Research Article

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Attitude of medical students towards learning communication skills

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ABSTRACT

Background: The need for developing Communication skills among medical students is now gaining emphasis. Ability to communicate with patients is one of the competencies required for all doctors as competent health providers. The Objective of this study is to conduct the attitude of medical students towards learning communication skills and to identify the relationship of demographic characteristics to such an attitude.

Methods: The study is conducted in MES Medical college in Kerala, India among 1st to final year students using a validated questionnaire namely Communication skills Attitude scale having 13 +13 questions to get positive and negative attitudes.

Results: The study showed higher positive attitude score of 53 against negative score of 27. Female gender and higher mother's education were associated with more positive scores.

Conclusions: Over all students in the study have more positive attitude towards learning communication skills, girls having more positive attitude than boys and mothers' educational status positively influences the attitude.

Keywords: Attitude, Communication, Students, Competency, Demographic characteristics

INTRODUCTION

Effective communication is essential for medical professionals. Competency in communication skills is one of the important competencies essential for all medical graduates. In the past much importance was not given for training of medical students in communication skills. Now the importance is increasingly being recognized all over world and the Indian Medical council which regulates medical education in India has begun attempts to include, Development of communication skills for medical graduates by incorporating it in medical Education curriculum. Communication skills of the doctors are important in the field of patient care. Many patients feel that doctors have not adequately communicated with them during consultation and many doctors fail to understand the emotional problems associated with disease.² If the doctor communicates

with the patient properly, that will increase the patient satisfaction and also increase the compliance to treatment.³ Much litigation against doctors has happened in the past consequent to improper or lack of adequate communication. Even after knowing the importance, many of the students do not feel or understand the need for learning and developing communication skills as a part of the course. Teachers also are beginning only to understand the importance of teaching and imparting communication skills. Although several studies are carried out in west, in India studies in this area are very few. In this context the present study was taken up to find the attitude of medical students towards learning communication Skill.

Objectives

1. To assess the attitude of medical students towards learning communication skills.

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2. To study the relationship between attitude and demographic factors.

METHODS

This study was conducted in MES medical college, Kerala, India. Clearance of Institutional Ethics Committee was obtained for the study.

All MBBS students from first to final year in MES Medical College, Kerala, India, were included in the study. A total 0f 318 students including girls and boys were included. Attitude towards learning communication skill was collected using 'Communication Skills Attitude Scale (CSAS) developed by Rees and colleagues. Along with this demographic characteristic of students also were collected using a predesigned questionnaire. Communication Skills Attitude Scale (CSAS) consists of 26 items, of which 13 are positive statements and 13 negative which are given inter mingled.¹ Each item is scored on likerts scale with 5 responses (1-strongly disagree and 5-strongly agree). Minimum and maximum possible scores thus were 13 - 65 in both subgroup of questionnaire. Higher scores indicated strong attitude. Reliability of this tool is ascertained by calculating internal consistency with cronbach's alpha. The questionnaire was distributed after the classes and informed consent was taken from the students. The data obtained was entered in statistical software and appropriate statistical test as indicated in the Table 2 were applied to bring out any significant association between demographic characteristics and positive and negative score.

Study design: Cross Sectional Study

Study population: All MBBS students of MES Medical College

RESULTS

Nearly 3 quarter of Students (73.3%) in the study was girls. The participants included students from first year to fourth year of the study. Most students had only one or two siblings. The family size was mostly small as shown in the Table 1. Nearly half of the student's parents had high School level or below education. There were students from both northern and southern part of Kerala though proportionately more were from northern part of Kerala where the institution is situated.

The median score for positive attitude among the whole students was 53 and median score for negative attitude was 27. Cronbach's alpha obtained in our study was =0.8 and 0.5 for positive and negative score respectively showing good internal consistency for positive score whereas the same for negative score is less than acceptable. The higher positive score indicates that over all, the whole students have positive attitude towards learning communication skills.

Table 1: Demographic characteristic of study population.

