

*Full Length Research Paper*

# **Nursing education and its impact on patient-healthcare provider communication in Malawian hospitals**

**Precious Madula**

Shanghai International Studies University, 340 E Tiyuhui Rd, Hongkou, Shanghai, China.

Accepted 26 July, 2013

---

**Having good communication skills is essential for healthcare providers to establish good healthcare provider - patient relationships. Good patient-healthcare provider communication has better health outcomes, high compliance to therapeutic regimes, higher patient and healthcare provider satisfaction and a decrease in malpractice risk. Sadly, medical colleges tend to emphasise much on the biomedical sciences at the expense of communication skills subjects. This study explored communication curriculum that is offered to nursing students at Mzuzu University to establish whether the courses prepare students to address critical communication skills needed by nurses in practice. Self-administered questionnaires (N=280) were issued to healthcare providers, student nurses and patients. Analysis was done using SPSS Version 20 and Chi-Square tests were carried out. Findings support literature suggesting that communication skills are important and that some healthcare providers have problems when communicating with their clients.**

**Key words:** Patient, healthcare provider, communication skills, communication problems, treatment.

---

## **INTRODUCTION**

Effective inter personal communication (IPC) between healthcare providers and patients is one of the most important elements for improving client satisfaction, treatment compliance and health outcomes. Patients who understand the nature of their illness and its treatment, and who believe the provider is concerned about their well-being, show greater satisfaction with the care received and are more likely to comply with treatment regimes. Despite widespread acknowledgement of the importance of interpersonal communication, the subject is not always emphasized in medical training (Shukla et al., 2010).

This research sought to explore whether nursing colleges in Malawi offer communication skills that prepare students to address critical communication skills in practice. Previous studies have shown that many medical colleges tend to put much emphasis on biomedical science subjects at the expense of communication skills.

Despite the misconception that that communication is so easy a skill, effective communication does not always occur naturally, nor is it easily acquired. Healthcare providers need to acquire sound communication skills which ought to be taken as integral part of the nursing education they go through.

In Malawi, the issue of poor communication between patients and healthcare providers is not strange. For many years it has generally been alleged that there are problems of communication between healthcare workers and patients and often times it has been reported in the newspapers and on radios that some healthcare personnel fail to communicate effectively with their patients. This has resulted in deaths, complications or loss of financial resources which could have been prevented only if there was good communication between healthcare workers and patients. One case of poor communication is what happens when a patient goes to

**Table 1.** Sample characteristics.

Variable	Frequency (F)	Percentage (%)	Chi-square (X <sup>2</sup> )	Degree of freedom (df)	Asymp. Sig. (P-value)
<b>Patients</b>					
Female	91	76	32.033	1	.000
Male	29	24			
<b>Age of patients</b>					
18-25	60	50	77.8	3	0.000
26-40	47	39.2			
41-60	11	9.2			
60+	2	1.7			
<b>Student-nurses</b>					
Female	36	60	2.400	1	0.121
Male	24	40			
<b>Students-nurses age</b>					
18-25	51	85	72.700	2	0.000
26-40	7	11.7			
41-60	2	2.3			
<b>Healthcare provider</b>					
Female	60	60	2.400	1	0.121
Male	40	40			
<b>Age of healthcare providers</b>					
18-25	35	35	25.340	2	0.000
26-40	53	53			
41-60	12	12			

the diagnostic room and pharmacy. During this time, lack of sound IPC skills results in patients failing to express themselves. To make matters worse, the treatment given to patients does not effectively work because some healthcare workers do not effectively communicate on how a patient should take medication. It is therefore the duty of this study to assess whether the communication education offered to student nurses is adequate or needs to be improved in some areas.

## RESEARCH DESIGN AND METHODOLOGY

This study used cross-sectional design which employed both quantitative and qualitative research methods. The study area was Malawi and data was collected in two government hospitals as well as from a nursing college.

