COMMUNICATIVE COMPETENCE AS AN INTEGRAL COMPONENT OF THE DOCTORS’ PROFESSIONAL ACTIVITY

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Abstract

The article deals with the formation of communicative competence in the "doctor-patient" context. The authors determined the most important factor at the stage of diagnosis and treatment as well as the importance of undergraduate stage in the doctors’ professional development. To analyse the relationship of communicative competence and professional success of doctors. In order to confirm the established hypothesis, the authors used a sociological survey method based on the developed questionnaire - questionnaire for doctors. The number of respondents amounted to 97 people.

This sample was divided into two groups. The paper provided a comparative assessment of communicative literacy of respondents analysed the importance of communicative competence in the doctors’ professional activity, gave ranking results of communication skills study among doctors. The authors determined the attitude of respondents to the course "Communication skills" and the opinion regarding the necessity of this course within the training cycle, estimated practical use of relevant knowledge and skills, provided by the course, determined the subjective assessment of proficiency in effective communication. The State General Education Standard implies the study of communication skills in the first and second year, 36.0 per cent of all respondents consider that time allocated for this discipline is insufficient. Thus, 46.2 per cent of all men and 56.5 per cent of women use the acquired communication skills for practical purposes.

Key Words:

communicative competence, competence approach, professional education, empathy, professional-personal culture of doctors, verbal means of communication, non-verbal means of communication, professional development, personal qualities of doctors, clinical specialist skills, interpersonal skills, situational awareness of doctors, self-control of doctors, intention and introspection.
Introduction

The most important factor in determining successful diagnosis and treatment lies in the relationship between doctors and patients, therefore, relevant communication skills of doctors acquired during their training are very important. The undergraduate training period is of special importance in the doctors’ professional development, since it provides basic competences and serves as the possible background of deviations in their professional role. Personal qualities of doctors in fieri were studied by many scientists. For example, Liger S.A. analysed the Russian and foreign studies related to the professional and personal development of doctors and identified the following professional qualities: empathy, the ability to establish adequate relationship with the patient, the intention to self-analysis. Training at the JSC "Astana Medical University" includes the course "Communication skills". It should be noted that the general ethical principles of doctor’s behaviour are taught in the first year, and the knowledge and skills related to the basic relationship models are provided to the students of medical specialties in the second year. Meanwhile, communication skills require permanent improvement and development, especially in terms of clinical disciplines. All this implies the need to train communicative skills both in the system of medical educational establishments and in the system of doctors’ skills refreshment. Generally, there are several communication models that currently exist.

The Cambridge model highlights clinical specialist skills, and interpersonal skills. The Singapore model suggests clinical skills required for the effective practice: professionalism in medical practice, interpersonal skills, research skills, situational awareness and self-control of doctors. The Canadian model highlights clinical and communicative skills.

Thus, considering the models provided by the leading medical universities, one could conclude that interpersonal communication skills form the integral part of the doctors’ core competencies.

Considering the Kazakh statistics, the department of Committee on medical and pharmaceutical activity of Astana received 114 complaints against doctors and the quality of services provided during the first three months of 2014. In addition, 15 cases against medical workers for "breach of medical care standards and careless attitude towards professional duties" were handed over to the Internal Affairs Department of Astana. This can be avoided or even improved, if doctors try to establish a relationship of trust with their patients; and any information (during diagnosis or treatment) will be properly explained to all patients.

Therefore, both foreign and domestic authors pay considerable attention to communicative competence theory of
doctors that proves its absolute relevance and significance. In turn, the “doctor – patient” relationship remains the most important factor determining successful diagnosis and treatment, hence, the development of communication activities in the training process is a very important component in both professional and practical activities. Purpose: to analyse the relationship of communicative competence and professional success of doctors

Tasks:
1) To carry out a comparative assessment of the communicative literacy of respondents, depending on their sex, age and length of service.

2) To study the impact of communicative competence on the professional activity of surgeons and therapeutists.

3) To rank findings related to communication skills among doctors.

Materials and Methods

In order to confirm the established hypothesis, the authors used a sociological survey method based on the developed questionnaire - questionnaire for doctors. The number of respondents amounted to 97 people. This sample was divided into two groups. The first group consisted of therapeutists and the second group consisted of surgeons. The city of Astana was the research location. Doctors were surveyed in September 2014 in the city hospital No. 1, emergency hospital of Astana and in a number of medical organizations in order to observe the principle of representativeness.

Respondents were asked to fill out a questionnaire consisting of seven major issues. The test group consisted of men and women aged from 21 and 71 years. The median age made 29.2 years.

Results

The questionnaire covered the following topics: general information about the respondent (age, gender, work experience, education), attitude to the course "Communication skills", opinion regarding about the need to study this course throughout the training cycle, practical use of knowledge provided by this course, subjective assessment of effective communication proficiency". The questionnaire included open and closed tests, ranking and the “comments and suggestions” option.

Survey findings

Survey findings were considered in order to determine the relationship between the doctors’ attitude towards the discipline "Communication skills" and their specialty (therapeutic and surgical), characterized by involvement of the communicative component in their professional medical practice.
Figure 1 shows answers to questions 1 and 2 in terms of respondents’ specialty. The proportions of responses were calculated with regard to the total number of doctors of both sexes.

