Editorial

PRECEDE-PROCEED: The Best Model to Plan in order to Improve Interns' Self-Efficacy Specific to Doctor- Patient Communication Skills

Saeideh Ghaffarifar[1], Fazlollah Ghofranipour[2*], Fazlollah Ahmadi[3]

Patient satisfaction with health services is one of the pivotal factors affecting the continuity of self-care and treatment behaviors as well as acquisition of a vast majority of desired health outcomes [1, 2]. According to Montini and colleagues, qualitative content analysis of eight research reports showed that patients' dissatisfaction with the quality and quantity of the doctor-patient relationship was at the top of the patients' complain list [3].

A 2010 systematic review on the effective training strategies for teaching communication skills to physicians declared that according to many studies, the communication styles of the medical doctors plays a key role in "patient satisfaction" and "patient compliance" [4].

This study also confirmed that the prevailing doctor-patient communication behavior resulting from deeply rooted habits needs to be improved by designing the effective training strategies, and the important reason for finding an effective training approach lies in the fact that medical professionals often encounter a distinct lack of time to continue to attend a considerable extent of the training courses. Moreover, this review contributed learner-centeredness and practice- orientation of a training program as well as its duration of at least one day to the effectiveness of the program and concluded role-play, feedback and small group discussions as the effective training strategies [4].

Some research indicates that learning of communication skills are more influenced by

1- Ph.D. Candidate, Department of Health Education & Health Promotion, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, Iran Email: s.ghaffarifar@modares.ac.ir
2- Associate Professor, Department of Health Education & Health Promotion, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, Iran Email: ghofranf@modares.ac.ir
3- Professor, Department of Nursing, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, Iran
Email: ahmadif@modares.ac.ir

[Downloaded from hehp.daneshafarand.org on 2026-11-14]

learners' self-confidence and self-esteem than the other topics [5] and health care providers who have enough skills and sensible self-efficacy properly assess and better answer patients concerns [6]. Hence, it seems that improving doctors' self-efficacy specific to doctor- patient communication skills can sensibly lead to more patient satisfaction and patient compliance.

Despite the widely accepted importance of improving self-efficacy, both the strategies and the influential factors in gaining and improving self-efficacy are remarkably unique to every educational setting [7-10]. Comparing the applications and limitations of different theories and models in health education and health promotion, such as health belief model, theory of reasoned action, theory of planned behavior as well as transtheoretical model and social cognitive theory, promulgates giving a marked preference to PRECEDE PROCEED when planning to improve Interns' self-efficacy specific to doctor- patient communication skills.

On one hand, the health belief model concentrates on only a few limited health beliefs and does focus not on some other important factors such as cultural factors and previous experiences, resulting to a significant lack of consistent predictive power. Similarly, the theory of reasoned action and theory of planned behavior do not cogitate about demographic variables, personality- related and cultural factors that can strongly shape Interns' doctor- patient communication behaviour [9, 10]. Whereas, according to Ammentorp, self-efficacy and thereby the behavior is influenced by a variety of internal and external factors. He mentions that some internal factors such as personal knowledge, skills, self-esteem, and stress as well as some external factors such as physical condition, interpersonal environment, available time and tax complexity have an impact on one's self-efficacy. He also confirms that the evaluation of self-efficacy can be influenced by major changes in personal characteristics such as skills, knowledge and psychological condition [6].

On the other hand, the comprehensive transtheoretical model and extensive social cognitive theory are onerous to thoroughly utilize and it is actually impossible to "reify" all their constructs. Besides, as Prochaska suggested, the interventions based on social cognitive theory for the most part choose the people who are ready to change their behaviour [10], whereas identifying Interns' concerns when making communication with patients and the strategies they apply to build their self-efficacy need conducting a situational analysis before planning any intervention to improve Interns' self-efficacy specific to doctor- patient communication skills. In other words, it is crucial to find out

[Downloaded from hehp.daneshafarand.org on 2026-11-14]

that which of the four commonly suggested strategies are applied by medical Interns to build their self-efficacy. If they separate the complicated behavior into realistic and feasible smaller steps, and perform the whole procedure in small viable steps, they play the role of a trusted model that has successfully practiced any desired process; they use persuasion and reassurance and attribute their previous failures due to making a behavior change to external reasons, or they try to reduce their stress in order to accelerate the change and learning process [8-10].

Conclusion

The commitment of the PRECEDE PROCEED model to the principle of participation [10] for instance in doing a situational analysis, as well as its flexibility and its ability to embody the pertinent constructs of the aforementioned theories and models everywhere and every time during the research such as the construct of the processes of the transtheoretical model or the constructs of goal setting and situational perception of the social cognitive theory [9, 10], regardless of their aforesaid limitations, let the PRECEDE PROCEED deserve the best credit to plan to improve Interns' self-efficacy specific to doctor- patient communication skills.

References

[1] Pichert J, Miller C, Hollo A, Gauld-Jaeger J, Federspiel C, Hickson G. What health professionals can do to identify and resolve patient dissatisfaction. Joint Comm J Qual Improv 1998; 24(6): 303.

[2] Silverman J, Kurtz SM, Draper J, van Dalen J, Platt FW. Skills for communicating with patients. Oxford, UK: Radcliffe Publication, 2005.

[3] Montini T, Noble AA, Stelfox HT. Content analysis of patient complaints. Int J Qual Health Care 2008; 20(6): 412-20.

[4] Berkhof M, van Rijssen HJ, Schellart AJ, Anema JR, van der Beek AJ. Effective training strategies for teaching communication skills to physicians: An overview of systematic reviews. Patient Educ Couns 2011; 84: 152-62.

[5] Kurtz S, Silverman J, Benson J, Draper J. Marrying content and process in clinical method teaching: enhancing the Calgary-Cambridge guides. Acad Med 2003; 78(8): 802-9.

[6] Ammentorp J, Sabroe S, Kofoed P-E, Mainz J. The effect of training in communication skills on medical doctors'and nurses' self-efficacy: A randomized controlled trial. Patient Educ Couns 2007; 66(3): 270-77.

[7] Eva KW, Regehr G. Self-assessment in the health professions: a reformulation and research agenda. Acad Med 2005; 80(10): s46-s54.

[8] Bandura A. Guide for constructing self-efficacy scales. Self-efficacy beliefs of adolescents. 2006;5:307-37. Printed in the USA.

[Downloaded from hehp.daneshafarand.org on 2026-11-14]

[9] Glanz K, Rimer BK, Viswanath K. Health behavior and health education: theory, research, and practice. San Francisco: John Wiley & Sons, 2008.

[10] Sharma M, Romas JA. Theoretical foundations of health education and health Promotion. San Francisco: Jones & Bartlett Publishers, 2011.

[Downloaded from hehp.daneshafarand.org on 2026-11-14]