### Data collection and analysis

Data were collected in two Government Hospitals. Because these hospitals are large thereby making it difficult for me to ask every patient, some hospital wards for instance Tuberculosis Ward,

Maternity Ward and Paediatric Ward were sampled. Self-administered questionnaires were also used in one of the Nursing Colleges. The rationale for this was to have an appreciation of how Communication Courses were offered there and establish whether students benefitted from the curricula or not. The collected data was analysed by using SPSS Version 20 and Chi-Square statistic tests were conducted in order to determine whether a relationship existed between two categorical variables.

Table 1 shows the sample characteristics.

## RESULTS

### Communication skills curriculum

*Did you study communication courses? (An example of a question from the questionnaire).* Both students and healthcare providers showed that they had studied communication skills in college but gave different responses as regards the actual courses they had studied as shown in Table 2.

Table 2 shows some variations in the number of courses learnt. The reason for this discrepancy was not established but it could be speculated that the courses

**Table 2.** Courses learnt.

Topic	Student-nurses			Healthcare provider		
	Response	Frequency	Percentage	Response	Frequency	Percentage
Listening	Yes	60	100	Yes	100	100
	No	0	0	No	0	0
Writing	Yes	60	100	Yes	100	100
	No	0	0	No	0	0
Reading	Yes	60	100	Yes	100	100
	No	0	0	No	0	0
Public Speaking	Yes	60	100	Yes	85	85
	No	0	0	No	15	15
Interviewing	Yes	44	73.3	Yes	60	60
	No	16	26.7	No	40	40
Non-verbal communication	Yes	16	26.7	Yes	80	80
	No	44	73.3	No	20	20
Cross-cultural communication	Yes	34	60	Yes	60	60
	No	26	40	No	40	40
Small group problem solving	Yes	25	41.7	Yes	60	60
	No	35	58.3	No	40	40

were taught by different lecturers who took different approaches or perhaps the students were not fully aware of the topics they were learning.

### Study duration

*Is the study duration for communication enough?* There was a discrepancy in how the respondents viewed the communication study duration. 45 students (75%) indicated that study duration for communication was enough whereas 15 respondents (25%) said that the duration was short. 60% Of the healthcare providers showed that the study duration in college for communication studies was not enough.

### Students' perceptions on communication courses

*Are communication courses important for healthcare practice?* All healthcare providers showed that communication courses were very important for their work in the hospital. On the other hand, 58 student-nurses (96.7%) indicated that communication courses were helpful and

crucial for their career. These results are highly significant ( $X^2=55.068$ ,  $df=1$  and  $p=0.000$ ). These results are also in line with what many scholars assert that communication studies are good for students pursuing medical programmes. Interestingly, 2 respondents (3.3%) indicated that communication courses were not helpful to their career because they taught obvious things and they thought that they were just wasting their time learning communication skills.

### Relevance of communication courses on nursing career

*Do you think communication courses you study are relevant to your job?* The student respondents held different views on the relevance of communication skills in their career. Some thought that communication courses were vital but others felt communication courses were not very important. 26 respondents (43.3%) said that they could not fail to graduate because of failing communication courses while 34 respondents (56.7%) said they could not graduate if they failed communication courses. Here it clearly shows that those in authority

need to clearly spell out the position of communication courses in the nursing programme so that the students are all aware of its importance. On the other hand, all healthcare providers indicated that the communication courses they had studied were very relevant to their work in the hospital. Apart from studying communication in college, the respondents also indicated that they had in-service training on communication skills. 73 respondents (73%) indicated that they had received on-job training on how to communicate with patients while 27 respondents (27%) said they had not yet received in-service communication skills training.

### Patient-healthcare provider communication

*How is patient-healthcare communication rated?* Both patients and healthcare providers (student-nurses inclusive) rated their communication with each other. 60% indicated that their communication with the healthcare providers was good, 14.2% said that their communication was very good, 15.8 said it was average and 10% said it was poor. 22 student respondents (36.7%) said their communication with patients was very good, 21 (35%) said it was good and 5 (8.3%) said it was average ( $X^2=12.390$ ,  $df=3$  and  $p=0.006$ ). On the other hand, 21 (21%) healthcare providers said that their communication was excellent, 47 (47%) said it was very good, 26 (26%) said it was good while 6(6%) said it was average.

