



THE CHIROPRACTOR, A PERSONAL OBSERVATION REPORT

Maria Angelica Deeb

Transportation Department, City of Mesa, Mesa, Arizona

Abstract: This personal observation report will focus on the occupation of chiropractor medicine. In April 2007 with *Bedford v. Riello* (N.J. Super. Ct. App. Div., 2007), the Appellate Division of the New Jersey Superior Court reopened the century-old debate about the chiropractor's role in the American healthcare system. Some of the questions the debate tried to answer were, what type of care may chiropractors offer? How are chiropractors permitted to treat their patients? How do chiropractors work with medical doctors? What social skills do chiropractors need when working with other people? This paper will focus on this last question and will define the top social skills needed by chiropractors.

Keywords: chiropractor, chiropractic medicine, behavioral skills, job skills and traits.

Introduction: Chiropractic medicine in the US is a public health and safety profession which has conflicts within. Reports have noted its practice has “inconsistent methods of practice nationwide” (Morrison, 2009). Some of the conflicts stem from the definition of chiropractor. Chiropractic medicine is defined by the New Jersey licensing board as the practice of a system of adjusting the articulations of the spinal column by manipulation. A licensed chiropractor shall have

the right in the examination of patients to use the neuro-calometer, X-ray, and other necessary instruments solely for the purpose of diagnosis or analysis. No licensed chiropractor shall use endoscopic or cutting instruments, or prescribe, administer, or dispense drugs or medicines for any purpose whatsoever, or perform surgical operations excepting adjustment of the articulations of the spinal column (West Supp., 2008). The definition above highlights that state legislatures protect the public by narrowing the chiropractic scope of practice statutes and limit chiropractors to operating as musculoskeletal specialists within the conventional medical system. The chiropractor interviewed for the paper described how Medical Doctors (MD) view chiropractors: “*Most are skeptical to*

For Correspondence:

deeb@mesaz.gov

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chiropractic care due to the long lasting impact of the illegal boycott of chiropractic for over 40 years by the AMA. The AMA was found guilty of illegal conspiracy to destroy chiropractic under the Sherman Anti-trust Act, in 1987. This bias has slowly decreased due to the often ignored research that shows the great effectiveness and cost savings of chiropractic over typical medical care for neuro-musculoskeletal conditions”(D. Dearth, personal communication, February 9, 2016)

Notwithstanding the conflicts within the chiropractor’s practice, chiropractor medicine is a healthcare profession that is widespread within the US. As such, social skills are needed by chiropractors and this paper will include highlights of the question and answer session with Dr. Dearth and his responses to questions such as, how do you prepare before you start a session? What do you ask and why? What questions do you ask patients about their conditions? Are there patients whom you wish you would have treated differently? The paper will wrap all these answers together and answer the following question based on Dr. Dearth’s answers and based on the research conducted: What do you think people who want to be chiropractors need to be aware of and nurture what skills?

Previous Research: This section will summarize information from research studies about chiropractors that have already been published. The studies used for the paper provide little information about the “behavioral” aspects of chiropractic medicine. The only available sources for behavioral study of chiropractors were the question and answer session with Dr. Dearth and the 2003 book *Chicken soup for the chiropractic soul: stories of inspiration, healing, laughter, and a lifetime of wellness*.

This paper will contribute the academic study of chiropractic medicine by listing behavioral skills noted by a professional chiropractor and by a

patient as the behavioral skills needed to be a successful chiropractor. These skills were identified as needed by a chiropractor while practicing chiropractic medicine and deemed important while observing the practice of the chiropractor. This list, combined with the research conducted, can add something new to our understanding of chiropractic medicine.

