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ORIGINAL RESEARCH ARTICLE

Attitude Towards Learning Communication Skills in Medical Students of Chitwan Medical College,Chitwan, Nepal

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ABSTRACT

This study aimed at assessing the attitudes of medical students toward learning communication skills at Chitwan Medical College which is affiliated to Tribhuvan University of Nepal . The target population included medical students who are studying Bachelor of Medicine and Bachelor of Surgery (MBBS), first and second year in this medical school. Medical students' attitudes towards learning communication skills were assessed by the communication skills attitudes scale (CSAS), originally developed by Rees and colleagues .The questionnaires were distributed to 250 medical students. The reliability coefficient for each subscale of CSAS was calculated using Cronbach's alpha. Cronbach's alpha for positive attitude scale (PAS) was found to be 0.90 which is indicative of high internal consistency, and for negative attitude scale (NAS) was found to be 0.678 showing acceptable internal consistency for items of CSAS scale. There was statistically significant differences between male and female students in terms of their attitudes toward learning communication skills (P<0.05). The female group had more positive and less negative attitudes toward learning communication skills compared to the male group. Also, it was found that there were significant differences between students in first year and second year regards their attitudes toward learning communication skills. The second year group had more positive and less negative attitudes toward learning communication skills in comparison to the first year group. In conclusion, it is recommended that communication skills training programs be designed and incorporated into the curriculum of Tribhuvan University's MBBS program so that medical students learn as well as pay more attention to communication skills.

Key words: Communication skills attitudes scale, MBBS program and Tribhuvan University.

INTRODUCTION

Medical education has undergone dramatic changes over the last decades. It has been recognized that traditional courses that encourage rote learning of facts to primarily assess a student's knowledge base is not sufficient to equip medical students quality that will be expected of them in the future. These characteristics include good communication skills, competence in practical tasks; professionalism, appropriate attitudes and ethics, and an aptitude for personal develop. Communication skills are deemed a crucial component of clinical practice as they are instrumental in accurate diagnosis as well as convincing the patient to follow medical advice. The doctor's communicative behavior influences patient outcomes such as their satisfaction, compliance with recommended treatment, and understanding and recall of information [1]. WHO has defined five attributes for a physician: a caregiver who assesses and improves the quality of care, who makes optimal use of new technologies, who promotes healthy lifestyles, who reconciles individual and community health requirements and who is able to work efficiently in team [2].

In order to achieve the aforementioned goals mastery, over communication skills is vitality important. Fortunately this issue has attracted increasing attention in recent years globally, which is based on the evidence that adequate doctor–patient communication is related to better health outcomes, better compliance and higher satisfaction of both doctor and patient [3]. Interpersonal and communication skills are

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considered a core area of competency for medical students, residents, and practicing physicians [4, 5]. Indeed, effective communication during medical encounters has been associated with significant benefits in areas such as patient recall and understanding, adherence to treatment plans, symptom resolution, physiological outcomes, and medical decisions, as well as satisfaction of both patients and physicians [3, 6]. There is growing awareness that effective communication between doctor and patient and appropriate attitudes of doctors are core clinical requirements for the medical profession [7]. The attitudes of medical students toward learning communication skills have long been a matter of concerns for medical teachers, curriculum planners and policy makers [8, 9]. Attitudes involve evaluations by which good or bad qualities to a topic or an organization or a person are attached. Attitudes drive behavior. If a person's attitude is changed, his or her behavior may change as well [10]. Communication skills are indispensable for medical practice and can be taught and learned. In recent years many medical schools all over the globe have incorporated communication skills into their curricula [5]. Assessing the attitudes of medical students toward communication skills is essential, since negative attitudes can give rise to lack of interest in such programs. Such assessment can serve to help educators devise more effective plans. Thus ways ought to be sought to improve attitudes toward these programs.

In Tribhuvan University of Nepal, basic medicine course (MBBS) lasts six years, almost half of which goes to basic sciences and community medicine course and half to clinical course, and there is no course formally offered to teach communication skills; however, in some medical schools, some limited sessions of a course are offered regarding communication skills. In Nepal, little is known about the attitudes of medical students toward communication skills. Hence,this study aimed at assessing the attitudes of medical students toward learning communication skills at Chitwan Medical College which is affiliated to Tribhuvan University of Nepal.