On whether the patients understood what healthcare providers communicated 90 respondents (75%) indicated that healthcare providers use understandable words while 30 respondents (25%) said that healthcare providers do not use understandable words. Much as many patients showed that they understood what healthcare providers say, the majority did not decode information presented in their health passport. Only 35 (29.2%) of the 120 patients indicated that they understood what is written in their health passports while 85 (70.8%) patients said that they did not understand prescription information written in their health passports. These results are highly significant ( $X^2=20.833$ ,  $df=1$  and  $p=0.000$ ). The respondents attributed their failure to understand what is written in their health passports to the technical language and symbols that the healthcare providers use which the majority of the patients do not understand. 85% of the patients therefore recommended that healthcare providers in Malawi should start writing in their health passports using language they (the patients) could understand.

On trusting healthcare providers' confidentiality, 108 respondents (90%) said they were confident with the healthcare providers as such they did not feel inhibited to present any kind of information pertaining to their sickness. 12 respondents (10%) however, said they did not trust healthcare providers' confidentiality.

The amount of time spent interacting with patients also varies. 11 student-nurses (18.3%) said they communicated with patients for less than one minute, another 18.3% said for less than five minutes and 38 respondents (63.3%) said they interacted with patients for more than five minutes. These results are highly significant ( $X^2=25.66$ ,  $df=2$  and  $p=0.000$ ). On the other hand, 17% of the healthcare providers said that they spent less than one minute, 31% said less than five minutes, and 52% indicated that they spent more than five minutes. Again these results are significant ( $X^2=18.620$ ,  $df=2$  and  $p=0.000$ ). It was pointed out though that it was hard to precisely pinpoint the amount of time spent with patients because they deal with a variety of cases with different communication needs which called different amount of attention. For instance, they asserted that patients with simple cases do not need more time while complex cases required more time. Despite the discrepancy on time spent communicating with patients, both student-nurses and healthcare providers showed that they gave patients an opportunity to ask questions.

Interestingly, this study found that generally patients are happy with the time they interact with healthcare providers. 82 patients (68.3%) said that they are given enough time to communicate with healthcare providers whereas 38 patients (31.7%) said that they were not given enough time. These results are highly significant ( $X^2=16.133$ ,  $df=1$  and  $p=0.000$ ).

### Communication challenges

*Do you experience any communication problems with patients?* 62 patients (51.7%) indicated that some healthcare providers communicate poorly hence have communication problems. On the other hand, 58 patients (48.3%) indicated that healthcare providers in Malawi are communicating effectively as such they have no communication problems. 46 respondents (76.7%) said they did experience some problems while 14 respondents (23.3%) said they did not experience any problems ( $X^2=17.067$ ,  $df=1$  and  $p=0.000$ ). The majority of those who said they experienced communication problems cited language barrier as their main challenge. They said they could not speak Chitumbuka which is the regional lingua franca in the Northern Region of Malawi yet the bulk of their interlocutors (patients) speak Chitumbuka. They therefore suggested that there should be interpreters to help them communicate with the predominantly Chitumbuka speaking clients. Other respondents stated that patients feel shy to fully disclose their illness because they felt the student-nurses were too young to be entrusted with some sensitive information.

On the same issue, 99 healthcare providers (99%) emphatically indicated that they needed communication skills training to enable them effectively communicate

with their clients. These results are highly significant as shown by the Chi-square test done ( $X^2=96.04$ ,  $df=1$  and  $p=0.000$ ). Based on this request, it can be concluded that the healthcare providers do realize that there are some communication gaps which could be addressed by the training in question. Hospital management should therefore consider training the staff. The respondents also reaffirmed their need for communication skills training by asking for refresher courses in communication skills. 86 respondents (86%) indicated that they needed refresher courses as a matter of urgency. 14 respondents (14%) felt that they needed neither training nor refresher course. Again, these results are statistically significant and have been confirmed by Chi-square test. Training should therefore be provided to Malawian healthcare providers in order to enhance their communication skills.

