

Attitude Towards Learning Communication Skills Among Undergraduate Medical Students of a Public University

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Abstract

Background: Communication skills are an essential in any field of life, but it is especially an essential skill to master in medical undergraduates.

Objective: To assess the attitude of undergraduate medical students towards learning communication skills and to co-relate their attitude with gender and year of education.

Methods: This descriptive cross-sectional study was carried out to assess the attitude of students studying in Rawalpindi Medical University towards learning communication skills. A total 278 students from 3rd, 4th, 5th year participated in this study. Written informed consent was taken. Communication Skill Attitude Scale (CSAS) was used as an assessment tool. Approval from ethical review board and institute research forum (IRF) was obtained. Data was entered and analysed by SPSS v. 22.

Results: 80.1% participants were female while 19.1% were male. Number of students from 3rd, 4th, 5th year were 70(25.2%), 86(30.9%) and 122(43.9%) respectively. Results of the study revealed a relatively positive attitude towards learning communication skills among undergraduate medical students. There is no significant difference in attitude of male and female students towards learning communication skills. Also, there is no significant difference in attitude of 3rd, 4th, 5th year students.

Conclusion: Positive communication skill learning attitude was observed among undergraduate medical students of Rawalpindi Medical University. Consequently, this positive attitude among students promises the success of communication skill programs if introduced.

Key Words: Attitude, Medical Students, Communication Skills

Introduction

The ability of a doctor to communicate effectively allows for a more accurate diagnosis, provide important therapeutic information, counselling and increase the patient satisfaction.^{1,2} Moreover, these skills also facilitate in better therapy adherence³ and overall satisfaction with care.⁴ Findings show that both physicians and patients benefit from effective use of communication skills. These findings underline the importance of good communication skills in medical practice and indicate the need to provide future medical professionals with training in these skills. The presence of these communication skills therefore is necessary for a good quality healthcare.

While many health care providers may possess these skills naturally, others may need an active learning. That is where the importance of their attitude towards learning comes in, as a more positive attitude means increased perception of its importance. Attitudes determine behaviour. If a person's attitude is changed, his or her behaviour may change as well. As a medical school is where a physician may first realize that their communication skills may have a direct impact on patient health, their attitude at that time is of vital importance.³

A study by Antje Lumma-Sellenthin showed that students' attitude towards learning communication skills is related to their patient orientation and is predicted by self-regulatory control of learning strategies.⁶ Assessing the attitude of medical students towards communication skills is essential. A study concluded that medical students in Pakistan generally have a positive attitude towards learning communication skills and also highlighted the factors contributing to these attitudes.⁷

Attitudes of medical students towards training of communication skills are good indicators of importance of responsibilities placed on them with regard to medical profession.⁷ This study aims to highlight the attitude and hence the acknowledgement

of obligations among undergraduate medical students placed upon them as future doctors.

In both these instances the P-values were > 0.05, hence, making these results insignificant.

Patients and Methods

This descriptive cross-sectional study was conducted in Rawalpindi Medical University. A total of 278 students were selected by simple random sampling technique. Among the total 225, (80.1%) participants were female while 53 (19.1%) were male. Study population consisted of students from 3rd, 4th, 5th year with 70 (25.2%), 86 (30.9%) and 122 (43.9%) students respectively. This study was conducted over a period of 2 months. Students were required to fill out Communication Skill Attitude Scale (CSAS) questionnaire (developed by Rees et al) and an additional demographic proforma. CSAS addresses teaching and learning of communication skills specifically and it is the tool that has been most widely used and validated⁹. The questionnaire consists of 26 items which were implemented by 5-point Likert scale ranging from strongly disagree as '1' to strongly agree as '5'. Only students willing to participate were included. Informed consent was taken and all participant details were kept anonymous. The study was conducted after seeking permission from ethical review board and Institute research forum. Data was entered and analysed by using IBM SPSS version 22. frequencies were calculated for categorical variables. Mean and SD were calculated for continuous variables. Mean scores were calculated for CSAS variables as well as frequencies were calculated for individual items of scale. Chi square test of significance was applied to find out the significance of difference in attitude with respect to gender and year of education. Significance level was set at P<0.05.

Results

Our participants consisted of 278 students from RMU. Among those, 225 (80.1%) participants were female while 53 (19.1%) were male. Number of students from 3rd, 4th, 5th year were 70(25.2%), 86(30.9%) and 122(43.9%) respectively as mentioned in the Table I. Results of CSAS revealed a relatively positive attitude (mean score 3.6) towards learning communication skills among undergraduate medical students as presented in Table II.

Chi-square test revealed that there is no significant difference in the attitude of male and female students towards learning communication skills. $\chi^2 = 0.804$. Also, there was no significant difference in the attitude of 3rd, 4th, 5th year students. $\chi^2 = 4.043$.

