

The European Journal of Social and Behavioural Sciences
EJSBS Volume XI, Issue IV (e-ISSN: 2301-2218)

PSYCHOLOGICAL KNOWLEDGE AND SKILLS IN CLINICAL PRACTICE AMONG SELECTED MEDICAL PROFESSIONS



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Abstract

The biopsychosocial and neoethical aspects of activity in health and sickness, and changing nature of illnesses' treatments might pose problems in the correct preparation of medical staff into clinical practice. Clinicians recognize the need to expand their professional knowledge and practice of the new achievements of the social sciences. The purpose of the study was: 1) to analyze the level of psychological knowledge among selected medical professions, such as doctors, nurses and midwives, 2) define the role this knowledge is playing in clinical practice and 3) analyze differences between psychological knowledge used in clinical practice and teaching content during studies. The study was conducted among three groups of medical professionals: doctors (N = 419), nurses (N = 434) and midwives (N = 51). The author's questionnaire was used. The level of psychological knowledge is related to its utility in practice. Study has shown that respondents have problems with medical personnel–patient relationship. The issues concerning relations with patient's family were nearly ignored. Respondents indicate the need for training in terms of work's functioning: coping with stress, improving interpersonal skills and assertiveness as well as dealing with burnout. A strong need to participate in post-graduate trainings has been shown in all analyzed medical groups. The curricula of medical schools have to include in a wider range psychological topics related to fulfilling professional duties, such as developing interpersonal and communication skills, shaping correct relationship between patients and doctors, dealing with stress at work and burnout.

Keywords: Medical staff, medical personnel–patient relationship, psychological knowledge

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doi: 10.15405/ejsbs.143



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1. Introduction

Recently there has been a change in the functioning model of the health care system. There has been a focus shift from a model based on a biological paradigm towards a model structure where a biopsychosocial paradigm has been playing an increasingly important role. Various factors have been contributing to ongoing changes. One of them is a changing structure of diseases. Chronic diseases such as cancerous changes, metabolic disorders including diabetes, osteoporosis or hyperlipidaemia begin to be very significant. As far as chronic conditions are concerned the treatment time in hospital shortens and often the treatment is continued in out-patients' clinics; where possible, hospital treatment is reduced to an essential minimum and home care becomes even more important. In the case of the patients whose medical treatment is ineffective or groundless, palliative care including hospice care is available. These changes provoke modification in the clinician-patient relation (Bishop, 2000).

2. Problem Statement

Clinicians have noticed the need to expand their knowledge and their professional practice in terms of new achievements of humanities (Szczeklik, 2002). The empirical facts, which demonstrate a significant role of psychological factors in the diagnosis and treatment process, need to be noticed and inspire to change the conventional therapeutic methods. This need has also been expressed by patients, who apart from *strictly* medical knowledge, expect from the medical personnel, sensitivity to their problems, empathy and kindness (Moore et al., 2004). Psychological factors are so important that they determine the choice of a doctor; it transpires that for many patients personal qualities of the medical personnel are more important than their medical knowledge. When making a decision about the change of a doctor, patients often mention psychological factors, i.e. communication style and a manner of treating patients as the cause of the change while taking doctors' medical qualifications as an obvious fact. Patients draw attention to lack of sensitivity to their needs, communication problems, lack of respect towards their views and excessive use of technical jargon, as well as excessive formality of the contact as well as the treatment process (Moore et al., 2004). From empirical data influencing changes in the paradigm of healthcare it transpires that a dynamically raising number of results of health psychology research plays a significant role (Heszen & Sęk, 2008). The reason is that they are multi-faceted and have strong methodological grounds. The results prove the importance of psychosocial factors to maintain good health and emphasize their considerable role in etiology of somatic diseases as well as in the process of medical treatment (Benedetti, 2013).