	No	Percentage
Gender		
Male	85	26.7
Female	233	73.3
Batch		
3 rd and 4 th Year MBBS	158	49.7
1 st and 2 nd Year MBBS	160	50.3
No of Siblings		
<2	94	55.3
2-4	71	41.8
>4	5	2.9
No of family members		
<5	218	74.7
5-10	74	25.3
One or both parents as doctors		
Yes	27	9.1
No	269	90.9
Mothers Education		
HSS or below	147	56.3
More than HSS	114	43.7
Fathers Education		
HSS or below	114	44.2
More than HSS	144	55.8
Area of residence		
Northern district of Kerala	137	66.8
Southern district of Kerala	68	33.2

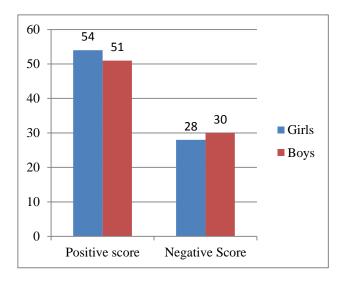


Figure 1: Chart showing comparison of positive and negative attitude among girls and boys.

The median positive score and negative score in the CSAS scale were compared according to the gender and other demographic, social and educational characteristics. Statistically significant difference was observed between the two genders for the positive attitude score, girls having higher positive mean score of 54 when compared

to the 51 for the boys (P value = 0.01). Similarly girls had lower negative scores compared to boys. Significant difference was observed for both positive and negative scores according to mother's educational status. Positive score was more and negative score was less as the mothers educational status increased. This difference is

not observed for father's educational status. No statistical difference was observed for either positive or negative scores according to year of study number of family members doctors being the student's parents, fathers education or area of residence.

Table 2: Showing Relationship of positive and negative scores to demographic Characteristics of students in the study.

	Positive score (Median and IQR)	Test statistic (P value)	Negative score (mean± SD)	Test statistic (P value)
Gender				
Male	51(45-55)	-3.43	30.1±6.7	2.282
Female	54(49-58)	(<0.01)***	28.8±5.1	$(0.023)^*$
Batch				
3 rd and 4 th Year MBBS	53(47-57)	-1.7	29.55±5.7	1.063
1 st and 2 nd Year MBBS	54(49-58)	(0.08)***	28.89 ± 5.3	$(0.289)^*$
No of Siblings				
<2	53(48-57)		29.30±5.2	1.101
2-4	54(49-58)	1.34	30.28 ± 5.4	0.335
>4	53(31-62)	(0.51)****	27.40 ± 9.4	
No of family members				
<5	54(49-57)	-0.40	29.06±5.12	-1.38
5-10	53(48-59)	(0.6)***	30.04 ± 5.6	(0.168)*
One or both parents as doctors				
Yes	52(49-56)	-1.78	29.56±4.9	-2.5
No	53(48-58)	(0.85)***	29.28±5.4	(0.7)*
Mothers Education				
HSS or below	52(47-57)	-2.395	29.97±5.29	2.633
More than HSS	54(49-58)	(0.017)***	28.24 ± 5.23	(0.009)*
Fathers Education		·		·
HSS or below	53(48-57)	-0.262	29.37±5.15	0.479
More than HSS	53(48-58)	(0.794)***	29.05±5.46	(0.633)*
Area of residence		,		,
Northern district of Kerala	53(48-58)	-0.795	30.04 ± 5.08	2.216
Southern district of Kerala	54(49-58)	(0.427)***	28.29 ± 5.73	(0.28)*

^{*}Independent sample t test; ** ANOVA, ***Mann-Whitney U Test; **** Kruskal-Wallis H Test.

DISCUSSION

In our study the demographic characteristics which had significant influence on the attitude of medical students towards learning communication skill were the gender of the student and their mothers Education. Girls were having more positive and less negative scores compared to boys. This finding is similar to the finding of a study conducted by Rees C and Sheard C in University of Nottingham.⁴ Their study also observed that if the parents were doctors the students had less positive attitude compared to those students whose parents were not doctors. But our study failed to show any such relation. Another study from Napal and yet other studies from US and Iran and Caribean medical school, using CSAS scale also reports similar higher positive attitude in girls compared to boys.⁵⁻⁸ This lead us to think that it may be a universal phenomenon that having female gender leads

to a more positive attitude for learning communication skills. The Caribean Medical School based study also reports that positive attitude is more if the students' parents are not from medical profession.

CONCLUSION

Over all the medical students have a positive attitude towards learning communication skills. But some negative attitudes also exists which has to be corrected for effective learning of Communication skills. The demographic characteristics of medical students that influence a higher positive attitude for learning Communication skills are the female gender and mother's Educational status.

Limitation

The result pertaining to negative attitude scale cannot be generalised as cronbach's alpha for negative scores was only 0.5

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