97 (77)
Marital status	
Single	23 (18.3)
Married	97 (77.0)
Divorced	4 (3.2)
Widowed	2 (1.5)
Job title	
Family medicine Iraqi board	27 (21.4)
Family medicine Arab board	22 (17.5)
Family medicine practitioner	9 (7.1)
Family medicine diploma	17 (13.5)
General practitioner	38 (30.2)
Other*	13 (10.3)
PHCC	
Family HCC	77 (61.1)
Other PHCC	49 (38.9)
Years of experience	
<10	18 (14.3)
10–19	59 (46.8)
≥20	49 (38.9)
Private sector practice	
Yes	62 (49.2)
No	64 (50.8)

*Include (diploma of medicine, pediatric, master of community medicine, and board certification of community medicine). HCC: Health Care Center, PHCC: Primary HCC

The results of the participants' responses about knowledge questions showed that the highest percentage of correct responses (95.2%) was to the question that says that responding to patient's feelings/emotions include the (NURS) Name. Understand. Respond. Support approach, followed by 111 (88.1%) toward the question about briefing and summarization are essential component during any consultation process. The highest proportion of incorrect answers (63.5%) was recorded when the participants were asked about thinking in the next question is part of active listening to the patient answering a closed ended question, followed by 79 (62.7%) toward the acceptable encounter time is 20–25 min. We noticed that 51 (40.5%) of the recruited physicians were not sure that one of the aspects of communication skills is SPIKES protocol [Tables 2 and 3].

In this study, the level of knowledge of the participants about physician-patient communication skills was poor in 35 (27.8%) of them, fair in 74 (58.7%), while the remaining 17 (13.5%) had good level of knowledge [Figure 1].

The highest prevalence of poor level of knowledge was seen in participants with specialties other than family medicine (34.6%, $P = 0.021$) and in those with more than 20 years of experience (40.8%, $P = 0.032$). No statistical significant associations detected ($P \geq 0.05$) between knowledge level and other general characteristics of participants, as shown in Table 3.

We found that 75.4% of physicians were always inform the patients about the examination you are up to and take permission to conduct it, while 80 (63.5%) of them were never inform the patient about the time range available for the encounter, as shown in Table 4.

In this study, the level of practice of the participants toward physician-patient communication skills was good in 50% of them and 63 (50%) had moderate level of practice [Figure 2].

The highest prevalence of moderate level of practice was seen in elderly age participants (60%, $P = 0.04$) and participants with had Iraqi board family medicine specialty (63%, $P = 0.021$). No statistical significant associations detected ($P \geq 0.05$) between practice level and other general characteristics of participants, as shown in Table 5.

Table 6 shows the barriers to successful communication. The most common barrier as mentioned by the participants was time limitation (70.6%) followed by the presentation with multiple complains (61.9%). Some of the participants added another point of view as a barrier as:

- The limited availability of choices for medications and laboratory services that restrict explaining treatment options to the patient
- Changing of some of physicians' place of work from one PHCC to another which results in disrupting the continuity of care with the patients.

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Table 2: Distribution of participant's responses about knowledge toward physician-patient communication skills in Baghdad 2023

