

Original Article

A STUDY TO ASSESS THE ATTITUDE OF MEDICAL STUDENTS TOWARDS LEARNING COMMUNICATION SKILLS IN A TEACHING HOSPITAL IN ANDHRA PRADESH

R. ASHA LATHA¹, M. A. FARHANA², S. SHARON SONIA³, N. M. RIYAZ^{4*}, B. S. B MALLIKA⁵

Department of Pharmacology, Government Medical College, Anantapuramu, Andhra Pradesh, India

*Corresponding author: N. M. Riyaz; *Email: riyaznm581@gmail.com

Received: 23 Oct 2023, Revised and Accepted: 02 Dec 2023

ABSTRACT

Objective: Communication plays an essential role in present era of medical and health system where doctor should maintain good interpersonal relationship with patients. Teaching of communication skills to medical students as a part of the curriculum has gained importance in recent past. This study was conducted to assess attitude of medical students towards learning communication skills.

Methods: Prior institutional ethical committee approval and prior informed consent obtained from participants. Study conducted among medical students of second and third year MBBS. Students were given a questionnaire (google forms). Questionnaire consisted of 26 items related to positive and negative attitude; 13 items in each subscale. Responses received were entered and analysed in Microsoft excel.

Results: Total of 300 students participated, with a response rate of 76%. 132(57.9%) students were second year and 96(42.1%) were third year. 159(69.7%) students were females and 69(30.3%) were males. Reliability of scale was calculated using Cronbach's Alpha, 0.859 for PAS and 0.704 for NAS; which were good and acceptable values. Better positive attitude scores (52.34±6.03) observed over negative attitude scores (40.07±6.40), implies students having a positive attitude towards learning communication skills. There were no significant differences between scores when compared between males and females and between second and third year MBBS students.

Conclusion: Results of study emphasize that introduction of AETCOM learning modules in the medical curriculum has a positive impact on students towards learning communication skills. Doctor-patient inter-relationship, treatment decision-making, etc., are dependent on doctor's communication skills; which can be improved and strengthened with AETCOM implementation in medical curriculum.

Keywords: Communication skills attitude scale (CSAS), AETCOM, Positive attitude, negative attitude, MBBS curriculum, Doctor-patient relationship

© 2024 The Authors. Published by Innovare Academic Sciences Pvt Ltd. This is an open access article under the CC BY license (<https://creativecommons.org/licenses/by/4.0/>)
DOI: <https://dx.doi.org/10.22159/ijcpr.2024v16i1.4021>. Journal homepage: <https://innovareacademics.in/journals/index.php/ijcpr>

INTRODUCTION

Communication is a key element in the present era of medical and health system. A doctor should have the capabilities to carry out the range of services in health settings which are relevant, cost-effective and are of good quality. This was included in the concept of the Five-star doctor proposed by World Health Organization (WHO); which emphasizes the five qualities of caregiver, decision maker, communicator, community leader and manager [1]. Efficient doctor-patient communication is a critical part of patient care and a decisive basic skill for doctors that cannot be delegated [2].

A productive doctor-patient communication helps in building a good interpersonal relationship, exchanging information and taking treatment decisions [3]. In addition to other skills such as intellectual skills, conceptual skills and observational skills; a doctor should also have the ability to communicate properly and efficiently. If the doctor fails to address the queries, expectations and concerns of the patients and relatives, can lead to dissatisfaction. This may be one of the reasons for the hospital attacks and assault on the doctors [4].

Greater number of complaints against doctors occur as a result of communication-related problems rather than clinical expertise and this in turn leads to allegations of malpractice [5].

Good communication plays a key role in improving the efficiency of healthcare systems, patient satisfaction and reducing the number of malpractice complaints [6]. The clinical competence of a doctor is significantly affected by communication skills [3]. The focus of medical education curriculum in India was mainly on the clinical skills of the medical student. Nontechnical skills like communication skills, interpersonal and managerial skills are being identified as essential, needed to work as a team and to deal with the patient. Communication skill considered as a bedside manner or history taking is, changing to a skill which can be learnt [7].

Attitude plays an important role in that it can bring about changes in people's behaviour and assessment of the same helps better understand the behavioural patterns in a given population [8]. Hence assessing the attitude of medical students towards learning of communication skills is essential as it ultimately affects their communication behaviour in a clinical setting [9].