Gender	Female	225(80.15%)
	Male	53(19.1%)
Year of study	3 rd year	70(25.2%)
	4 th year	86(30.9%)
	5 th year	122(43.9%)
Self-rated proficiency in English language	Poor	12(4.3%)
	Fair	163(58.6%)
	Good	103(37.1%)
Self-rated proficiency in Urdu language	Poor	3(1.1%)
	Fair	100(36%)
	Good	175(62.9%)
Self-rated proficiency in Punjabi language	Poor	122(43.9%)
	Fair	93(33.5%)
	Good	63(22.7%)
Parents work in healthcare	Yes	57(20.5%)
	No	221(79.5%)
Parents monthly income	Upto 35,000	23(8.3%)
	35,00 to 85000	93(33.5%)
	>85000	162(58.5%)
Residential area	Rural	34(12.2%)
	Urban	244(87.8%)

Table I: Socio-demographic Variables

ITEMS	SD	D	N	A	SA	MEAN	SD
1. In order to be a good doctor I must have good communication skills.	4 (1.4%)	1 (0.4%)	6 (2.2%)	42 (15.1%)	225 (80.9%)	4.74	0.658
2. I can't see the point in learning communication skills.	5 (1.8%)	12 (4.3%)	30 (10.8%)	81 (29.1%)	150 (54%)	4.29	0.949
3. Nobody is going to fail their medical degree for having poor communication skills.	22 (7.9%)	79 (28.4%)	79 (28.4%)	75 (27%)	23 (8.3%)	2.99	1.098
4. Developing my communication skills is just as important as developing my knowledge of medicine.	2 (0.7%)	9 (3.2%)	29 (10.4%)	123 (44%)	115 (41.4%)	4.22	0.815
5. Learning communication skills has helped or will help me respect patients.	2 (0.7%)	5 (1.8%)	26 (9.4%)	114 (41%)	131 (47%)	4.32	0.775
6. I haven't got time to learn communication skills.	13 (4.7%)	46 (16.5%)	75 (27%)	102 (36.7%)	42 (15.1%)	3.41	1.077
7. Learning communication skills is interesting.	1 (0.4%)	11 (4%)	42 (15.1%)	169 (60.8%)	55 (19.8%)	3.96	0.735
8. I can't be bothered to turn up to sessions on communication skills.	12 (4.3%)	57 (20.5%)	92 (33.1%)	95 (34.2%)	22 (7.9%)	3.21	0.998
9. Learning communication skills has helped or will help facilitate my team working skills.	2 (0.7%)	8 (2.9%)	30 (10.8%)	143 (51.4%)	95 (34.2%)	4.15	0.780
10. Learning communication skills has improved my ability to communicate with patients.	1 (0.4%)	10 (3.6%)	26 (9.4%)	133 (47.8%)	107 (38.5%)	4.36	2.569
11. Communication skills teaching states the obvious and then complicates it.	10 (3.6%)	40 (14.4%)	120 (43.2%)	92 (33.1%)	16 (5.8%)	3.23	0.894
12. Learning communication skills is fun.	6 (2.2%)	18 (6.5%)	102 (36.7%)	123 (44.2%)	29 (10.4%)	3.54	0.848
13. Learning communication skills is too easy.	12 (4.3%)	54 (19.4%)	111 (39.9%)	92 (33.1%)	9 (3.2%)	3.12	0.904
14. Learning communication skills has helped or will help me respect my colleagues.	5 (1.8%)	22 (7.9%)	37 (13.3%)	156 (56.1%)	58 (20.9%)	3.86	0.897
15. I find it difficult to trust information about communication skills given to me by non-clinical teachers.	7 (2.5%)	40 (14.4%)	107 (38.5%)	105 (37.8%)	19 (6.8%)	3.32	0.892
16. Learning communication skills has helped or will help me recognize patients' rights regarding confidentiality and informed consent.	1 (0.4%)	22 (7.9%)	35 (12.6%)	140 (50.4%)	80 (28.8%)	3.99	0.875
17. Communication skill teaching would have better image if it sounded more like a science subject.	16 (5.8%)	73 (26.3%)	85 (30.0%)	76 (27.3%)	28 (10.1%)	3.10	1.079
18. When applying for medicine, I thought it was really a good idea to learn communication skills.	38 (13.7%)	103 (37.1%)	87 (31.3%)	41 (14.7%)	9 (3.2%)	2.57	1.006
19. I don't need communication skills to be a doctor.	7 (2.5%)	16 (5.8%)	18 (6.5%)	127 (45.7%)	110 (39.6%)	4.14	0.949
20. I find it hard to admit having some problems with my communication skills.	7 (2.5%)	47 (16.9%)	83 (29.9%)	11 (41.0%)	27 (9.7%)	3.38	0.961
21. I think it's really useful learning communication skills on the medical degree.	5 (1.8%)	14 (5%)	41 (14.7%)	154 (55.4%)	64 (23%)	3.93	0.859
22. My ability to pass exams will get me through medical school rather than my ability to communicate.	32 (11.5%)	94 (33.8%)	93 (33.5%)	52 (18.7%)	7 (2.5%)	2.67	0.990
23. Learning communication skills is applicable to learning medicine.	5 (1.8%)	32 (11.5%)	76 (27.3%)	133 (47.8%)	32 (11.5%)	3.56	0.904
24. I find it difficult to take communication skills learning seriously.	8 (2.9%)	65 (23.4%)	83 (29.9%)	104 (37.4%)	18 (6.5%)	3.21	0.970