Knowledge questions	Responses		
	True, *n* (%)	False, *n* (%)	Don't know, *n* (%)
Structuring the interview is a task that occurs throughout the interview rather than sequentially	97 (77.0)	10 (7.9)	19 (15.1)
Open-to-closed ended questions cone approach is a process skill for exploration of the patient's problems	107 (84.9)	15 (11.9)	4 (3.2)
During the interview the listening to the patient is in judgmental way	40 (31.7)	82 (65.1)	4 (3.2)
Among the most important of all the nonverbal skills is eye contact	99 (78.6)	21 (16.7)	6 (4.8)
The static cue (appearance) is a part of nonverbal communication	96 (76.2)	21 (16.7)	9 (7.1)
The dynamic cue is a part of verbal communication	51 (40.5)	48 (38.1)	27 (21.4)
Empathy is a feeling of pity or concern from the outside of the patient's position	52 (41.3)	38 (30.2)	36 (28.6)
One of aspects of communication skills is SPIKES protocol	69 (54.8)	6 (4.8)	51 (40.5)
False hope is acceptable in breaking bad news	24 (19.0)	100 (79.4)	2 (1.6)
Briefing and summarization are essential components during any consultation process	111 (88.1)	13 (10.3)	2 (1.6)
Biomedical approach is currently considered more practical than biopsychosocial approach	29 (23.0)	82 (65.1)	15 (11.9)
The acceptable encounter time is 20–25 min	79 (62.7)	44 (34.9)	3 (2.4)
Responding to patient's feelings/emotions include the NURS	120 (95.2)	2 (1.6)	4 (3.2)
While less important, secondary data (e.g., patient thought about causation) requires more verification than primary data (e.g., symptoms)	87 (69.0)	25 (19.8)	14 (11.1)
Patients with low health literacy need more respect from the physician	95 (75.4)	24 (19.0)	7 (5.6)
Thinking in the next question is part of active listening to the patient answering a closed ended question	80 (63.5)	38 (30.2)	8 (6.3)

Red numbers represent that the correct answers to the corresponding questions is false not true

Table 3: Association between knowledge level and general characteristics of participants in Baghdad 2023

Variable	Knowledge level			Total (*n*=126), *n* (%)	*P*
	Poor (*n*=35), *n* (%)	Fair (*n*=74), *n* (%)	Good (*n*=17), *n* (%)		
Age (years)					
<40	14 (26.9)	30 (57.7)	8 (15.4)	52 (41.3)	0.243
40–49	7 (17.5)	27 (67.5)	6 (15.0)	40 (31.7)	
≥50	14 (41.2)	17 (50.0)	3 (8.8)	34 (27.0)	
Gender					
Male	10 (34.5)	17 (58.6)	2 (6.9)	29 (23.0)	0.4
Female	25 (25.8)	57 (58.8)	15 (15.5)	97 (77.0)	
Marital status					
Single	6 (26.1)	12 (52.2)	5 (21.7)	23 (18.3)	0.551
Married	28 (28.9)	57 (58.8)	12 (12.4)	97 (77.0)	
Divorced/widowed	1 (16.7)	5 (83.3)	0	6 (4.8)	
Job title					
Family physician	17 (23.0)	42 (56.8)	14 (20.3)	74 (58.7)	0.021*
Other	17 (34.6)	32 (61.5)	3 (3.8)	52 (41.3)	
Family board	*n*=8	*n*=30	*n*=11	*n*=49	
Iraqi	5 (18.5)	18 (66.7)	4 (14.8)	27 (55.1)	0.364
Arab	3 (13.6)	12 (54.5)	7 (31.8)	22 (44.9)	
Specialty and place of work					
Family Dr. in family HCC	17 (27.0)	35 (55.5)	11 (17.5)	63 (50.0)	0.111
Family Dr. in PHCC	1 (9.1)	7 (63.6)	3 (27.3)	11 (8.7)	
Other Dr. in family HCC	2 (14.3)	10 (71.4)	2 (14.3)	14 (11.1)	
Other Dr. in PHCC	15 (39.5)	22 (57.9)	1 (2.6)	38 (30.2)	
Years of experience					
<10	4 (22.2)	11 (61.1)	3 (16.7)	18 (14.3)	0.032
10–19	11 (18.6)	36 (61.0)	12 (20.3)	59 (46.8)	
≥20	20 (40.8)	27 (55.1)	2 (4.1)	49 (38.9)	
Private sector practice					
Yes	14 (22.6)	38 (61.3)	10 (16.1)	62 (49.2)	0.377
No	21 (32.8)	36 (56.3)	7 (10.9)	64 (50.8)	

*Significant. HCC: Health Care Center, PHCC: Primary HCC

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Table 4: Participant's response towards practice questions in Baghdad 2023