### **Healthcare provider communication with illiterate patients**

This study established that patients with different educational background have different communication abilities. For instance, 58 respondents (96.7%) showed that there are apparent differences in communication behaviours between literate and illiterate patients. Two respondents (3.3%) said that there were no apparent differences. These findings are statistically significant as confirmed by the Chi-square test results ( $X^2 =52.267$ ,  $df=1$  and  $p=0.000$ ).

## **DISCUSSION**

Communication between healthcare providers and their patients has been investigated in numerous studies from a variety of perspectives. Most researchers focus on the transfer of information between provider and patient and study such phenomena as a number of questions asked; symptoms disclosed by patients, amount of information given by physicians, patients' recall and understanding of information given and amount of time spent on information exchange. This section presents the discussion of findings.

### **Nature of patient-healthcare communication**

The importance of good and effective patient-healthcare provider communication is well documented. Research is replete with findings that sound communication leads to positive health outcomes. For instance, Linney (2007) contends that good healthcare provider-patient communication has been shown to have a positive impact on a number of health outcomes in previous studies. In a study that explored the effects of communication skills

training on the process and outcome of care associated with patient's emotional distress, improvement in healthcare workers' communication skills was shown to be associated with a reduction in emotional distress in patients. Where sound communication between patients and healthcare providers exists, the feedback is good and rating of the interaction is often very high (Negri, 2009; Tuohy, 2003).

Generally in Malawi the media are awash with allegations that patient-healthcare provider communication is poor to say the least. This study wanted to establish this. Patients were asked to rate how they viewed their communication with healthcare providers. 14.2% said it was very good, 60% said it was good, 15.8 said it was average and only 10% indicated that it was poor. As can be seen here, the majority of the clients (60%) rated their communication with healthcare providers as good and this result is highly significant. The patients' responses were echoed by the student nurses-20% said it was excellent, 36.7% said it was very good, 35% said it was good and only 8.3% said it was poor. Similarly, healthcare providers agreed that their communication with patients was good. 21% rated their communication as excellent, 47% said it was very good, 26% said it was very good whereas only 6% indicated that it was poor. So, based on this communicating rating, it can be concluded that the respondents involved in this study felt that patient-health care provider communication was good.

This effective communication is manifested in the way patients understood healthcare provider's communication. 92 respondents representing 76.7% indicated that they understood what healthcare providers said whereas 28 respondents (23.3%) said they did not understand what healthcare providers said. These results are highly significant and it is no wonder that the patients seemed to be satisfied with the way healthcare providers explained things. 89 patients (72.4%) indicated that healthcare providers explained illness information in detail whereas 19 patients (15.8%) said that healthcare providers did not explain things in detail and 12 patients (10%) said sometimes healthcare providers present illness information in detail and sometimes they do not.

In this study, it has also been established that healthcare providers communicate accurately with their clients. 77.3% of the patients indicated that healthcare providers communicated accurately and 60.8% indicated that they told the doctor their treatment preference while 50.8% showed that they repeated what healthcare providers say in order to ensure that they understood what was being said.

### **Patients' trust and healthcare providers' interest**

Patients' trust in their healthcare providers is yet another

variable that may also affect patient satisfaction and health outcomes. When patients trust healthcare providers that they will keep information confidential and that they will help them to find a cure for their illness they tend to communicate freely. Trust development cannot be attributed to one sole cause and there are many strategies for enhancing trust within healthcare setting. Nurses for instance, have been shown to use humour in order to promote trusting relationships with their patients (Johnson, 2002). Sadly, despite the potential importance of trust, there are a few studies of its correlates which use objective measures of healthcare provider behaviour (Fiscella et al., 2004). This study revealed that 108 respondents (90%) were confident with the healthcare providers as such they did not feel inhibited to present any kind of information pertaining to their sickness. Only 12 respondents (10%) however, said they did not trust healthcare providers' confidentiality. As can be seen here, the majority of the patients surveyed felt that their healthcare providers had best intentions at heart while only a small percentage did not think so. What, specifically, were some of the causes for this distrust could not however be ascertained in this study.