In order to establish the behavioral skills needed by a chiropractor practitioner one must define chiropractic care in the US. “Today, chiropractic care fits within a broader definition of health modalities called Complimentary and Alternative Medicine (“CAM”). CAM encompasses chiropractic care, massage therapy, acupuncture, and naturopathy, as well as other types of alternative medicine” (Morrison, 2009). Goldstein, in 2002, reported that approximately 68% of the adult population has used a CAM therapy at some point in their lives (Goldstein, 2002). Chiropractic care is no longer outside of the mainstream; in 2009, the National Directory of Chiropractic (NDC) had over 65,000 practicing chiropractors catalogued in its database (NDC, 2016). This prevalence of consumers and practitioners justifies taking a look at the behavioral skills needed within chiropractic care as almost 7 out of 10 adults will seek chiropractic help in their life.

The practice of chiropractic care licensing differs nationwide. Each practice is regulated by the respective state of practice. In order to develop a list of behavioral skills, it was required to research and develop a list of common features among all state’s practice statutes. Research findings conclude that the common features are

- Categorizing chiropractors as primary contact professionals, which signifies that no referral from a physician is required;
- Right and duty to diagnose;
- Right to take X-rays and the right to use spinal manipulation; and

- Prohibition from performing surgery (Nat'l Ctr. For Complimentary & Alternative Med., 2005) and prescribing drugs (Chapman-Smith, 2000).

Method and Sample: This section will describe how the information used as research was obtained. The chiropractor professional interviewed for this paper was sent a questionnaire (see questionnaire as Exhibit A). After the questionnaire was completed (see answers as Exhibit B), the chiropractor was interviewed. The interview took place and a more in-depth exploration of the answers was conducted with the intent to fill in the gaps and to get firsthand knowledge of the chiropractic practice. Library research was conducted focusing on the interview responses, thus researching on important themes which were expressed by Dr. Dearth. The sections below summarize such findings and research.

Chiropractic Information – The “Clue” Game
In order to focus on behavioral skills, the paper is going to focus on a common practice of chiropractors, which is their right and duty to diagnose. One of the most interesting findings is the assessment of how chiropractor prepares for a first session and how the professional health care professional comes to a diagnosis. This is critical as the diagnosis made in the first session is the basis for future chiropractic work and healing. These findings allowed the researcher to define what behavioral skills are needed for conducting this session/diagnosis.

To *diagnose*, as defined by the Merriam-Webster dictionary, is to identify the nature of (an illness or other problem) by examination of the symptoms. Synonyms of diagnose are identify, determine, distinguish, recognize, detect and pinpoint. In light of this, chiropractors need also to be detectives. *Detectives* look for evidence as part of solving an issue. A detective is an investigator; a person employed to find information not otherwise available to the public.

Before treating and seeing a new patient, Dr. Dearth reviews the paperwork and the notes included in the “new patient forms and questionnaire” completed by the patient or its guardian before the first patient-doctor session. The front desk will provide the Doctor with a summary of any voiced concerns of the patient regarding the complaint, history or previous treatment. With an established patient, the doctor reassesses such history and will ask what is better or worse, or what brought them in for care that day. *Diagnosis is much like a “Clue” game. I ask what the problem is that brings them into the office. How long have they had it, how did it begin, what brought it on, and what makes it worse? Have they had it before and what did they do for it then? How does it affect their daily activities? Does it travel to other parts of the body? These are all parts of determining the severity, whether they are in the right place for that condition, and whether they are in a mental state to understand and follow instructions. I may not want them as a patient if there is a broken bone or a mental issue.*

One of the questions Dr. Dearth responded to (see Exhibit B) had to do with the questions he asks to his patients about their conditions. Questions such as “*What, Why, When, how long, where, ever had it before and what makes it better or worse*” are used by Dr. Dearth to understand the case at hand. Dr. Dearth also stated he learns from past experiences as “*sometimes there are questions on what could have made a given case improve better.*” At the end of the day it is “*how I can figure out the problems and make people better.*”

Job-Related Skills and Traits: As highlighted in the section above, the preparation by a chiropractor for the first and on-going sessions is critical. Each doctor-patient session provides clues to the diagnosis. This finding allowed the researcher to define what behavioral skills are needed for conducting this session/diagnosis. This section presents such noted skills.