2.1. Scientific and technical progress

However, progress of life and medical sciences brings more opportunities of medical interference in human body both for diagnostic and therapeutic reasons. Highly-specialist medical procedures applying the latest technology advances help rescue health and life as well as improve the quality of life (Głębocka & Gawor, 2008). Nevertheless, increasing use of technology and bureaucratization of the health care cause difficult emotions. When facing these phenomena, patients feel fear and they experience a sense of reification and insecurity (Heszen & Sęk, 2008). They are annoyed because they have to participate in cumbersome and tedious medical procedures. They feel insecure when invasive diagnostic or therapeutic actions are taken, sometimes taken when it is a matter of life and death. Subjective sensation of nuisance increases when there is lack of appropriate information and lack of time for a clinician-patient discussion and clinician-family discussion or when a clinician does not demonstrate adequate psychological approach (Jakubowska-Winecka & Włodarczyk, 2007). Dynamic progress in medical sciences also proves to be a cause of many ethical challenges. Every now and then scientific discoveries tempt to be used without taking into account the ethical or legal norms.

2.2. Global social changes, migration and exchange of cultures

Broadly-understood culture has been a primary mechanism in social behaviour regulations ever since; it also constitutes a general context of healthcare and roles of medical professionals. Cultural factors indirectly influence medical practice and regulate manners of dealing with difficult, especially conflicting situations. Therapeutic relations between respective members are determined by an array of held and exercised values and norms as well as general worldview, existential beliefs (Johnson et al., 2009). General valuation systems also specify the value of health. –Attempts to determine the causes of health constitute another category of challenges. The tests of Canadian scientists from the 1970s give the response to this question. The conclusions are demonstrated by the Lalonde Health Field Concept Model¹ (Heszen & Sęk, 2008) from which it can be seen that psychological factors have a significant role. According to the authors psychological determinants relating to lifestyle amount to more than half of the model (53% of the health field), whereas health care constitutes just 10%. Remaining factors, i.e. environmental and genetic factors comprise 21% and 16% of the whole respectively. Other aspects influencing the health care model transformations are changes in the education level of the society as well as the level of

¹ Marc Lalonde Minister of National Health and Welfare of Canada was the main author of the health field concept elaborated in 1973.

information accessibility. General knowledge, including medical and psychological knowledge is becoming more accessible and starts to shape new health needs and expectations of health care. In the era of wide access to the Internet, even highly specialist information is easily accessible. This situation shapes life style on a mass scale, resulting in both positive and negative changes (Heszen & Søk, 2008). In the case of ill people this phenomenon acquires an additional dimension: patients who suffer from the same condition exchange information on the process of diagnosis and therapy and in the same way they organize some kind of support groups.

2.3. Economic factors, changes vs free market

The previous decades have been characterized with dynamically rising costs of medical care. On the one hand this phenomenon is a result of changes in the structure of diseases, i.e. chronic diseases, which last many years even until the end of a patient's life, have become prevalent. On the other hand diagnostic and therapeutic standards have been changing significantly. Use of highly-specialist equipment and new generation of medications increases precision of diagnosis and efficiency of the treatment process but at the same time it results in an increase in costs (Hunt, 2004).

2.4. Feedback Mechanism

The majority of the conducted research concentrates on patients' needs, attitudes towards the disease and conduct in difficult situations such as when a patient confronts a disease, when there is a need of hospitalization or the process of rehabilitation is prolonged. An important trend of research is to search for empirical evidence that would prove the assumptions that a human being is a biopsychosocial entity and that would prove the thesis of polyetiologic concept of somatic diseases. Another trend, which is highly present in psychology field, is the analysis of questions regarding interpersonal relations between the patient and the medical personnel (especially between a doctor, nurse and midwife). The results obtained in the research give a new impetus to clinical practice and lead to modifications in diagnostic and therapeutic procedures (Hunt, 2004).