A health professional with good knowledge, problem solving and physical examination skills but poor communication skills may not have good clinical practice. Communication skills is gaining more attention throughout the world and emphasis is being given to its training [10]. Communication skill has been identified and included as a competency in the AETCOM module of the MBBS curriculum in India since 2019; which is a competency-based medical education curriculum. There are few studies assessing the effect of AETCOM learning among medical students. This study was conducted to assess the students' attitude towards learning communication skills.

This study was carried out with the primary objective of studying the attitude of medical students towards learning communication skills and secondary objectives of comparing the attitude towards learning communication skills between males and females and comparing the attitude towards learning communication skills between 2nd and 3rd year medical students. In this study, a pre-validated 26 item communication skill attitude scale developed by Rees and Sheard was utilized [11].

MATERIALS AND METHODS

This was a cross-sectional study conducted at Government Medical College, Anantapur, Andhra Pradesh; after obtaining approval from Institutional Ethics Committee. Study was conducted between June 2023 and September 2023. A total of 300 students who gave informed consent were enrolled in the study. They were provided with a google form questionnaire and asked to answer and submit their responses.

This study was done to assess the medical student's attitude towards the communication skills learning; using a pre-validated and widely used 26 item questionnaire on communication skill attitude scale (CSAS) developed by Rees and Sheard. This CSAS was developed to understand the attitudes of the medical students towards communication skill learning [11]. This scale consists of 26 items divided into two sub-scales assessing positive and negative attitudes by Rees *et al.*; based on initial psychometric analysis. The scale had good reliability and internal consistency in our study.

The numbers of the items pertaining to positive attitude were 1, 4, 5, 7, 9, 10, 12, 14, 16, 17, 21, 23 and 25; for example, item 5 ("Learning communication skills has helped or will help me respect patients"). The numbers of the items pertaining to negative attitude were 2, 3, 6, 8, 11, 13, 15, 18, 19, 20, 22, 24 and 26; for example, item no 6 ("I haven't got time to learn communication skills").

The responses were recorded on a five-point Likert scale for all the 26 items. Questions pertaining to positive attitude were scored with 5 points for strongly agree, 4 for agree, 3 for neutral, 2 for disagree and 1 for strongly disagree, while the negative attitude questions were scored in reverse order, 5 points for strongly disagree, 4 for disagree, 3 for neutral, 2 for agree and 1 for

strongly agree. Scores ranged from 13 to 65 for each item; with higher scores reflecting a stronger attitude. Mean scores and standard deviation calculated for each question and also for both sub-scales, positive and negative attitude scales. Comparison between males and females and second and third MBBS students done with student t-test.

The responses were received to gmail from google forms and they were downloaded in excel format file. All the data was entered and analysed using Microsoft excel 2016.

RESULTS

Out of the total of 300 students enrolled in the study, only 228 students completed the study with a response rate of 76%. 132 (57.9%) students belonged to second year and 96 (42.1%) students to third year MBBS. Out of the 228 students, more than half of the participants were females (n=159, 70%), of which 92 (40.3%) were second-year and 67 (29.3%) third year students. The reliability or internal consistency of the assessment scale was analyzed using Cronbach's alpha and were found to be 0.859 for PAS and 0.704 for NAS, which are considered to be of good internal consistency and acceptable, respectively.

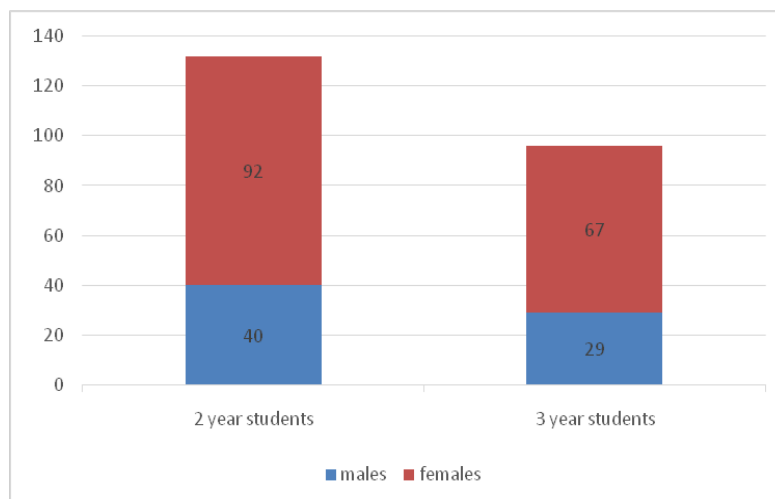


Fig. 1: Showing the number for males and females in second and third year

Table 1: Showing percentages of males and females in second and third-year

	Males	Females	Total
Second year	40 (17.5%)	92 (40.3%)	132 (57.9%)
Third year	29 (12.7%)	67 (29.3%)	96 (42.1%)
	69 (30.3%)	159 (69.7%)	228 (100%)