The chiropractor' professional needs to have good "detective" like skills such as patience, communication, listening, critical thinking and observational skills (attention to detail). According to an article posted by *The Houston Chronicle* the top skills needed are

- **Critical Thinking and Problem Solving:** Critical thinking is important to reach logical conclusions based on the evidence. Therefore detectives must be able to analyze complex problems and be able to find solutions.
- **Attention to Detail:** The results conducted in an investigation are used often in legal actions and in civil or criminal courts. Therefore detectives must pay strict attention to detail to ensure that nothing is missed in the investigation that may compromise a court case.
- **Written and Oral Communication:** Written communication is essential to file clear reports and properly document investigations. Reports are not only for the client, but also may be submitted in court cases. Therefore detectives must have excellent oral communication skills.
- **Other Skills:**
 - **Patience:** This is needed when detectives are working difficult, slow-moving cases and when conducting surveillance.
 - **Current knowledge skills:** Detective must stay current on laws and regulations so that they do not break any rules that may invalidate the investigation. This includes memorizing federal, state and local laws, regulations and the criminal code.
 - **Conflict resolution skills:** While a detective's role is to investigate and report, sometimes conflicts may arise.

It has also been suggested that chiropractors are working within collaborative care settings and, therefore, need behavioral skills that require the chiropractor be an effective team member. The

skills need are also those defining teamwork competencies.

A 2006 study identified "critical teamwork competencies for health service managers." (Leggat, 2007) Leggat concludes, "Teamwork is essential in the provision of healthcare. Although many studies have identified teamwork as a requirement for high quality, safe patient care, within healthcare we have limited understanding of how individual health professionals contribute to effective teamwork. While there has been substantial study attempting to identify and define the requirements for effective healthcare teams, the predominant focus has been on improving existing teams. There has been little research into the educational and training needs of healthcare professionals to enhance their participation in workplace teams; healthcare team members do not understand the personal competencies required for team success." (Leggat)

Leggat conducted a literature review and sent a questionnaire to 680 members of the health care service. Two hundred and twenty four surveys were returned. "The respondents were asked to consider team success as achievement of team goals and team member satisfaction. The respondents were requested to identify from the list in Figure 1 the skills, knowledge, traits and motives that the most effective team members demonstrated and that they had observed to enhance team performance. Respondents were also given the opportunity to add to the lists. There were three additions: project management was cited by one respondent as an important skill, and tenacity and tolerance of ambiguity were added as relevant traits" (Leggat). The study concluded that "the ability to perform an activity, a skill, can be the result of natural talent or acquired through education or training. Only one skill, *leadership*, was identified as important by more than 50% of the respondents." (Leggat)

Figure 1- Possible skills, knowledge, traits and motives influencing teamwork

SKILLS:	KNOWLEDGE:	TRAITS:	MOTIVES:
Ability to influence [39, 79, 80] Analysis of data [54] Conflict management [54, 57, 58, 60, 66] Decision making [57] Leadership [54, 57, 58, 75] Listening [15, 25, 39, 58, 71] Meeting management [54, 57, 58] Monitor & evaluate [81] Motivation of others [60, 65] Negotiation [62] Peer counselling [58] Performance management [11, 54, 58] Planning [53, 58] Provision of feedback [11, 59] Self-management [81] Time management [59] Verbal communication [15, 54, 58] Written communication [15, 54, 58]	Case/care management [80] Clinical content [63] Knowledge of management [63] Organizational goals & strategies [34] Organizational politics [59] Organizational roles of other team members [10, 58, 61, 73, 74, 76] Self-awareness [13] Team process & development [54, 62, 64, 69] Understanding KPIs [54]	Age [25, 52, 64] Appearance [25, 52, 64] Assertive behaviour [59] Cooperative attitude [65] Courage to disagree [5, 33, 70] Self-directed learning [13, 76] Encourages others [57, 60, 65] Facilitates participation [5, 10, 33, 34, 75] Interpersonal relationships [62, 72, 78] Judgement [68] Personality [53, 79] Positive attitude [14, 65] Reflective practice [81] Respect for others [39, 73, 82] Self-confidence [63] Sense of humour [57] Teamwork experience [54] Tolerant of stress [15, 80]	Commits to working collaboratively [11, 14, 56, 58, 73, 80] Commits to interdisciplinary processes [57, 61, 73] Commits to organization [15, 55, 76] Commits to profession [25] Commits to quality outcome [34, 63] Ethical practice [67] Having fun [12] Need to win [77] Consumer focus [15, 55, 57, 63] Social justice [63] Strive for recognition [79] Strive for high performance [54, 60, 77, 79] Support for team decisions [62] Support of team goals [62] Task completion [53, 71, 79]