Practice questions	Always, *n* (%)	Often, *n* (%)	Occasional, *n* (%)	Seldom, *n* (%)	Never, *n* (%)
You are giving undivided attention to the patient during the encounter	42 (33.3)	64 (50.8)	19 (15.1)	0	1 (0.8)
Unless demanded by patient, (on privacy aspect), I don't start encounter in the presence of others (relatives)	47 (37.3)	29 (23.0)	38 (30.2)	9 (7.1)	3 (2.4)
When starting an encounter, I begin to ask open-ended questions rather than closed ones	65 (51.6)	33 (26.2)	25 (19.8)	3 (2.4)	0
I actively listen and avoid interrupting patients when they express their concerns	40 (31.7)	61 (48.4)	23 (18.3)	2 (1.6)	0
Actively encouraged your patients to express, explain more about what they want to discuss regarding problems	55 (43.7)	50 (39.7)	18 (14.3)	3 (2.4)	0
Picking up verbal and nonverbal cues given by your patient	41 (32.5)	65 (51.6)	19 (15.1)	1 (0.8)	0
Actively expressed your understanding and empathy for your patients problem	63 (50.0)	49 (38.9)	13 (10.3)	1 (0.8)	0
Explaining treatment options to your patient in a manner that ensures a high level of understanding by your patient	63 (50.0)	38 (30.2)	21 (16.7)	3 (2.4)	1 (0.8)
I ask my patient to actively participate in making any decision or care plan	47 (37.3)	42 (33.3)	25 (19.8)	5 (4.0)	7 (5.6)
Once a treatment plan was developed, you tried to get your patients commitment to try to follow treatment plan	84 (66.7)	36 (28.6)	6 (4.8)	0	0
Using the last few min of the encounter to summarize the important issues discussed during the encounter	49 (38.9)	40 (31.7)	32 (25.4)	4 (3.2)	1 (0.8)
Reviews the treatment plan with your patient; after ensuring that the patient had reasonably good understanding	49 (38.9)	46 (36.5)	22 (17.5)	7 (5.6)	2 (1.6)
You inform the patient about the time range available for the encounter	9 (7.1)	10 (7.9)	10 (7.9)	17 (13.5)	80 (63.5)
You inform the patient about the examination you are up to and take permission to conduct it	95 (75.4)	19 (15.1)	11 (8.7)	1 (0.8)	0