By acknowledging that clinician-patient interaction is a primary element of diagnosis and medical therapy, a question should be asked whether clinicians are subject to some psychological mechanisms, if so, what they are, and which one of these factors are important in terms of the conduct related to medical practice (Salmon, 2003). The ability to determine one's own emotions and thoughts arising from a contact with patients and consequent conduct is advisable for many reasons. From the point of view of a clinician, such knowledge

is essential to deal with challenges arising from the fact of diagnosing and treating a patient. Lastly, helping pain-stricken and dying people is a process which requires specific knowledge and psychological skills and sometimes it radically changes psychological functioning of clinicians (Benedetti, 2013). In the era of intensive changes and attempts being made at the same time to protect basic values, the aspect of value system formation of medical personnel remains important. It is suggested that ethical norm formation based on current achievements of the humanities and social sciences oriented at human but also based on psychology can give a solution that would efficiently create the current ethos of medical professions (Smith et al., 2004).

2.5. Functioning as a medical professional

The primary principles that determine execution of the profession are stipulated by normative acts, legal and ethical codes. By becoming a clinician, the person obliges themselves to follow these principles; hence this affects their values, attitudes and conduct whereas the possibility to execute the profession in compliance with primary indicators becomes a source of satisfaction and professional prestige. However, functioning within a health care framework does not always happen under optimal conditions, which may result in a conflict with completion of undertaken commitments (Benedetti, 2013). Such situation happens when a person is not able to meet the expectations related to executed position. In professional practice medical personnel is frequently confronted with this kind of situations which have traits of stressful situations and which cause sensation of discomfort in all parties involved. A different group of factors determining medical personnel functioning consists of aspects related to attitudes towards questions of death, transplantology, euthanasia and some experiments conducted in modern medicine.

Functioning as a professional is inseparable with educational process, knowledge and skills obtained during studies and medical placements (Bujanowska-Fedak, 2010). The group of cognitive needs, which are related at the same time to motivation processes, also includes self-education needs. They are compulsory and they are covered by the Hippocratic Oath.

3. Research Questions

The literature review indicates that there is a dynamically increasing number of actions and medical procedures in which psychological knowledge is applied and useful. However, there is no empirical research conducted among medical practitioners that would study their experiences and opinions. Three groups of medical practitioners from different medical centers nationwide participated in the study: doctors (N=419), nurses (N=434) and

midwives (N=51). The aim of the study was to: 1) check what the level of general psychological knowledge the practitioners have; 2) check what subjective opinion about the usefulness of psychological knowledge the practitioners have; 3) check whether there is a relation between the level of declared psychological knowledge and subjective opinion about the usefulness of this knowledge among doctors, nurses and midwives; 4) check the categories of issues the medical professionals consider useful in their clinical practice; 5) check the level of motivation among doctors, nurses and midwives to participate in psychological training sessions; 6) check the kind of discussion topics suggested for the training sessions. Relations between the above-mentioned variables were also analysed.

4. Purpose of the Study

The purpose of the study was: 1) to analyze the level of psychological knowledge among selected medical professions, such as doctors, nurses and midwives; 2) define the role this knowledge is playing in clinical practice; 3) analyze differences between psychological knowledge used in clinical practice and teaching content during studies.

5. Research Methods

In order to analyse the variables, a questionnaire was elaborated in which participants were asked to answer questions of the above-mentioned aspects. The study was conducted anonymously and on a voluntary basis. Indicators of analysed variables are as follows:

- in the scope of possessed general psychological knowledge (one's own opinion) – in order to record the responses of the participants a five-point Likert Scale was used with the following values: 1–low; 2–satisfactory; 3–quite good; 4–good; 5–high.
- subjective opinion of usefulness – in terms of practice – of possessed psychological knowledge - responses of the respondents were recorded on the five-point Likert Scale with the following values: 1–not useful at all; 2–useful on a small scale; 3–partially useful; 4–useful; 5–very useful
- need to participate in training sessions – responses: yes, no, I don't know.
- the kinds of topics useful in the clinical practice and suggested for training sessions were determined on the basis of a quality analysis which served as a tool to categorize issues taking into consideration a kind and frequency of the mentioned particular problems.