Possible skills, knowledge, traits and motives influencing teamwork. A figure illustrating the findings of the literature review used to develop the potential competencies explored in this paper.

Discussion: This section of the paper will provide answers to the questions posed in the introduction and will highlight the main point: diagnosis is like a Clue-game. The chiropractor professional needs to have good “detective” like skills such as patience, communication, listening, critical thinking and observational

skills (attention to detail). Chiropractors need also to be effective teammates if they are to contribute to field of medicine. Figure 2 identifies the skills that are common when pursuing a detective-like diagnosis and effective teamwork. The answers of “Yes” or “No” for Teamwork are based on the percentage results for Leggat’s study. If the percentage of the survey results are greater or equal to 35%, the answer is that the skill was identified as needed for effective teamwork. Exhibit C has a copy of the Leggat survey.

Figure 2- Skills needed for Diagnosis or Teamwork

SKILLS	Diagnosis: Detective like	Teamwork	Both
Ability to influence	No	Yes	No
Analysis of data/Observations	Yes	Yes	Yes
Conflict management	Yes	No	No
Decision making	Yes	Yes	Yes
Leadership	Yes	Yes	Yes

SKILLS	Diagnosis: Detective like	Teamwork	Both
Listening/Patience	Yes	Yes	Yes
Meeting management	No	No	No
Monitoring & evaluation	Yes	No	No
Motivation of others	No	No	No
Negotiation	No	No	No
Peer counseling	No	No	No
Performance mgmt	Yes	No	No
Planning	No	No	No
Provision of feedback	No	No	No
Self-management	No	No	No
Time management	No	No	No
Verbal communication	Yes	Yes	Yes
Written communication	Yes	No	No

The Leggat paper was read before Dr. Dearth was interviewed. As a researcher, interviewer and patient, I was eager to see how all the highlighted skills were presented in a consult. As mentioned before, Dr. Dearth asks “*What, Why, When, how long, where, ever had it before and what makes it better or worse.*” My language does not include medical terms so I have to use every-day words to explain what I am feeling. Dr. Dearth not only listens to what I say, but observes my physical behavior and demeanor. Any follow-up questions are used in order to acquire additional data that may help his observations and make conclusions regarding what is wrong with me. He listens patiently in order to arrive to an interpretation and then takes charge of correcting any illness that his chiropractic practice may alleviate. I observed each of the skills highlighted as needed by a chiropractic professional while both observing and being the patient of Dr. Dearth.

Conclusion: In the current health care environment, chiropractors need to behave like a detective in a clue game to be able to diagnose. Chiropractors are also venturing into collaborative and teamwork practice, therefore the skills needed to be both detectives and

effective teammates is critical for their success. Figure 3 shows the skills that have been identified as needed in both. Figure 3 summarizes the social skills needed by chiropractors when working with other people.

Figure 3- Skills needed for Diagnosis and Teamwork

SKILLS
Analysis of data/Observations
Decision making
Leadership
Listening/Patience
Verbal communication

These skills should be part of the educational curriculum for a chiropractor and these themes should also be part of the continuous education required for CAM professionals.

