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## Assessing eye care professionals' communication skills and the effects it has on patients

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### Abstract

**Background:** The difficulty that is currently rising in the health care profession and in education is the improvement and acceptance of communication skills. There are several contributing elements to this issue, including the structure of health care itself and the population's heavy reliance on technology and the internet. In the health care system, testing for skills and competency is a significant focus of training, and communication skills are frequently not given much weight.

**Aim:** to evaluate the usefulness of the doctor-patient communication questionnaire among eye care professionals and to evaluate the communication skills of eye care professionals.

**Methodology:** Observational research was conducted. From January 2020 to May 2020, the study was conducted at the Sankara Academy of Vision (SAV) section of the Sankara Eye Hospital in Ludhiana. The DPC questionnaire was used in the study to evaluate the eye care professional and patient communication. The study sequentially included all of the physicians, optometrists, interns, and patients. Analysing the patients' experiences with care quality allowed for an evaluation of the outcome.

**Results:** In this study, we discovered that there was a significant effect observed in those with good communication skills, i.e., p value is 0.001 (result is significant at p0.05) for both definite & possible sample, indicating that Good Communication Skills are required between Eye Care Professionals and Patients for Better Diagnosis.

**Conclusion:** The results of the current study demonstrated that eye care professionals with strong communication skills produce improved patient satisfaction and more accurate diagnoses. The study's findings showed that a higher proportion of patients (about 66%) were pleased with the eye care professionals' communication abilities.

**Keywords:** communication skill, eye care practitioners, patient understanding, better treatment

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### Introduction

The difficulty that is currently rising in the health care profession and in education is the improvement and acceptance of communication skills. There are several contributing elements to this issue, including the structure of health care itself and the population's heavy reliance on technology and the internet. In the health care system, testing skills and proficiency is a significant focus of training, and communication skills are frequently not given much weight. Successful patient outcomes depend on the ability of the healthcare professionals to communicate effectively and on the understanding of the healthcare providers of the significance of communication from all sides. Unwanted conclusions and attitudes are frequently the result of one-way communication. A strong service provider-patient relationship has been found to be mostly dependent on effective communication, which has been linked in the past to patients' health outcomes <sup>[1]</sup>. Excellent communication has improved patient behaviour, clinical outcomes, symptom alleviation, and perhaps drug compliance. The evaluation of doctor-patient communication

(DPC) has grown to be a significant area of clinical study in recent years <sup>[2]</sup>. Communication is essential for patient treatments that take place on a daily basis, including prevention, treatment, rehabilitation, and education. In the same way, talking to patients can help them adopt good habits like quitting smoking and leading an active lifestyle. With the assumption that they will not only effectively interact with other healthcare professionals but also with their patients, all healthcare professionals should adhere to the same standard <sup>[3]</sup>. The fact that information is now transmitted or received through a variety of channels, including cell phones, is a dilemma for the health care system because it may have a detrimental effect on communication skills. As a result, the study's objective is to assess how well eye care practitioners communicate <sup>[4]</sup>.

### Methodology

Observational research was conducted. From January 2020 to May 2020, the study was conducted at the Sankara Academy of Vision (SAV) section of the Sankara Eye Hospital in Ludhiana. The method used for sampling was

convenience sampling method<sup>[5]</sup>. The process which were follow for collecting the data were firstly greet the patient then ask for their feedback then explain the procedure and then finally they were fill the questionnaire. The total number of sample were 100 obtained by using below formulae:

$n = Z_{1-\alpha/2} \cdot (SD) / d^2$  (Charan and Biswas, 2013),  $Z_{1-\alpha/2}$  = (Standard deviation), 5% of type one error ( $p < 0.05$ ) it is 1.96 and at 1% type one error ( $p < 0.01$ ) it is 2.58. As in majority of studies p value are consider significant below 0.05 hence 1.96 is used in formula. SD = Standard deviation of variable on the basis of previous studies (10.6) (Parasnis *et al* 1996)  $d$  = absolute error<sup>[6]</sup>. The inclusion criteria were those Patients who can read and comprehend English Language and the exclusion criteria were those Patients who cannot read and comprehend English Language<sup>[7]</sup>.