MATERIALS AND METHODS

Students

This cross-sectional study was conducted at Chitwan Medical College Teaching Hospital in the Chitwan District of Nepal (Affiliated to Tribhuvan University).The study has been approved by Institutional Review Committee of Chitwan Medical College (CMC-IRC).The target population included medical students who were studying Bachelor of Medicine and Bachelor of Surgery (MBBS),first and second year in this medical school. The questionnaires were distributed to 250 medical students. Twenty eight students were excluded since they either did not return the questionnaires or filled them out incompletely. So, totally 213 remaining questionnaires were analyzed (response rate= % 85.2).

CSAS Measurement

Medical students' attitudes towards learning communication skills were assessed by the communication skills attitudes scale (CSAS), originally developed by Rees and colleagues [11]. The CSAS has been used in subsequent studies by Rees and other researchers [10, 12-16]. The scale consists of 26 items within two subscales, each with 13 items. In subscale I, called the positive attitude scale (PAS), the items: 1, 4, 5, 7, 9, 10, 12, 14, 16, 17, 21, 23 and 25 relate to positive attitudes toward learning communication skills, such as statements like “Learning communication skills is interesting” (item 7). In subscale II, the negative attitude scale (NAS), the items: 2, 3, 6, 8, 11, 13, 15, 18, 19, 20, 22, 24 and 26 express negative attitudes toward learning communication skills, such as “I don’t need good communication skills to be a doctor” (item 19). All 26 items have response options along a five-point likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Both the PAS and NAS scores are calculated by summing response values for the 13 items of each subscale. Possible ranges for each score vary from 13 to 65, with higher scores indicating stronger attitudes [11]. Prior to data collection, the CSAS was translated into Nepali language using a backward-forward translation technique. To do this, a panel of experts translated the CSAS items from English to Nepali language and then it was back translated into English. Minor translation adjustments were carried out until the two versions (Nepali/English formats) were comparable. Following clear instructions and explanation of the aim of the study, the questionnaires were distributed to the students.

Data Analysis

Data were analyzed using sigmaplot software version 12 for windows and $P < 0.05$ was considered statistically significant. Analysis of the data included comparisons of the mean scores of CSAS subscales comparing male and female students and first/second year MBBS courses. The

t-test was used to determine statistically significant differences.

RESULTS AND DISCUSSION

The mean age of the participants in the study was 18.23 (SD=4.6), ranging from 16 to 21 years. Male and female students accounted for 129 (60.5 %) and 84 (39.5 %) of the intended sample respectively. Of the participants, 120 (56.33%) were first year, 93 (43.67%) were second year. The reliability coefficient for each subscale of CSAS was calculated using Cronbach's alpha. Cronbach's alpha for PAS was found to be 0.90 which is indicative of high internal consistency, and for NAS was found to be 0.678 showing acceptable internal consistency for these items. Item means for PAS range between 4.63 (item 17 of CSAS scale :communication skills teaching would have a better image if it sounded more like a science subject) and 4.48 (item 1 of CSAS scale: in order to be a good doctor I must have good communication skills), and item means for NAS range between 1.66 (item 26 of CSAS scale: communication skills learning should be left to psychology students, not medical students) and 2.69 (item 22 of CSAS scale: my ability to pass exams will get me through medical school rather than my ability to communicate).

The mean scores for PAS was 58.8 (SD=8.3) out of 65, ranging from 24 to 65, and the mean scores for NAS was 45.3 (SD=5.9) out of 65, ranging from 18 to 57.There were statistically significant differences between male and female students in terms of their attitudes toward learning communication skills (P<0.05). The female group had more positive and less negative attitudes toward learning communication skills compared to the former group (**Table 1**).

Table 1: Comparison of attitudes toward learning communication skills between male and female students. (t-test)

Subscales	Male		Female		t	*P*
	Mean	SD	Mean	SD		
PAS	54.2	5.7	58.8	8.3	-2.8	0.0001*
NAS	45.3	5.9	34.5	5.4	3.57	0.01*

** P < 0.05*

Table 2: Comparison of attitudes toward learning communication skills between first year and second year students. (t-test)

Subscales	First Year		Second Year		t	*P*
	Mean	SD	Mean	SD		
PAS	57.7	63	59.4	7.2	2.93	0.0002*
NAS	35.3	7.4	33.5	5.7	-2.89	0.0001*

** P < 0.05*

Moreover, it was found that there were significant differences between students in first year and second year regards their attitudes toward learning communication skills. The second year group had more positive and less negative attitudes toward learning communication skills in comparison to the latter group.