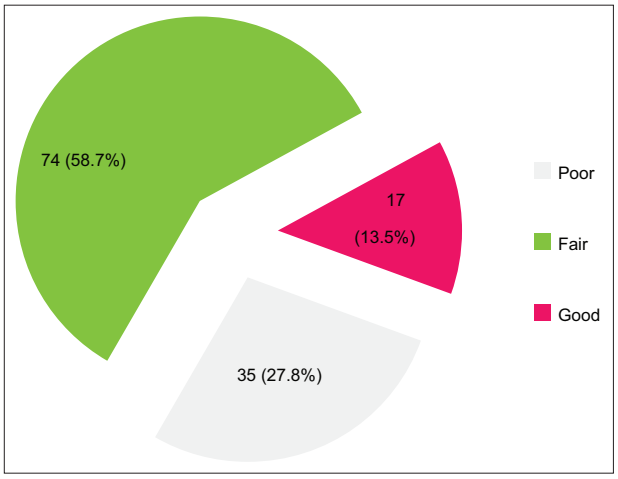

Figure 1: Knowledge level about physician-patient communication skills

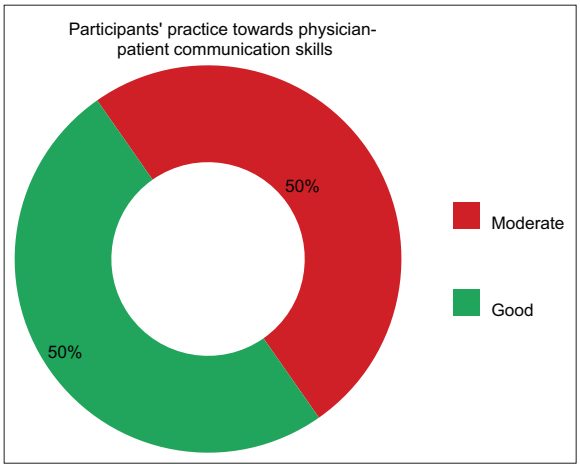

Figure 2: Practice level towards physician-patient communication skills

Discussion

In this study, level of knowledge about physician–patient communication skills was poor in 35 (27.8%), fair in 58.7%, while the remaining 13.5% of participants had good knowledge.

Different results published in Shiraly *et al*. study, in which a higher knowledge level reported, as found that 80% of family physicians had good knowledge about doctor–patient communication skills.[11] Another different result published in an Egyptian study conducted by Shama *et al*., in which 61 physicians enrolled. Results revealed that the highest percentage of them had a poor knowledge (45.9%) and the fair knowledge observed in 41% of them while the good knowledge observed in 13.1% of participants.[12]

The poor level of knowledge in this study was seen in participants with specialties other than family medicine and in those with more than 20 years of experience ($P < 0.05$). No significant associations detected ($P \geq 0.05$) between knowledge level and age, gender, marital status, family board, specialty, and place of work and private work ($P > 0.05$).

The results of Sharily *et al*. study observed a different findings, in that mean knowledge score of female family physicians was higher than that of their male counterparts; and this difference was statistically significant ($P = 0.02$) and was significantly higher among those who work in private setting than those who work in the government settings ($P > 0.05$).[11] In Al-Zahrani *et al*.'s study, a different result was published. They found that score of knowledge of communication skills was significantly different depended on whether the physicians received training or not ($P < 0.05$).[13]

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Table 5: Association between practice level and general characteristics of participants in Baghdad 2023

Variable	Practice level		Total (n=126), n (%)	P
	Moderate (n=63), n (%)	Good (n=63), n (%)		
Age (years)				
<40	19 (36.5)	33 (63.5)	52 (41.3)	0.04*
40–49	24 (60.0)	16 (40.0)	40 (31.7)	
≥50	20 (58.8)	14 (41.2)	34 (27.0)	
Gender				
Male	18 (62.1)	11 (37.9)	29 (23.0)	0.138
Female	45 (46.4)	52 (53.6)	97 (77.0)	
Marital status				
Single	8 (34.8)	15 (65.2)	23 (18.3)	0.05
Married	54 (55.7)	43 (44.3)	97 (77.0)	
Divorced/widowed	1 (16.7)	5 (83.3)	6 (4.8)	
Job title				
Family physician	35 (47.3)	39 (52.7)	74 (58.7)	0.469
Other	28 (53.8)	24 (46.2)	52 (41.3)	
Family board	n=23	n=26	n=49	
Iraqi	17 (63.0)	10 (37.0)	27 (55.1)	0.012
Arab	6 (27.3)	16 (62.7)	22 (44.9)	
Specialty and place of work				
Family Dr. in family HCC	28 (44.4)	35 (55.6)	63 (50.0)	0.219
Family Dr. in PHCC	7 (63.6)	4 (36.4)	11 (8.7)	
Other Dr. in family HCC	5 (35.7)	9 (64.3)	14 (11.1)	
Other Dr. in PHCC	23 (60.5)	15 (39.5)	38 (30.2)	
Years of experience				
<10	10 (55.6)	8 (44.4)	18 (14.3)	0.14
10–19	24 (40.7)	35 (59.3)	59 (46.8)	
≥20	29 (59.2)	20 (40.8)	49 (38.9)	
Private sector practice				
Yes	32 (51.6)	30 (48.4)	62 (49.2)	0.722
No	31 (48.4)	33 (51.6)	64 (50.8)	

*Significant. HCC: Health Care Center, PHCC: Primary HCC

Table 6: Distribution of participant's responses about barriers to successful communication in Baghdad 2023