The DPC (Doctor patient communication) questionnaire was used in the study to evaluate the eye care professional and patient communication. The study sequentially included all of the physicians, optometrists, interns, and patients. Analysing the patients' experiences with care quality allowed for an evaluation of the outcome. The study sample consisted of every patient who regularly visited the hospital for check-ups, follow-ups, etc. and who could read and understand English with ease<sup>[8]</sup>. After the evaluation, the patients were asked to complete a series of questions based on the eye care professional's communication abilities. The patients were asked to complete a questionnaire by selecting one of the four options to represent how they felt about their therapy<sup>[9]</sup>. The four answers to the aforementioned questions are no, possibly no, possibly yes, and yes. Some of the patients were considered ineligible due to factors like poor vision, boredom, cognitive difficulties, and restrictions on attention after eye drop instillation. The study made use of the Doctor Patient Communication (DPC) Questionnaire created and verified by Sustersic *et al*. They have developed a simple, validated generic questionnaire that may be used in both ordinary practise and clinical research to evaluate DPC in the context of acute situations<sup>[10]</sup>.

## Results

Data on patients' assessment of the quality of communication and health care was calculated manually and was classified into the total ratings achieved for each question alone. The contents of each question were then sorted according to the categorized patient response. Data were described by proportions and analyzed by linear regression tests. For each question the data was analyzed and the total number of responses under the existing four categories (i.e., no, possibly no, possibly yes and yes) were entered<sup>[11]</sup>. The final resulting table showed a category-wise representation of the total number of responses per question as shown below (Table 1).

**Table 1:** Patient's response in the questionnaire

S. No	Questions	No	Possibly no	Possibly yes	Yes
1.	Did the doctor listen to you carefully during the consultation?	0	0	20	80
2.	Did the doctor allow you to talk without interrupting you?	3	2	29	66
3.	Did the doctor encourage you to express yourself / talk?	0	7	21	72
4.	Did the doctor examine you thoroughly?	2	2	23	73
5.	Do you feel that the doctor understood you?	1	2	30	67
6.	Was it easy to understand what the doctor said?	0	4	24	72
7.	Do you feel you were given all the necessary information?	3	8	25	64
8.	Did the doctor explain the advantages and disadvantages of the treatment or care strategy?	26	11	17	46
9	Did the doctor involve you in the decision making?	9	0	39	52
10	In your opinion, did the doctor have a reassuring attitude and way of talking?	7	6	25	62
11	Did the doctor make sure that you understood his explanation and instructions?	2	10	26	62
12	Do you have confidence in this doctor?	1	0	21	78
13	Did the doctor reply to all your expectations and concerns?	2	7	24	67

After evaluating the response of 100 patients for the first question that "Did the doctor listen to you carefully during the consultation", 80% of patients have responded with 'Yes' while 20% as 'Possibly yes'. For the thirteenth query, "Did the doctor reply to all your expectations and concerns?", we found that 2%, 7%, 24% and 67% patients responded with 'No', 'Possibly no', 'Possibly yes', and 'Yes' respectively. This study says that there is significant effect seen in those with good communication skills, i.e., p value is  $< 0.00001$  (result is significant at  $p < 0.05$ ) for both definite & possible sample thus meaning that Good Communication Skills are required between Eye care professionals and patients for better diagnosis<sup>[12]</sup>.

**Table 2:** Patient's responses under definite and possible category showing the mean value, Z- score and significant value

Response	Category	N	Mean (Score number unit)	U	Z –score	Asymp. Sig (2- tail)
Definite	Yes	13	20	0	4.30769	0.00001*
	No	13	7			
Possible	Yes	13	20	0	4.30769	0.00001*
	No	13	7C			

## Discussion

Sustersic M. *et al* (2017).s study focused on developing a validated general tool to assess doctor-patient communication in the setting of urgent conditions. They thoroughly evaluated all currently valid DPC Scales, and based on a multidisciplinary approach, they shortlisted 15 items, of which they only found 13 to be appropriate. The Cronbach's alpha was 0.89, indicating positive results, while the median score was 52/60. They came to the conclusion that they had developed a simple, reliable questionnaire to evaluate the DPC. The high and thorough patient involvement rate in our study also demonstrated that the questionnaire was simple to use and produced fruitful results<sup>[13]</sup>.