In conclusion, the research conducted supports the answers provided by the chiropractor who was interviewed. According to Dr. Dearth, chiropractors need to be aware of ways to figure out and identify “*the problems and make people better.*” As professionals, they need to work in collaborative teams so they help patients get better. Therefore they must do a “*referral for a*

second opinion on a certain case.” The above text highlights that chiropractors need to nurture detective-like and collaborative teamwork skills; these have to be nurtured and taught by the chiropractor profession.

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EXHIBIT A - QUESTIONNAIRE

Dr. Dearth,

Thank you for agreeing to help me with my class assignment. I am currently studying ENG215 at the Mesa Community College and the answers to the questions listed below will help me write the paper I need for this class. In advance, thank you.

Questions (should take you between 30 to 45 minutes to respond)

What is your educational background? Do all chiropractors go through this same type of training? Do you have a special AZ certificate/requirement? How does this compare to MD? How do you keep up to date?

How do you prepare before you start a session? What do you ask and why? Please provide a memorable moment or story that allows me to understand how you work with patients (without using patients' names), who are your most memorable patients and why are they memorable? What questions do you ask patients about their conditions? What are some of your success stories? Are there patients whom you wish you would have treated differently?

How do insurances treat you? And how do MD treat you? And you referred by some or all general MD?

In terms of prescriptions, medications or surgeries, do you have any restrictions/suggestions?

What do you think people that want to be chiropractors need to be aware of, or nurture what skills?

And lastly, what changes do you want to make to your profession? In your own practice? In the AZ or nationwide legislation?

EXHIBIT B – QUESTIONNAIRE ANSWERS BY DR. DEARTH

What is your educational background?

AA from Junior College in elementary ed, BS in History from ASU, DC from Palmer College of Chiropractic

Do all chiropractors go through this same type of training? Today, most have a BS/BA or higher and the completed DC degree to be licensed in all states.

Do you have a special AZ certificate/requirement? Today, all candidates for licensure have to complete four National Board tests to be eligible and then pass a jurisprudence test on the specific laws in the State.

How does this compare to MD? They take National Boards and then specialty Board certification in the specialty.

How do you keep up to date? I have taken several post graduate certification programs over the years. They include whiplash, sports and acupuncture. I attended the Arizona Assoc. of Chiropractic convention yearly and complete 12 hours of CE. I am also attending a 12 hour Activator Methods seminar yearly for recertification, and a 12 hour sports CE program to maintain that certification as well.

How do you prepare before you start a session? With a new patient, I review the paperwork and the notes completed via computer EHR before the first meeting. Jan will fill me in on any voiced concerns of the patient regarding the complaint, history or previous treatment. With an established patient, I will ask what is better or worse or what brought them in for care today.

What do you ask and why? Diagnosis is much like a "Clue" game. I ask what the problem is that brings them into the office. How long have they had it, how did it begin, what brought it on, and what makes it worse? Have they had it before and what did they do for it then? How does it affect their daily activities. Does it travel to other parts of the body? These are all parts of determining the severity, whether they are in the right place for that condition, and whether they are in a mental state to understand and follow instructions. I may not want them as a patient if there is a broken bone or a mental issue.

Please provide a memorable moment or story that allows me to understand how you work with patients (without using patients' names), who are your most memorable patients and why are they memorable? The most memorable are the patient's I learn from. 1.) The shoulder cancer case where the young woman died months later from what seemed like a mild shoulder injury when she came in initially. 2.) The young woman who collapsed when the table came upright who came in as she felt her rib was out but in reality was experiencing an ectopic pregnancy which had ruptured her fallopian

tube. I sent her to the ER and she called two days later to thank me for saving her life. 3.) the NBA player who had wrist surgery and was told that the career was over and I was able to restore full movement and strength and he currently plays on the World Champion Golden State Warriors.

What questions do you ask patients about their conditions? What, Why, When, how long, where, ever had it before and what makes it better or worse.

What are some of your success stories? Noted above.