Table 2: Showing cronbach's alpha of the questionnaire

	PAS	NAS
Cronbach's alpha	0.859	0.704

The mean of total positive score was 52.34 ± 6.03 and mean of total negative score was 40.07 ± 6.40 . The positive high score suggests that students have an overall positive attitude towards learning communication skills.

Table 3: Showing comparison between males and females

	Males (mean \pm SD)	Females (mean \pm SD)	*P value
PAS	52.11 \pm 5.83	52.44 \pm 6.13	0.7
NAS	38.63 \pm 7.43	40.59 \pm 5.83	0.06

With respect to comparison between male and female students; the mean positive scores were 52.11 ± 5.83 and 52.44 ± 6.13 respectively, with *p value of 0.70, which was statistically not significant and the mean negative scores were 38.63 ± 7.43 and 40.59 ± 5.83 respectively with *p-value of 0.06, which was also statistically not significant.

Table 4: Showing means of individual items PAS

Question	Mean±SD
PA1 In order to be a good doctor, I must have good communication skills.	4.43±0.9
PA4 Developing my communication skills is just as important as developing my knowledge of medicine.	4.1±0.82
PA6 Learning communication skills is interesting.	3.95±0.78
PA7 Learning communication skills has helped or will help me respect patient.	4.25±0.74
PA9 Learning communication skills has helped or will help facilitate my team working skills.	4.14±0.69
PA10 Learning communication skills has improved my ability to communicate with patients.	4.22±0.66
PA11 Learning communication skills is fun.	3.49±0.91
PA14 Learning communication skills has helped or will help me respect my colleagues.	4.07±0.65
PA15 Learning communication skills has helped or will help me recognize patient's rights regarding confidentiality and informed consent.	4.02±0.7
PA19 Communication skills teaching would have a better image if it sounded more like a science subject.	3.66±0.79
PA20 Learning communication skills is applicable to learning medicine.	3.8±0.71
PA24 I think it's really useful learning communication skills on the medical degree.	4±0.72
PA25 Learning communication skills is important because my ability to communicate is a lifelong.	4.15±0.72

Table 5: Showing means of individual items of NAS

Question	Mean±SD
NA2 I can't see the point in learning communication skills.	3.72±1.06
NA3 Nobody is going to fail their medical degree for having poor communication skills.	2.83±0.96
NA5 I haven't got time to learn communication skills.	3.12±0.99
NA8 I can't be bothered to turn up to sessions on communication skill.	2.74±0.9
NA12 Learning communication skills is too easy.	2.84±0.8
NA13 I find it difficult to trust information about communication skills given to me by non-clinical lecturers.	3.19±0.91
NA16 When applying for medicine, I thought it was a really good idea to learn communication skills.	2.1±0.71
NA17 I don't need good communication skills to be a doctor.	3.83±1.04
NA18 I find it hard to admit to having some problems with my communication skills.	2.69±0.89
NA21 My ability to pass exams will get me through medical college rather than my ability to communicate.	2.71±0.86
NA22 I find it difficult to take communication skills learning seriously.	2.93±0.92
NA23 Communication skills learning should be left to psychology students, not medical students.	3.61±0.99
NA26 Communication skills teaching states the obvious and then complicates it	3.61±0.99

The analysis of all the items in each sub-scale shows wide range of variation. The means for PAS subscale items range from 3.49 (item no.10: Learning communication skills has improved my ability to communicate with patients) to 4.25 (item no.6: Learning communication skills is interesting). The means for NAS subscale items range from 2.10 (item no. 16: When applying for medicine, I thought it was a really good idea to learn communication skills) to

3.83 (item no.17: I don't need good communication skills to be a doctor).

Analysis of the scores between the second-year and third-year MBBS students showed no significant difference in attitude towards learning communication skills with respect to both positive and negative attitude subscales.