Barriers	Responses, n (%)
Time limitation	89 (70.6)
Presentation with multiple complains	78 (61.9)
Patient not following through with treatment plan	65 (51.6)
Patients have a variety of social and cultural background that interferes with management	62 (49.2)
Patient's lack of interest in self-care	23 (18.3)
Patient's lack of trust with physician	20 (15.9)
Patient's lack of interest in building a partnership with physician	19 (15.1)

Regarding the practice in the present work, 95 (75.4%) of physicians always inform the patients about the examination to be done and get permission to conduct it, while 80 (63.5%) of them never inform the patient about the time range available for the encounter.

Differently, Shama *et al*.'s study published a different results, as found that only 12 (20.1%) of participants strongly agreed to the statement. Health-care provider should share decision with their patients.[12] In a different manner also, Shiraly *et al*. study enrolled 400 family physician in their study and evaluated them for practice in communication skills, they found that most of participants were reluctant to choose extreme positive responses such as "dealing with the patient's emotional and family problems" or "offering a detailed explanation to patient about his/her potential problems" or "enabling patients or active participation in making any decision or care plan."[11]

The authors of many studies explained that family physicians may not agree with the idea of shared decision making. They may feel their training and experience means they are in a good position to tell patients what they should do and that it is not necessary to work towards a shared decision.[12]

In this study, the level of practice toward physician–patient communication skills was good in 50% of them and 50% had moderate level of practice. In the same accordance, Shiraly *et al*. reported that most of the participants enrolled in their study (400 family physicians) had moderate level of practice (55%).[11]

In the current study, moderate level of practice was significantly seen in older age participants and participants

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with Iraqi Board Family Medicine specialty ($P < 0.05$). No significant associations detected between practice level and gender marital status, job title, private work sector, and specialty and place of work ($P \geq 0.05$). In contrary, practice scale used in Sharily *et al*. study revealed that mean practice scores among family physicians were higher in those worked in public settings, and this difference was statistically significant ($P = 0.04$).[11] In a different manner also, Al-Zahrani *et al*.'s study reported that score of practicing communication skills was found to be not significantly different based on gender of physicians ($P > 0.05$).[13] A study conducted in Saudi Arabia by Aljaffary *et al*., in which the results showed that public physicians provoke higher levels of patient trust compared to physicians who work in private sectors, which may be the result of better physicians' communication competencies in this setting.[14]

In the present work, the most common barrier was time limitation (70.6%) followed by the presentation with multiple complaints (61.9%). A closed finding observed in Albahri *et al*. study, in which nearly half of the participants reported that presentation with multiple problems was one of the barrier observed in their study and constituted 51.2% followed by consultation time limitation in 50.6%, while the least barrier was difficulty getting patient to understand the diagnosis in 4.7% only.[15] Disagreement observed in a study conducted by Al-Zahrani *et al*., in which the two most significant system barriers as perceived by physicians were lack of consultation time (82.8%) and lack of continuity of care with patients, i.e., patient seen by different doctor each time (62.8%).[13]

Conclusion

The majority of PHC physicians in this study have fair levels of knowledge, with moderate to good level of practice about communication skills.

Family physicians and those who had experience between 10 and 19 years had better knowledge about communication skills.

Younger age physicians showed better practice level about communication skills.

Time limitations are perceived as the biggest hindrance to communication followed by the presentation with multiple complains.

Hence, the recommendations; we need larger studies to be done in other regions of Iraq with larger participants to give researchers and policy-makers a general idea about physicians' knowledge and practice about communication skills. We need more efforts to improve physicians' knowledge and practice toward communication skills by (courses and workshops, in training curriculum, engaging in conversations, public speaking, or presentations) can greatly improve communication skills. To overcome time limitation barrier, we recommend scheduling appointments of patients in PHCCs to maximize the impact of time they have with each patient.

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Conflicts of interest

There are no conflicts of interest.

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