A retrospective research of patient feedback was conducted by Kee *et al.* (2017) using 2160 patients' comments that were gathered from a large Singaporean hospital with 1500 beds. The input was given via a variety of channels, including phone calls, emails, and written feedback forms. Of the 246 complaints, 125 were directed at doctors, including 38 complaints about junior doctors. Nonverbal (lack of eye contact), Verbal (inappropriate volume, pitch, and language), Content (poor quality information provided by doctors), and Attitude (poor) were shown to be the four main themes of communication failures (lack of respect towards subject)<sup>[14]</sup>.

In 2017, Biglu *et al.* conducted a study on the relationship between doctors' communication abilities and patient satisfaction. 250 patients were given the (DiMatto's) questionnaire, which included 27 items about the communication abilities of doctors. Using the software programme SPSS version 16, the acquired data was statistically evaluated. The findings suggested that a few characteristics increased patient satisfaction and suggested a connection between doctors' and patient's communication abilities<sup>[15]</sup>.

A cross-sectional study was conducted by Sundling *et al.* (2016) to look at the association between an optometry student's level of mindfulness and their communication self-efficacy. When comparing the two sum scores, r, n, and p were obtained as 0.295, 29, and 0.029 correspondingly. The findings were substantial and showed a link between communicative self-efficacy and mindfulness<sup>[16]</sup>. The interactions that took place in the institute's outpatient clinics were directly observed for this study. They evaluated a flow chart diagram with every potential communication element and came to the conclusion that clinicians need to improve their communication abilities to get better diagnoses and treatment results. A study on the degree of communication skills among undergraduate medical students at an international medical university was conducted by Liew *et al.* in 2014. By conducting pre-recorded 5-minute video interviews with each participant, researchers were able to compare the communication abilities of first-year students who had received formal training with second-year medical students. They consequently noticed that students with formal training displayed superior performance. Therefore, training is necessary for the medical field to have stronger communication skills<sup>[17]</sup>.

Researchers Chaharsoughi *et al.*, compared the effects of introducing the SBAR technique with role playing and lectures on nurses' communication abilities. Comparison of the overall and mean SBAR technique skill scores by independent samples an analysis using the t-test revealed a statistically significant difference between the lecturing and role-playing groups (p 0.001). The study found that role play is a useful educational strategy for teaching nurses the SBAR technique and that it may be utilised to foster effective interprofessional communication<sup>[18]</sup>. Using a facilitation tool to improve doctor-patient communication in the outpatient context was the focus of a 2011 study by Neeman *et al.* The adoption of the TRUST encounter form enabled two-way contact between the doctor and the patient. The use of this technology, they discovered, enhanced doctor-patient communication. Prior to the use of the TRUST form, just 38% of patients felt that their issues were appropriately addressed by doctors, as opposed to 94% following TRUST intervention (p- value was 0.0018).

A study was conducted in 2002 by Valeria Jerkins and Lesley Fallowfield to evaluate the psychological attitudes and beliefs of cancer physicians in the UK. Results showed that, in comparison to the control group, the physicians who took part in the training or course group were developing good communication skills, including attitude, conduct, and beliefs toward patients<sup>[19]</sup>. A study conducted by Hall *et al.* to pinpoint verbal and nonverbal communication patterns between patients and healthcare providers during a visit. Data from 50 tape recordings made during a normal eye exam showed that the patients were more content and less worried with their own speech and words, but less content with the voice tone. The results also indicated that there is no relationship between voice tone and transcripts. In their 1980 study, Matteo *et al.* examined physician behaviour with various populations based on factors like age, sex, sickness severity, socioeconomic status, education level, and employment status. They asked 329 patients to complete a questionnaire, with a focus on those with low income, of whom 81.35% completed it and 18.62% declined. The findings indicated a significant connection between the doctor-patient relationship and perceived satisfaction with medical care<sup>[20]</sup>.

## Conclusion

As discussed, the communication skills shortage in the eye care hospital and shown why it is important for eye care professionals to have strong communication skills as well. Present research shown that eye care professionals with strong communication skills produce improved patient satisfaction and more accurate diagnoses. The study's findings showed that a higher proportion of patients (about 66%) were pleased with the eye care professionals' communication abilities. Thus, the present study concludes efficient communication skill have an impact on management of patients.

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