Table 6: Showing mean±SD comparing second and third-year students

	2 nd y (mean±SD)	3 rd y (mean±SD)	*P value
PAS	52.21±6.44	52.51±5.43	0.7
NAS	39.73±6.58	40.36±6.17	0.45

DISCUSSION

This study, conducted in a cross-sectional manner, assessed the attitude of medical students towards learning communication skills of second and third MBBS professional. Reliability of the questionnaire was calculated using Cronbach's alpha for each sub scale. In a study; Cronbach's alpha was calculated to be 0.92 for PAS and 0.71 for NAS from Turkey [12] and 0.90 for PAS and 0.68 in an Iranian study [13]. In another study by Sreelatha, *et al.*, [14] Cronbach's alpha for PAS 0.83 and NAS 0.60. The values in this study were 0.85 and 0.74 for PAS and NAS, respectively. These values are indicative of good internal consistency.

In this study, the mean of total positive attitude score was 52.34±6.03 and mean of total negative score was 40.07±6.40 indicating that there is an overall positive response to learning communication skills. These results were similar to a study, which showed 54.19±5.99 and 33.42±5.27, respectively for positive and negative attitude scores [14]. Another study conducted in Saudi Arabia also gave similar results [15]. Students' spending time for learning communication skills and its application in clinical practice is influenced by their attitude [16].

In our study, the comparison between male and female students regarding attitude towards learning communication skills showed no significant difference pertaining to both positive and negative attitude scale scores. Similar results were found in a study conducted in Nepal, which showed no significant difference between males and females with a *p value 0.686. A study conducted at Saudi Arabia showed higher positive scores among female students (57%) compared to among male students (46.9%) was not statistically significant but the higher negative scores among male students (60.3%) as opposed to female students (42.4%) was significant with *p value 0.003 [17]. Similar results were also obtained in various multicentre studies [18, 19]. A study conducted in Iran [20] also showed a more positive attitude to learning communication skills in girl students (mean±SD =56.4±6.4) compared to boys (mean±SD =52.3±8.1). This may point to a fact that, female students have more positive attitude than male students. This can be attributed to the open nature of female students towards information sharing and building rapport compared to male students [19]. Changes in attitude can bring about changes in behaviour. It is important that these students must not belittle the importance of communication skills [19].

Analysis of the scores between the second-year and third-year MBBS professional students did not show a significant difference ($p=0.05$). The results of this study are in contrast to other studies, where the senior students showed higher positive attitude and less negative attitude scores [17, 21]. This shows that the senior MBBS students understand the importance of communication skills over the years. A study done at University of Aberdeen, Scotland, showed significantly higher positive scores for first-year students compared to 2nd and 3rd y [22].

CONCLUSION

The results of this study conducted in a teaching hospital assessing the attitude of the MBBS students towards learning communication skills showed that there was an overall better positive attitudes score compared to negative scores in general. A comparison between males and females did not show any significant difference in attitude. Also, there was no significant difference in attitudes among second and third MBBS professional students. Previous studies conducted to assess the students' attitude showed that male students had lower positive attitude scores compared to female students and that senior students had lower positive attitude scores. The results of previous studies are in contrast to the present study, suggesting that the AETCOM modules introduced into the medical curriculum has a positive impact over the students. This positive impact can be evident in terms of the amount of time the students spend in learning communication skills, their improved ability to apply these skills in clinical settings, etc. Thus this study shows the doctor-patient inter-relationships, treatment decision-making, etc., are dependent on doctor's communication skills; which can be improved and strengthened with AETCOM implementation in the medical curriculum.

ABBREVIATIONS

Bachelor of Medicine and Bachelor of Surgery-MBBS

Positive Attitude Scale-PAS

Negative Attitude Scale-NAS

Attitude Ethics and Communication-AETCOM

World Health Organization-WHO

Communication Skill Attitude Scale-CSAS

Mean±standard deviation-mean±SD

FUNDING

Nil

AUTHORS CONTRIBUTIONS

All authors have contributed equally.