Related to trust in terms of its impact is interest. In an interaction, people are always free to express themselves if their interlocutor shows interest. Interest may signal respect and empathy. One way of showing interest in a communication act is through active listening. According to Linney (2007), active listening involves healthcare provider having the skills to listen, to stay focussed on others' messages and resist distraction. It also means keeping an open mind to others' ideas even if they disagree. A healthcare provider may show interest in the patient through eye contact, posture, body and facial expressions. In view of this, do Malawian healthcare providers show interest in communicating with their patients? 93 patient respondents (77.5%) said that healthcare providers in Malawi showed interest when communicating with them whereas 27 respondents (22.5%) said that healthcare providers did not show interest when communicating with them.

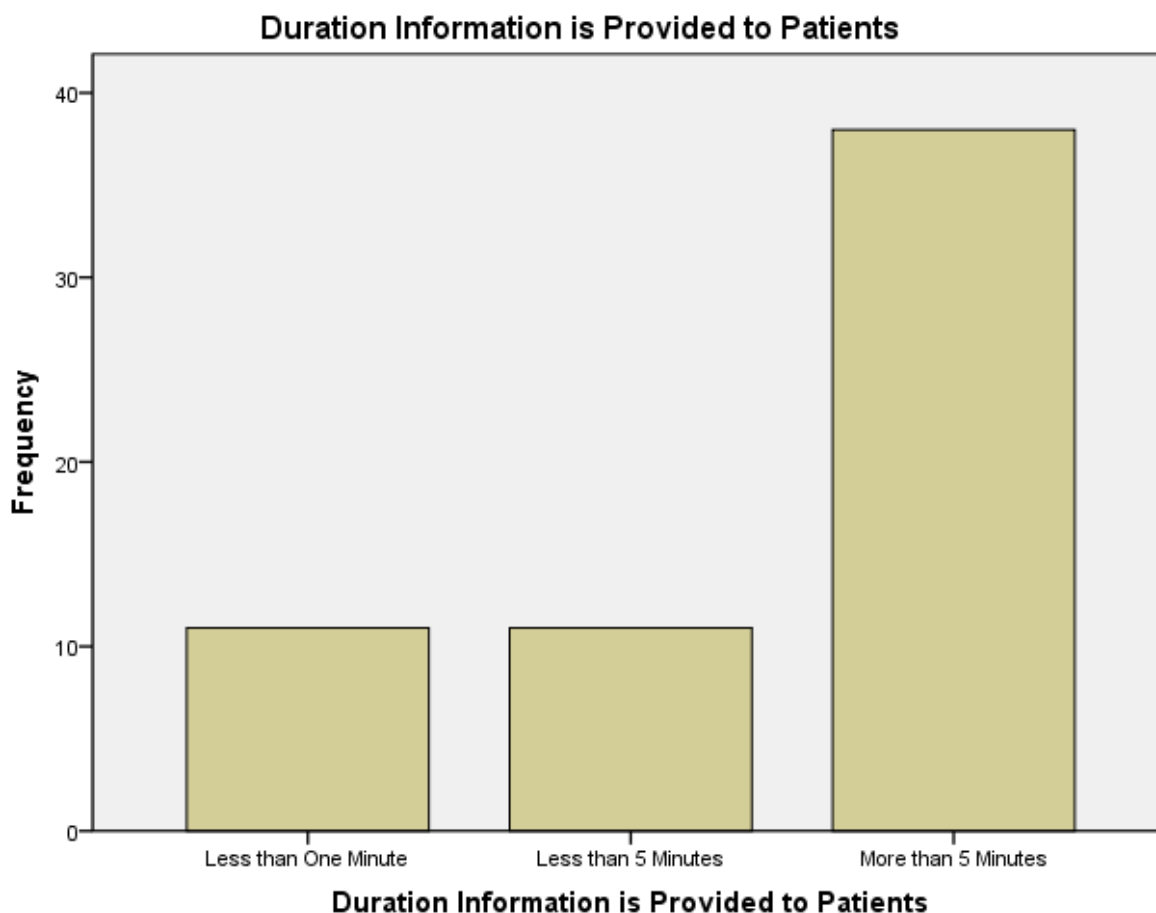
### **Communication skills education for the healthcare providers**