The control variables are: age, sex, seniority.

6. Findings

Characteristics of the respondents in terms of the control variables, such as age, gender and seniority, have shown in table 1.

Table 1. Characteristics of the respondents in terms of the control variables

Respondents - selected characteristics					
Profession	N	Gender		Age (M value in years)	Seniority (M value in years)
		Women	Men		
Doctors	419 (100)	269 (64)	150 (36)	M=44.3; SD=10.46	M=18.65; SD=10.32
Nurses	434 (100)	413 (95,2)	14 (3,2)	M=29.60; SD=8.45	M=10.38; SD=9.93
Midwives	51 (100)	50 (98)	1 (2)	M=35.5; SD=8.91	M=10.67; SD=9.86

N- number of respondents; M –mean; SD-standard deviation

Conducted analyses enable to determine the level of psychological knowledge and the level of its usefulness in medical practice from the personal point of view of selected medical professions. The obtained results demonstrate that the psychological knowledge awareness is near the average value on the five-point scale which is below the ‘quite good’ point. The mean value constitutes for: the doctors group M=2.91 (SD=1.03), the nurses group M=2.94 (SD=0.79) and the midwife group M=2.63 (SD=0.85). As for the opinion on the usefulness of these issues in medical practice, the mean value is somewhat above the ‘partially useful’ point. This value amounts to for: the doctors group M=2.66 (SD=1.35), the nurses group M=3.58 (SD=1.05) and the midwives group M=2.22 (SD=1.43). All groups showed a differentiated-intensity relation between the level of declared psychological knowledge and the usefulness of the knowledge acquired during the training sessions. Among the nurses and midwives the relation is average. The correlation coefficient value for the first group is: $Rho=0.39$; $p<0.01$. $Eta^2=0.22$; $p<0.01$; for the second group: $Rho=0.36$; $p<0.01$. $Eta^2=0.25$; $p<0.01$. It can be concluded that the awareness of higher usefulness of psychological knowledge in practice is significantly related to possessing broader knowledge (in one’s own view) in the subject area of psychology. In the case of the doctors, the relation between declared knowledge and its usefulness is weak ($Rho=0.19$; $p<0.01$. $Eta^2=0.05$; $p<0.02$). This fact can result from different forms of medical practice related to different specialties. A General Practitioner, who has a constant contact with the patient and gives them instructions, expecting them to be followed, has different psychological competences and a different level of their usefulness. However, a surgeon or an anaesthetist, whose relation with an ill person is mostly based on conducting highly-specialised medical procedures but limiting the contact with the patient, will use psychological knowledge in a different, often more limited scope

(Bujanowska-Fedak et al., 2010). Additionally, mentioned specialists may have different views on the usefulness of psychological knowledge based on their professional duties.

Another aspect of the research is to determine a category of a subject matter useful in the professional practice. These are: general psychological knowledge (K.I), knowledge of the specificity of functioning of a patient (K.II), specificity of functioning of the patient's family (K.III) and knowledge of specificity of professional role (K.IV). Table 2 shows the obtained results.

Table 2. Categories of useful issues

Indicated categories of issues	Percentage of useful issues		
	According to doctors	According to nurses	According to midwives
General psychological knowledge (K.I)	16.0	18.8	16.7
Specificity of functioning of a patient (K.II)	35.0	24.3	47.4
Specificity of functioning of the patient's family (K.III)	10.0	3.2	6.1
Specificity of professional role (K.IV)	39.0	53.7	29.8