CONFLICTS OF INTERESTS

Declared none

REFERENCES

- Boelen C. Frontline doctors of tomorrow. *World Health*. 1994;47:4-5.
- Simpson M, Buckman R, Stewart M, Maguire P, Lipkin M, Novack D. Doctor-patient communication: the toronto consensus statement. *BMJ*. 1991;303(6814):1385-7. doi: 10.1136/bmj.303.6814.1385, PMID 1760608.
- Ong LM, de Haes JC, Hoos AM, Lammes FB. Doctor-patient communication: a review of the literature. *Soc Sci Med*. 1995 Apr;40(7):903-18. doi: 10.1016/0277-9536(94)00155-m, PMID 7792630.
- Arneja I, Lal P. Communications skills training-a missing link in medical education curriculum. *MAMC J Med Sci*. 2017;3(3):117-9. doi: 10.4103/mamcjs.mamcjs_70_17.
- Silverman J, Kurtz SM, Draper J. Skills for communicating with patients. 2nd ed. Abingdon, Oxon, United Kingdom (UK): Radcliffe Medical Press; 1998.
- Beckman HB, Markakis KM, Suchman AL, Frankel RM. The doctor-patient relationship and malpractice. Lessons from plaintiff depositions. *Arch Intern Med*. 1994 Jun 27;154(12):1365-70. doi: 10.1001/archinte.1994.00420120093010, PMID 8002688.
- Makoul G. Communication skills education in Medical School and beyond. *JAMA*. 2003;289(1):93. doi: 10.1001/jama.289.1.93, PMID 12503986.
- Petty RE, Wegener DT, Fabrigar LR. Attitudes and attitude change. *Annu Rev Psychol*. 1997;48:609-47. doi: 10.1146/annurev.psych.48.1.609, PMID 9046570.
- Langille DB, Kaufman DM, Laidlaw TA, Sargeant J, MacLeod H. Faculty attitudes towards medical communication and their perceptions of students' communication skills training at Dalhousie University. *Med Educ*. 2001 Jun;35(6):548-54. doi: 10.1046/j.1365-2923.2001.00921.x, PMID 11380857.
- Kurtz S, Silverman J, Draper J. Teaching and learning communication skills in medicine. Oxford: Radcliffe Medical Press; 1998.
- Rees C, Sheard C, Davies S. The development of a scale to measure medical students' attitudes towards communication skills learning: the communication skills attitude scale (CSAS). *Med Educ*. 2002;36(2):141-7. doi: 10.1046/j.1365-2923.2002.01072.x, PMID 11869441.
- Harlak H, Dereboy C, Gemalmaz A. Validation of a turkish translation of the communication skills attitude scale with turkish medical students. *Educ Health (Abingdon)*. 2008 Mar;21(1):55. PMID 19034831.
- Fazel I, Aghamolaei T. Attitudes toward learning communication skills among medical students of a University in Iran. *Acta Med Iran*. 2011;49(9):625-9. PMID 22052150.
- Sreelatha VK, Manjula VD. A study to assess the attitude of medical students towards learning communication skills in a teaching hospital in Kerala. *J Evol Med Dent Sci*. 2021;10(38):3317-21. doi: 10.14260/jemds/2021/673.
- Badaam KM, Shaikh SM, Badaam AM. Assessment of attitude of first-year medical undergraduate students towards communication skills training: a cross-sectional study. *J Clin Diagn Res*. 2022;16(5):JC05-8. doi: 10.7860/JCDR/2022/53468.16313.
- Dornan T, David T. Adult learning and continuing education. *Diabet Med*. 2000;17(1):78-80. doi: 10.1046/j.1464-5491.2000.00216-3.x, PMID 10691165.
- Alotaibi FS, Alsaeedi A. Attitudes of medical students toward communication skills learning in Western Saudi Arabia. *Saudi Med J*. 2016;37(7):791-5. doi: 10.15537/smj.2016.7.14331, PMID 27381541.
- Rees C, Sheard C. The relationship between medical students' attitudes towards communication skills learning and their demographic and education-related characteristics. *Med Educ*. 2002;36(11):1017-27. doi: 10.1046/j.1365-2923.2002.01333.x, PMID 12406261.
- Lumma Sellenthin A. Students' attitudes towards learning communication skills: correlating attitudes, demographic and metacognitive variables. *Int J Med Educ*. 2012;3:201-8. doi: 10.5116/ijme.5066.ccf9.
- Fazel I, Aghamolaei T. Attitudes toward learning communication skills among medical students of a University in Iran. *Acta Med Iran*. 2011;49(9):625-9. PMID 22052150.
- Piryani S, Piryani RM, Deo GP. Medical students' attitudes toward communication skills learning in Chitwan Medical College, Nepal. *Journal of BP Koirala Institute of Health Sciences*. 2020;3(1):96-104. doi: 10.3126/jbphkihs.v3i1.30333.
- Cleland J, Foster K, Moffat M. Undergraduate students' attitudes to communication skills learning differ depending on year of study and gender. *Med Teach*. 2005;27(3):246-51. doi: 10.1080/01421590400029541, PMID 16011948.