Communication plays a crucial role in the delivery of healthcare services as such healthcare providers need to acquire skills that can enable them to communicate effectively with their patients. Having good communication skills is essential for healthcare providers to establish good healthcare provider-patient relationship. Not surprisingly, many undergraduate and postgraduate medical education and training programmes have made the attainment of good communication skills a core requirement (Roter and Hall, 1993). To support this, a

study conducted by Leonard et al. (2004) recommends that there is a strong need to conduct healthcare provider-patient communication and actively include teaching the art of communication skills in undergraduate and postgraduate learning programmes for the benefit of both the healthcare provider and patient. Many studies do recommend that medical students should be exposed to communication studies in order to equip them with skills with which to effectively communicate with their clients. To date most medical colleges and institutions have communication skills as an integral part of their curriculum. Even though medical students are receiving more communication skills instruction today, a survey by primary care physicians indicated that 61% felt that the current medical education curriculum did not provide sufficient communication training. Another study by Claramita et al. (2011) in Indonesia also noted that the doctors lack communication skills to effectively interact with patients.

In this study, regardless of age, sexual, rank and qualification differences, all the healthcare provider (student-nurses inclusive) respondents indicated that they had studied communication studies during their college or university days. The courses they claimed to have studied varied to a certain degree. Among others, the respondents indicated that they had studied topics such as listening, writing, reading, public speaking, conflict resolution, non-verbal communication, cross-cultural communication, small group problem solving and interviewing. All the healthcare providers and the majority of the student-nurses (96.7%) indicated that the communication courses they had studied were relevant and helpful for their career. 73% of the healthcare also indicated that they had in-service training on how to communicate with their clients. The variation in the courses learnt may be attributed to the fact that the respondents attended different colleges with different communication studies curriculum.

Interestingly, their perception on whether the study duration for communication studies was enough differed. 75% of the student-nurses indicated that the study duration was enough whereas 25% felt that the duration was short and ought to be extended by one year in order to help healthcare providers acquire all the necessary communication skills needed in the hospital. Perhaps, this difference can now explain why despite having gone through communication courses, 44% of the healthcare providers indicated that communication gaps still existed. Among others, the respondents indicated that they had problems to non-verbally communicate with their clients. In view of this, there is therefore need for those responsible for teaching communication skills to ensure that both student-nurses and healthcare providers are adequately equipped with non-verbal communication skills to enable them effectively communicate with their clients. The need for training is so huge and healthcare providers reaffirmed that. 86% indicated that they needed



**Figure 1.** Duration Information is provided to patients by student-nurses.

Less than one minute= 11 respondents (18.3%)

Less than 5 minutes = 11 respondents (18.3%)

More than 5 minutes = 38 respondents (63%)

$\chi^2 = 25.66$ ,  $df=2$  and  $p= 0.00$ .

communication skills training as a matter of urgency in order to enhance their communication skills.

#### **Duration healthcare providers spent communicating with their clients**

Previous studies show that healthcare providers spend very little time to communicate with their patients. For instance, in their study, Bell et al. (2008) revealed that healthcare providers barely afforded patients an opportunity to express themselves or clarify information before interrupting. Another study by Claramita et al. (2011) also found out that in some instances patients are only given seconds to provide information about their sickness. They identified time as a major barrier to patient-healthcare provider communication. Time constraints are inherent in

health care systems and in most cases high patient load does not allow sufficient time for appropriate patient-healthcare provider.

Figure 1 shows the length of time it takes for student nurses to communicate with their patients. On their part, 17% of the healthcare providers said that they spent less than a minute in communicating with their patients, 31% said less than five minutes while 52% indicated that they spent more than five minutes talking with their patients. Both respondents pointed out though that it was hard to precisely pinpoint the actual amount spent on communicating with patients because they dealt with different cases which had different communication needs. For instance, they said that simple cases required less time for communication while complex cases required more time so that the patients could fully understand the nature of their illness, preventive measures and medication

processes.