Since attitudes are often important predictors of behaviors, medical students who have negative perceptions of communication skills training may devalue the importance of these skills, and ultimately they may decide that they are not important enough to develop or practice when interacting with patients [18]. Though positive attitudes dominate, negative attitudes should not be overlooked and steps need to be planned and taken to modify or eliminate them. Some of the most important constituents of negative attitudes were: “My ability to pass exams will get me through medical school rather than my ability to communicate”; “Nobody is going to fail their medical degree for having poor communication skills”, “learning communication skills is too easy” and “I haven’t got time to learn communication skills”. Such negative attitudes if not directed and controlled might have repercussions on positive attitudes as well. As such, it is recommended to place greater importance on communication skills as well as provide more opportunities for students to learn them.

In our study, female students possessed more positive (P<0.001) and less negative attitudes (P<0.01) than male students, which confirms the findings of Rees and Sheard [12], Cleland *et al.* [14], Shankar [15] and Kaufmann [19]. In terms of gender differences, the finding that female medical students had more positive attitudes toward communication skills training suggests that more efforts need to be made to emphasize the importance and relevance of communication skills among male medical students. In addition, strategies need to be devised to improve perceptions about learning communication skills in general, but particularly for male students. Also, it was further found that the students in lower terms had a stronger tendency to learning communication skills than the ones in higher terms. This result is in line with the results of some previous studies [12, 14, 15, 19], but does not confirm the result of the investigation carried out by Kevin *et al.* [18]. More studies are needed to explore these differences and the associated factors in educational settings.

In conclusion, it is recommended that communication skills training programs be designed and incorporated into the curriculum of Tribhuvan University’s MBBS program so that medical students learn as well as pay more attention to communication skills.

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REFERENCES

1. General Medical Council. Good medical practice. London: General Medical Council, 1998.
2. Rennie SC and Rudland JR. Differences in medical students' attitudes to academic misconduct and reported behaviour across the years—a questionnaire study. J Med Ethics 29:97-102; 2003.
3. American Board of Internal Medicine, Project Professionalism, ABIM Committee on Evaluation of Clinical Competence, Philadelphia PA, 1995.
4. Baldwin DC Jr, Daugherty SR, Rowley BD, *et al*. Cheating in medical school: a survey of second year students at 31 schools. Acad Med 71:267–73; 1996.
5. Rennie SC and Crosby JR. Are ―Tomorrow's Doctors honest? A questionnaire study exploring the attitudes and reported behaviour of medical students to fraud and plagiarism. BMJ 322:274–5; 2001.
6. Kalichman MW and Friedman PJ. A pilot study of biomedical trainees' perceptions concerning research ethics. Acad Med 67:769–75; 1992.
7. Anderson RE and Obenshain SS. Cheating by students: findings, reflections, and remedies. Acad Med 69:323–32; 1994.
8. Dans PE. Self reported cheating by students at one medical school. Acad Med 71:70–72; 1996.
9. Petersdorf RG. A matter of integrity. Acad Med 64:119–23; 1989.
10. Simpson DE, Yindra MS, Towne JB, et al. Medical students' perceptions of cheating. Acad Med 64:221–222; 1989.
11. Rennie SC and Rudland JR. Differences in medical students' attitudes to academic misconduct and reported behaviour across the years—questionnaires study. J Med Ethics 29: 97-102; 2003.
12. American Association of Medical Colleges. Physicians of the 21st Century. Report of the Working Group on Personal Qualities, Values and Attitudes. Journal of Medical Education 59:177-189; 1984.
13. Metz JCM, Pels Rijken-Van Erp Taalman Kip, EH and Van den Brand-Valkenburg, BWM. Blueprint 1994: Training of Doctors.
14. Kaplan SH, Greenfield S and Ware J. Assessing the Effects of Physician-Patient Interactions on the Outcomes of Chronic Disease. Medical Care 27(3): 110-127; 1989.
15. Bensing J. Doctor-Patient Communication and the Quality of Care. An Observation Study into the Affective and Instrumental Behavior in General Practice. Dissertatie: Deben, 1991.
16. Eckes T and Six B.. Fakten und Fiktionen in der Eistellungs-Verhaltens- Forschung: Eine Meta-Analyse (Fact and Fiction in Attitude-Behavior Research: A Meta-Analysis). Zeitschriftfur Sozialpsychologie: 253-271; 1994.
17. Ajzen I and Fishbein M. Understanding Attitudes and Predicting Social Behavior. Prentice-Hall Inc.: New Jersey, 1980.
18. Swanborn PG. Schaaltechnieken. Theorie en praktijk van acht eenvoudige procedures. Boom: Meppel, 1982.
19. Lalljee M Brown LB and Ginsburg GP. Attitudes: Disposition, Behaviour or Evaluation? British Journal of Social Psychology 23: 233-244; 1984.