Issues regarding the specificity of professional role were mentioned most frequently as the most useful in the doctors' practice and nurses' practice (39% and 53.7% of all mentioned issues). Dealing with work-related stress and professional burnout as well as developing one's interpersonal skills applicable in the contact with other people, i.e. patients, colleagues, superiors are valuable and useful issues in the functioning in a professional role (Tehrani, 2004; Owczarek, 2007). In terms of mentioned problems, the category of psychological aspects of functioning of the patient comes second. This category comprises mainly trends in health psychology which is concerned with the research about specificity of functioning of a human when healthy and when ill (Heszen & Sęk, 2008). There is a clear need to understand both emotional and cognitive aspects as well as behaviours of the patient with particular emphasis on terminal stage of somatic diseases. Somatopsychic and psychosomatic relations constitute significant and valuable knowledge in terms of practice both for doctors and nurses (Bujanowska-Fedak et al., 2006). Psychological aspects of relations that take into account patient's perspective and informing about an unfavourable diagnosis also belong to this category (Sparks, Travis et al., 2005). Somewhat different data was obtained in the group of midwives. This group indicates mostly issues regarding the specificity of functioning of a patient. Specific problems related to midwifery and gynaecology such as pregnancy loss, psychological aspects of pregnancy as well as

psychological aspects of menopause are mentioned here. Another category of most-frequently mentioned issues comprises problems related to professional role functioning, especially dealing with work-related stress and relations within the team. In all professional groups studied, the third place is the category of general knowledge with emphasis on clinical psychology, personality issues, influence techniques and techniques to achieve changes. Knowledge of these areas of study has considerable significance and may translate into measurable effects, such as patients following therapeutic recommendations, to mention just one.

The last category concerns problems related specificity of functioning of the patient’s family. As far as following the above-mentioned therapeutic recommendation, not only are the patient-focused actions important but also good (constructive) relations with the ill person’s family are essential (Gaciong, 2008).

A significant majority of professional personnel declares a need to participate in training sessions focused on their psychological skills; while the doctors show the biggest interest to expand their knowledge of the subject matter. Table 3 shows the obtained results, whereas table 4 indicates the scope of discussion topics suggested by the participants of the study.

Table 3. Declarations of medical personnel to participate in psychological training sessions

Participation in training sessions (percent value)			
Declaration of participation	Doctors	Nurses	Midwives
Yes	83.5	67.8	60.0
I don’t know	5.0	17.5	26.0
No	11.5	14.7	14.0

Table 4. Stipulated categories of psychological issues during training sessions

Training sessions - Categories of stipulated issues			
Stipulated categories of issues	Percentage of issues recommendations		
	According to doctors	According to nurses	According to midwives
General psychological knowledge (K.I)	17.0	20.4	14.3
Specificity of functioning of a patient (K.II)	10.0	14.3	50.0
Specificity of functioning of the patient’s family (K.III)	2.0	4.0	3.6
Specificity of professional role (K.IV)	71.0	61.3	32.1

In the groups of the doctors and nurses, the vast majority stipulates subject matter related to the category of specificity of professional role. Other recommended subjects

oscillate between the category of general knowledge and the patient functioning. Issues with the patient's family relations are mentioned marginally. In the group of midwives the stipulated topics slightly differ. Among most frequently stipulated topics for training sessions are in the first place issues related to the patient functioning, in the second place issues regarding the specificity of professional role and general knowledge, and lastly – a small percentage the midwives expresses a need to learn about family-related issues.

7. Conclusions

Many authors draw attention to the fact that performing a medical profession (doctor's, nurse's and midwife's) requires not only thorough knowledge of the *strictly* medical subject matter, which is *condicio sine qua non* but also it needs considerable knowledge of issues related to psychology. Facing an increase in awareness and changes in social attitudes in terms of health behaviours it is necessary to take into account various aspects related to medical personnel education. One of the integral aims of comprehensive professional preparation of medical personnel is to point out opportunities that modern, solid psychological knowledge brings.

Acknowledgements

The author(s) declare that there is no conflict of interest.

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