The respondents also indicated that it was generally hard for them to adequately communicate with patients due to heavy work load, high patient ratio and a busy schedule. These results are in tandem with a research conducted by Kato et al. (1996). Their findings showed that healthcare providers considered health work-load as a primary communication barrier with patients. And in another research, McCabe (2003) revealed that healthcare providers could form a good relationship with patients if they worked in a client rather than task-based organizational system. This means that healthcare providers should aim at communicating effectively with the patients instead of aiming at finishing a heavy-workload.

### **Patients' literacy levels and communication**

Studies have indicated that patients' educational background can influence patient-healthcare provider communication. According to a report by the Institute of Medicine of the National Academies (2004), low literacy levels sabotage understanding. Ely and Levinson (1995) agree and say that patients with the lowest education level or no education at all may not express themselves well or make their expectations known like those with good education consequently making it difficult to meet their expectations. In their study, Willems et al. (2005) indicated that education level is used as a measure because differences in education correspond with different access to information. They revealed that patients with a higher educational level have more skills and confidence in talking to their healthcare providers and tend to provide more information, ask more questions and speak longer than other patients. They concluded that educated patients seemed to be more expressive and opinionated and received more diagnostic and health information than less educated patients.

In this study, 60.8% of the patients had no formal education and 97% of the healthcare provider respondents (student-nurses inclusive) indicated that there were apparent differences between literate and illiterate patients. For instance, they said that illiterate patients had problems to express themselves and retain information about their treatment regimen. These results are similar to findings of previous studies already discussed earlier.

The fact that many patients did not have formal education is very crucial and has a bearing on the communication between healthcare providers and patients in Malawi. It can thus be recommended that even though some patients had formal education, it is imperative that healthcare providers possess sound communication skills to allow them effectively communicate with all patients regardless of their literacy levels. It is also important to pay special attention to the illiterate patients in order to

fully understand what their problem is and how best it can be treated.

### **Challenges in patient-healthcare provider communication**

Previous studies show that hospitals are laden with patient-healthcare communication problems. For example, Claramita et al. (2011) found out that communication between patients and healthcare providers at an Indonesian hospital was very poor and revealed that the status quo was a result of heavy workload. Besides, another study also cited lack of adequate IPC skills as one of the causes of poor communication between patients and healthcare providers (Roter, 2004). Roter (2004) therefore recommended that communication skills education should be offered to both undergraduate and post graduate medical students. In a related study, McCabe (2003) blamed the organisational environment in which healthcare providers work. He revealed that most healthcare providers were task-oriented than client-oriented as a result they paid less attention to all factors that facilitate and enhance appropriate and effective patient-healthcare provider communication.

In this study, 51.7% of the patients indicated that some healthcare providers had communication problems while 48.3% felt that healthcare providers in the two sampled hospitals were communicating effectively. One of the problems cited was talking manners. 40% of the patients indicated that healthcare providers talked to them in an abusive and disrespectful manner. They said sometimes healthcare providers yell or shout at them. The abusive nature of some healthcare providers has received considerable publicity in the Malawian media and these findings confirm what the media said that some patients are abused. In view of this, it is important that healthcare providers learn to communicate with their clients in a respectful and empathetic manner. Healthcare providers should desist from using abusive language or shouting at patients as insinuated here. The way clients are handled is very crucial because if patients feel that they are not being respected and receive all sorts of abuses from healthcare providers then they will feel discouraged and will not have any motivation to go to hospitals whenever they are sick. As such, some people with treatable and preventable diseases could lose their lives.

Student-nurses and healthcare providers also cited some factors that bring about patient-healthcare provider communication problems. For instance, 76.7% of the student-nurses indicated that they experienced problems when interacting with patients due to lack of competence in the client's language. Most of their clients spoke Chitumbuka-the Northern Region lingua franca sadly most of the student-nurses could not speak that language. They therefore suggested that there should be



interpreters to help them interact with their clients. These results are similar to the findings of Kamwendo (2004). The student-nurses also cited the perception of some elderly patients as another factor that inhibits effective patient-healthcare provider communication. They revealed that some patients felt shy and were hesitant or reluctant to fully disclose their illness because they felt that the student-nurses were too young to be entrusted with some sensitive information.

