Editorial

Improving health professionals' communication skills: A major global endeavour

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1. Growth and the phenomenon of Mainland China

Mainland China is a country where the statistics about human activity and volume of services are breathtaking. To give a sense of the staggering nature of the size of this rapid economic expanding country is to realise the level of hospitals and clinics numbers rose to more than 320,000 with over1.97 million doctors at the end of the last decade. The ratio of 15 doctors per 10000 persons compares with the USA of 25 per 10000 [1] http://www.chinatoday.com/data/data.htm. Changes within Chinese society are remarkable with the ability to communicate among citizens improving enormously with nearly half a billion cell-phone users and similar internet reach (2010 figures) and rapidly growing. There has been dramatic change in the organisation of health services in mainland China as shown by the strength of purpose to establish a public health insurance scheme for the large majority of the population. The challenges of organising health in this huge country is not without precendence of course as there are disparities between the cities and rural areas in accessibility to health care and the changes in treatable infectitious diseases to more chronic life-style illnesses such as diabetes and obesity. Hospital care in particular has seen some de-coupling from central public funding. Financial survival of these health care services is dependent on medical investigations and treatments. Accusations of over-treatment have been common threads of media coverage in the past few years in Chinese newpapers. Doctors and other health care workers feel under valued and under pressure from a public who have raised expectations. This wide scenario is common with others in the western world where complaints and litigation have inexorably risen to unprecedented levels. However the situation in China is exacerbated by the rapidity of changes within the health care system and their wider society. Additional factors are linked to a low base of formal training of communication skills within China's Medical Schools. An example is the fact that this educational input focussing on health care interaction with the patient is often optional for undergraduate students.

An important phenomenon with mainland China are the cultural changes that have occurred within society who have relied on the traditional speciality of medicine (known as Traditional Chinese Medicine, TCM), with a reliance on early identification of disease and a focused tailoring of intervention upon a detailed assessment. Typically this involves careful attention to person-centred variables, not least the belief structure of the individual seeking advice and intervention. The TCM approach has been advocated for combining with classical western medicine to attempt to get the best of both spheres of influence to cooperate towards a unified system. This has proved to be elusive, but the reasons for lack of integration are meaningful when attempting to explain the lack of attention to doctor patient interaction in a modern hospital and clinic settings.

2. The patient voice and research on healthcare communication

Some recent reports of the strains that have started to appear within the health care system within mainland China can be cited from the reports appearing in the academic press. Most notable is an editorial in the Lancet quoting some extremes that patients or their family members have resorted to physically abusing the medical staff providing health care that resulted in permanent injury or death. These traumatic events, in some instances make international headlines, and raise close attention to the factors responsible for such violent outbursts. Calls to change the system are naturally voiced and also met with doctors advocating the need for better training and

understanding the factors that are responsible for sensitive management of patients. Clinical curiosity has motivated research questions. Research in communication skills in health care settings in China has indeed responded. For example an interesting new study examining the empathic ability of doctors, as rated by patients, was tested in one major Chinese hospital and showed that face mask wearing by doctors was not helpful in the communication process between patient and clinician [2]. Over 1000 patients were recruited to this randomised-controlled study demonstrating that the ability of Chinese investigators to collect sizeable numbers of patients for their research is laudable. It is a remarkable feature of a great deal of clinical research with mainland China is the sheer capacity of collecting large sample sizes. This dedication and persistence to answer a research question definitively is to be lauded.

3. A milestone review for Chinese healthcare communication research

Within this issue of Patient Education and Counseling there appears an important review of the status of clinical communication skills training in mainland China [3]. The authors were driven to enquire about three main issues, namely: (i) the training programmes being used within the medical educational system (ii) the accompanying assessment instruments, and thereby (iii) the monitoring of effectiveness of these programmes. Finally, a set of future research goals were outlined to assist a programme of structured activity to improve the quality of care provided. The article has highlighted a vital set of issues for reflection and action.

A carefully conducted systematic review, adopting many of the features that help confirm that the work had been rigorous and fair, found 20 studies worthy of detailed description following the selection process which was dependent on quality. The studies reported showed the importance of use simulated patients and role-play. Some findings reflected the situation found elsewhere on the globe that staff value the training, and that it has high acceptability within the medical workforce on follow-up evaluation. However the authors note that some of the assessment systems have been modified from US frameworks or simply from non-validated self-prepared measures of limited validity. The authors call for more extensive validated procedures to confirm gains in staff performance and also patient satisfaction.

The reader will recognise the scholarly approach of this systematic review applied to a comparatively new educational methodology of experiential learning in the development of vital clinical skills. The importance of these skills will become ever more central to the everyday practice of the medical care personnel as patients seek advice and attend clinics more frequently. The increase in attendance to seek medical care will be predicated by an increased probability of life-style ailments including respiratory and circulatory disease entities. These chronic illnesses, resulting, for example, from smoking tobacco or consuming large quantities of high-fat foods, have the capacity to increase health care costs and stretch existing resources. It is hoped that this first review of its kind in this key world region will act as a stimulus to the Chinese health care system to develop their training models for clinical communication skills. Researchers in communication and healthcare may respond enthusiastically by recognising the changes in the pattern of illness, the industriousness of its workforce and the national commitment to community development and planned expansion of economic activity to promote new training initiatives and resource to assist the professional health care provider to become more responsive to patient requirements.

To show that developments are progressing, beyond simply the academic, the senior author of the review paper, included in this issue of the journal, has been elected at the national representative of the EACH Steering Group Committee. This appointment is made when sufficient members from a country become members of EACH. Hence, recent interest in communication skills research and teaching has expanded in a tangible way with links with a key research and teaching network established.

4. References

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