Are there patients whom you wish you would have treated differently? Sometimes there are questions on what could have made a given case improve better. Maybe advanced imaging or referral for a second opinion on a certain case. I see many unusual cases because so many medical providers have come to understand the way I work and the limited risk to the patient with my care. They are responsible for what I do if they refer so they are very careful to whom they refer their patients for chiropractic care. Typically, they do not really understand what and how I can figure out the problems and make people better, but they are my patients and get better themselves, so it works for them.

How do insurances treat you? Most insurance covers chiropractic care but the past nine years were terrible as the Arizona Dept. of Insurance did not enforce the insurance equality statutes as stated in the law. Many DC's have been damaged by the hostile approach toward chiropractic care.

And how do MD treat you? Most are sceptical to chiropractic care due to the long lasting impact of the illegal boycott of chiropractic for over 40 years by the AMA. The AMA was found guilty of illegal conspiracy to destroy chiropractic under the Sherman Anti-trust Act, in 1987. This bias has slowly decreased due to the often ignored research that shows the great effectiveness and cost savings of chiropractic over typical medical care for neuro-musculoskeletal conditions.

And you referred by some or all general MD? I refer patients for pain management, imaging and neurological consultation, typically. Some times for rehabilitation if there is a severe injury with long lasting recovery.

In terms of prescriptions, medications or surgeries, do you have any restrictions/suggestions? I refer for all those. I have excellent specialists who I refer to for spinal surgery eval/treatment. Pain management is way to expensive and addictive but sometimes necessary at least for the short term in my realm of cases.

What do you think people that want to be chiropractors need to be aware of, or nurture what skills? It is a great profession that is being minimized by the political medicine and drug professions. The Physical Therapy profession is trying to claim "cultural authority" for back treatment and has begun to teach manipulation and produce Doctors of Physical Therapy (DPT) with limited diagnostic ability, to claim a larger base in the back pain care world. This, at the same time the insurance networks keep reducing reimbursements for chiropractic care. It is a costly degree to get, after completing the BS degree, it can cost about \$125,000 as an average, for the four year DC degree.

And lastly, what changes do you want to make to your profession? More acceptance in the general population. Medicine does not know what to do with back pain. Just look at the opioid problem.

PT's see it as a muscle problem. It is much more and DC's are the best at understanding the function and motion of the spinal joints and the impact on the nervous system.

In your own practice? I would like to bring in an associate to train to do my type of work. I would like to keep continuity in the type of care for the many patients who come to me. Someday I might want to take a day off.

In the AZ or nationwide legislation? All I want is a level playing field where patients can seek the type of care they want and have it covered at the same rate and copay as other covered care provided by medical providers for the same condition or complaint..

EXHIBIT C – SKILLS, COPY OF LEGGAT SURVEY

The ability to perform an activity, a skill, can be the result of natural talent or acquired through education or training. As shown in Table 2 only one skill, *leadership*, was identified as important by more than 50% of the respondents. The differences in responses by sex (n = 198) were examined and only two skill areas were found to be related to the sex of the respondent. The male respondents were significantly more likely than the female respondents to identify *ability to influence* as an important skill ($\chi^2 = 7.490$ 1 df p = 0.006), while the female respondents were significantly more likely to identify *negotiation* as an important skill ($\chi^2 = 5.878$ 1 df p = 0.015). However when the analysis was completed by position the female CEO respondents were significantly less likely than the female respondents in other positions to identify *negotiation* as an important skill ($\chi^2 = 8.006$ 3 df p = 0.046).

Table 2

Skill frequencies

SKILLS	#	%
Ability to influence	89	44.9
Analysis of data	90	45.5
Conflict management	17	8.6
Decision making	82	41.4
Leadership	116	58.6
Listening	82	41.4
Meeting management	25	12.6
Monitoring & evaluation	37	18.7
Motivation of others	55	27.8
Negotiation	48	24.2
Peer counseling	12	6.1
Performance mgmt	15	7.6
Planning	76	38.4
Provision of feedback	37	18.7
Self-management	56	28.3
Time management	20	10.1
Verbal communication	76	38.4
Written communication	26	13.1

The percentages are based on the number of respondents.