ITEMS	SD	D	N	A	SA	MEAN	SD
25. Learning communication skills is important because my ability to communicate is a lifelong skill.	5 (1.8%)	5 (1.8%)	40 (14.4%)	126 (45.3%)	108 (36.7%)	4.13	0.854
26. Communication skills learning should be left to psychology students not medical students.	10 (3.6%)	18 (6.5%)	49 (17.6%)	101 (36.3%)	100 (36%)	3.95	1.058

Table II: Frequencies, percentages, Mean and SD of individual items in CSAS. (SD=strongly disagree, D=disagree, N=neutral, A=agree, SA=strongly agree)

Discussion

This study aimed to highlight the attitude towards communication skill learning among undergraduate medical students of Rawalpindi Medical University. Highlighting this topic can help university administrators to plan strategies to encourage positive attitudes among students and to make efforts to discourage negative ones and develop good quality medical educational services.⁹ It also highlights the importance of including communication skill learning workshops in the curriculum, as presently, this is not being given due attention. Medical professionals must have good communication skills as they need to be more empathic, understanding, listening towards patients, therefore, these skills need to be acquired before one step into medical practice.

Our study results reveal that students of Rawalpindi Medical University show positive attitude towards learning communication skills with a mean score of 3.6. This is consistent with results of a study conducted in Punjab Medical Colleges⁷ which also states a positive attitude among undergraduate medical students. A study conducted in Taif University also shows highly positive results.⁹ Co-relation of attitude with gender revealed no significant difference among male and female students which is also consistent with results of study conducted in Punjab medical colleges⁷ but not with that of conducted in Taif university, Saudi Arabia⁹ which states that female students had more positive attitude than male students. A study conducted on Sri-Lankan medical students also did not observe significant male-female difference in positive attitude towards learning communication skills and suggested that it may be due to “development and globalization that gender groups have become more homogenous”.¹¹ Co-relation of attitude with year of education also showed no significant difference. This may be due to the fact that our study population included only students from years attending clinical rotations, as opposed to a study conducted in Sindh¹⁰ which shows a more

positive attitude among first year students as compared to those of fourth year students. Studies conducted on Indian medical students show a positive attitude among them^{12,13} and are opinionated that communication skill programs do prove helpful¹⁴⁻¹⁷. Iranian literature also shows a positive attitude among their students.^{18,19} In a study conducted in Sri-Lanka, medical students had the opinion that communication skills must be taught.²⁰

Large number of students agreeing to the variables “I find it difficult to take communication skill learning seriously” and “communication skill learning should be left to psychology students not medical students” shows that although students seem to understand and accept the importance of communication skills, they still do not consider it as an important aspect of their curriculum. This suggests that making communication skill learning interesting in the form of short courses and workshops would rather be more effective than including it as a subject.

The evaluation of attitude of students towards learning communication skills in our study targeted students of only one university hence the results cannot be generalized. Further studies should use a greater study population to get higher generalizability. Co-relating the attitude with other demographic characteristics may also provide useful information.

Success of introduction of communication skills learning programs in medical education depends on the attitude of both the teachers and the students towards teaching and learning these skills respectively¹⁰. Introduction of communication skill programs/workshops can produce more competent and empathic doctors. Communication skill training during medical education years can be a positive investment for providing better healthcare for the society.¹²

Conclusion

Positive communication skill learning attitude was observed among undergraduate medical students of Rawalpindi medical university. Positive attitude among students promises the success of communication skill programs if introduced. This

study adds to the little information regarding communication skill learning attitude among Pakistani students and opens gates for further investigations in this aspect.

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Authors Contributions

Mehreen Nawab: Conception, acquisition, analysis and interpretation of data, revising and final approval. Ensuring accuracy and integrity of work, **Umar Nawab:** Analysis and interpretation of data, drafting and final approval and ensuring accuracy, **Aashi Mughal:** Conception, analysis, drafting and final approval, ensuring accuracy and integrity

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