**Figure 1: Distribution of responses, depending on the doctors’ specialty, to questions regarding the discipline “Communication skills”**

Most doctors responded affirmatively to the question "Do you use communicative skills acquired during basic medical education in your practical activities?" (53.0 per cent). 57.0 per cent of female and 46.0 per cent of male interviewees used communication skills in practice. At the same time, 25.0 per cent of respondents noted the absence of requirements in the internship program. Consequently, there is a need to improve the existing training program. Considering the doctors by their profile, communication skills are used in practice by 59.1 per cent of therapeutists and 43.0 per cent of surgeons. At the same time, 36.0 per cent of surgeons and 18.0 per cent of therapeutists answered that it was not required by the internship curriculum. With regard to the curriculum, 50.0 per cent of physicians and 42.9 per cent of surgeons support the introduction of this discipline throughout the training cycle. 28.6 per cent of surgeons and 13.6 per cent of therapeutists agree with the existing curriculum in the first and in the second year of study. Consider distribution of survey results by sex, as regards the need to learn the discipline "Communication skills" throughout the training cycle starting from the first year of study and the use of the acquired communication skills in practice. Figure 2 shows a bar graph of answers by
Considering the categories by gender, 46.2 per cent of male and 56.5 per cent of female respondents use the acquired communication skills for practical purposes. The proportion of women who do not use these skills makes 4.3 per cent, and the proportion of men - 23.1 per cent. Thus, men less frequently use the acquired communication skills for practical purposes. Distribution of respondents by gender as regards their impressions of the discipline is presented in Figure 3. Shares of responses are given with regard to the total number of doctors of both sexes.

**Figure 2: The use of communication skills in the practical activities of respondents by sex**

**Figure 3: Distribution of opinions regarding the studied discipline "Communication skills", by gender**
Considering men and women separately, about 40.0 per cent of female doctors find the subject interesting and appropriate; among men, this figure makes 30.0 per cent. At the same time, about 8 per cent of men are unhappy with the course "Communication skills." In total, 36.0 per cent of doctors said that there was little time to study this discipline, and only 14.0 per cent of doctors believe the subject is not interesting. The audited ratio of proportions between the answers to the question regarding impressions and gender of doctors is presented in Table 1, according to the chi-square test.

Table 1: Indicators of the relationship between doctors’ gender and impressions of the discipline (chi-square test)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Degrees of freedom</th>
<th>Asymptotic significance (bilateral)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chi-squared test</td>
<td>1,99a</td>
<td>3</td>
<td>0,57</td>
</tr>
<tr>
<td>Likelihood ratio</td>
<td>1,98</td>
<td>3</td>
<td>0,57</td>
</tr>
<tr>
<td>Linear relationship</td>
<td>1,12</td>
<td>1</td>
<td>0,29</td>
</tr>
<tr>
<td>Number of valid observations</td>
<td>36</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In this case, the distribution is unequal; the relationship between the respondent's gender and the answers to the question is rejected, as the pair correlation coefficient is equal to 0.2. The chi-squared test was used to confirm the uniform distribution between men and women. Table 2 shows the results of calculations.

Table 2: Distribution of respondents' views on the need to study the subject "Communication skills" throughout the training cycle.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Degrees of freedom</th>
<th>Asymptotic significance (bilateral)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chi-squared test</td>
<td>2,328a</td>
<td>3</td>
<td>0,507</td>
</tr>
<tr>
<td>Likelihood ratio</td>
<td>3,316</td>
<td>3</td>
<td>0,345</td>
</tr>
<tr>
<td>Linear relationship</td>
<td>0,088</td>
<td>1</td>
<td>0,766</td>
</tr>
<tr>
<td>Number of valid observations</td>
<td>36</td>
<td></td>
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</tbody>
</table>

The authors adopted a postulate that the study of the discipline was independent of gender as the null hypothesis. The
absence of a linear relationship between the respondent's gender, and the answer to the question regarding the need to study the discipline is confirmed by a correlation coefficient (0.05). According to the respondents, communication skills play an important role in determining the diagnosis and, consequently, affect the treatment outcome. Figure 4 shows that communication skills have less impact on the level of patients’ satisfaction with medical services. The results need to be considered in the context of respondents’ categories, since their job positions and length of service may influence the opinion of the doctors’ activities.

**Figure 4: Distribution of priorities by respondents in terms of medical practice**

Discussion

Thus, the study shows that communication skills are used by practitioners. Generally, the opinion of practitioners revealed the importance of communication skills in the medical practice. Development of communication activity, carried out in the process of training is a very important skill in the medical practice.

Conclusion

The State General Education Standard implies the study of communication skills in the first and second year, 36.0 per cent of all respondents consider that time allocated for this discipline is insufficient. The prevailing number of respondents (47.0 per cent) agrees with the introduction of this discipline throughout the entire training period in all medical higher educational institutions. In addition, 70.0 per cent of respondents found the subject interesting and useful. Communication skills play an important role in the diagnosis and, consequently, affect the treatment outcome. Thus, 82.0 per cent of respondents believe that the accuracy of diagnosis largely (by 80.0-100.0 per cent) depends on
Communication skills are of great importance in medical practice. Thus, 46.2 per cent of all men and 56.5 per cent of women use the acquired communication skills for practical purposes.

Reference

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