Besides, both the student-nurses and healthcare providers also revealed that that illiteracy was affecting the way they interacted with the patients. This confirms what previous studies indicated that literacy levels influence patient- healthcare provider communication. 76% of the healthcare providers also indicated that they lacked adequate skills to effectively non-verbally communicate with their clients. They therefore indicated that they needed training on communication skills. They also cited heavy work load as one of the factors that contributes to poor patient-healthcare provider communication. It would therefore help if more healthcare providers were deployed in hospitals in order to facilitate effective communication between healthcare providers and their clients.

## Conclusion

In conclusion, this study has highlighted communication skills education in Malawi's medical colleges. As elaborated, both student nurses and healthcare providers indicated that they learnt some communication skills but the content was different. They also indicated that the communication skills they acquired were not enough as such they called for extension of study period and/or provision of refresher courses for those working. The patient-healthcare provider communication is faced with a number of challenges, namely; low literacy levels which influence nature of communication, high workload, lack of proper IPC skills, language barriers and format of presenting prescription information. It is therefore important that the Malawi government and all stakeholders work towards addressing the mentioned problems to promote effective patient-healthcare provider communication. Communication remains key to solving the solving the sickness puzzle.

## REFERENCES

- Bell CM, Schnipper JL, Auerbach AD, Kaboli PJ, Wetterneck TB, Gonzalez DV, Vineet MA, Zhang JX, Meltzer DO (2008). Association of communication between hospital based physicians and primary care provider with patient outcomes. *J. Gen. Int. Med.* 24(3):381-386.
- Claramita M, Utarini A, Soebono H, Van Dalen J, Van de Vleuten C (2011). Doctor-patient communication in Southeast Asian setting: The conflict between ideal and reality. *Adv. Health Sci. Educ.* 16:69-80.
- Ely JW, Levinson W (1995). Perceived causes of family physicians' errors. *J. Fam.* 40(4):337-344.
- Fiscella K, Meldrum S, Franks P, Shields CG, Duberstein PR, McDaniel SH, Epstein RM (2004). Patient trust: Is it related to patient-centered behavior of primary care physicians? *Medical Care*, 42: 1049-1055.
- Johnson P (2002). The use of humour and its influences on spirituality and coping in breast cancer survivors. *Oncol. Nurs. Forum* 29(4):691-695.
- Kamwendo GH (2004). Language policy in health services: A sociolinguistics study of a Malawian referral hospital. Institute for Asian and African Studies, Helsinki.
- Leonard M, Graham S, Bonacum D (2004). The human factor: The critical importance of effective team work and communication in providing safe care. *Qual. Saf. HC.* 13(1):185-190.
- Linney G (2007). Communication skills predict success. *Phys. Exec.* pp.72-74.
- Negri B, Brown LP, Hernandez O, Rosenbaun J, Roter D (2009). Improving interpersonal communication between healthcare providers and clients. Bethesda: Quality Assurance Project.
- Roter DL, Hall JA (1993). Healthcare providers talking with patients/patients talking with healthcare providers: Improving communication in medical visits. Auburn House, Westport, C.T.
- Roter DL (2004). Patient centered communication: more than a string of words. *BMJ USA.* 4:279-280.
- Shukla AK, Yadav VS, Kastury N (2010). Healthcare provider-patient communication: An important but often ignored aspect in clinical medicine. *J. Ind. Acad. Clin. Med.* 11:3.
- Tuohy D (2003). Student nurse-older person communication [Electronic Version]. *Nurse Education Today*, 23:19-26.
- Willems S, De Maesschalck S, Deveugele M, Derese A, De Maeseneer J (2005). Socio-economic status of patient and doctor-patient communication: Does it make a difference? *Pat. Edu. Counsel.* 56(2):139-146. Available at <https://biblio.ugent.be/input/download?func=downloadFile&fileId=558272&recordId=315110>.