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Original Research Article

ASSESSMENT OF ATTITUDE TOWARDS LEARNING COMMUNICATION SKILLS IN MEDICAL STUDENTS AT A GOVERNMENT MEDICAL COLLEGE

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ABSTRACT

Background: Context: In the current era of hospital attacks and medical lawsuits, effective communication is a must. Instead of clinical incompetence, poor communication was the main complaint made by patients to the authorities. This study therefore attempts to comprehend medical undergraduates' attitudes toward learning communication skills. **Aim:** It aims to study the sociodemographic factors, to assess the attitude towards learning communication skills and to find correlation between both in first year MBBS students and medical interns. **Settings and Design:** This is a cross-sectional observational study conducted at a Government Medical College in Maharashtra.

Materials and Methods: For this study, a semi structured proforma was prepared to gather sociodemographic details and a 26-item validated communication skills attitude scale (CSAS) developed by Rees and Sheard was utilized. Data collection was done via convenient sampling from 192 participants after obtaining consent from the participants. **Statistical analysis used:** Data analysed by SPSS Version 28:0. Variables expressed by using frequency, Percentage (%), mean and SD. Unpaired t-test and one way ANOVA used where appropriate. p-value < 0.05 considered as significant.

Results: There was a decline in positive attitude between 1st year MBBS students and medical interns with increase in negative attitude scores. Amongst the variables evaluated, correlation was found with age and number of family members.

Conclusions: Communication skills is a lifelong learning process with repetitive sensitization required for honing it. Measures towards inculcating this practice in daily clinical rotation needs to be taken for efficient physician-patient interactions.

Key-words: communication skills, attitude, medical students, medical interns.

INTRODUCTION

One could consider communication to be the key component of medical care. The following subjects are covered in examining doctor-patient communication: (1) various goals of medical communication; (2) study of communication between physicians and patients; (3) certain communication behaviors; (4) the impact of communication behaviors on patient outcomes; and (5) closing thoughts. There are three distinct goals of communication that are recognized: (a) fostering positive interpersonal relationships; (b) sharing information; and (c) making decisions about treatment.[1] Studies showing a link between patient health outcomes and clinician-patient communication constitute one of the most intriguing, yet least understood, findings in health communication.[2] Acquiring communication skills as a medical professional is a multifaceted undertaking. Studies on medical education and learning communication have highlighted the interconnectedness of knowledge domains, including medical content, consultation process skills, and professional attitudes.[3]

Attitudes are assessments that ascribe positive or negative characteristics to a subject, a group, or an

individual.[4] The significance of students cultivating patient-centered attitudes and proficient communication skills has been underscored by numerous global professional organizations.[5] Medical educators, curriculum designers, and policy makers have long been concerned about medical students' views regarding doctor-patient communication.[6] The notion that communication is limited to taking notes or being polite has been replaced with the idea that communication is a quantifiable clinical skill.[7] Numerous global professional associations have underscored the significance of students cultivating patient-centered perspectives and proficient communication skills.8 As mature learners, medical students must understand the purpose of acquiring communication skills and have an internal will to do so.[9]

Although the doctor-patient interaction and the social aspects of medicine are receiving more attention, there aren't many research examining how students' attitudes evolve as they progress through the medical curriculum.[10] A validated, widely used 26-item communication skill attitude scale created by Rees and Sheard was utilized in this study to gauge medical students' attitudes toward studying communication skills.[11] Students' attitudes have a big influence on how well they do as doctors in the future. The potential influence of sociodemographic variables on students' attitudes was also examined in this study.

MATERIALS AND METHODS

In a medical college, first-year MBBS undergraduate students and MBBS medical interns participated in a cross-sectional study. With approval from the Institutional Ethics Committee, the study was carried out. A practical sampling technique was used to conduct the study. After obtaining informed consent, 192 participants in all were enrolled in the study. They were also informed that their replies would be analysed and could be published anonymously. Additionally, they were told that there would be no repercussions for incomplete or non-participatory work on their academic record. It was required of the participants to finish a self-administered survey. Among them, 118 participants were first-year MBBS students, while the remaining 84 were medical interns.

This study was conducted over the course of four weeks, with the first section of the questionnaire asking about their sociodemographic profile. This section included questions about age, gender, the medium of education they used in the 12th grade, the total number of family members, and their socioeconomic status, which was categorized using a modified version of the B. G. Prasad scale.[12]

The next section of the questionnaire included a 26-item, widely used, and validated Communication Skill Attitude Scale (CSAS) created by Rees and Sheard to investigate medical students' attitudes toward acquiring communication skills. This is a two-part scale with items 1, 4, 5, 7, 9, 10, 12, 14, 16, 17, 21, 23 and 25 indicating positive attitudes toward studying communication skills, for example item 9 ("Learning communication skills has helped or will help facilitate my team-working skills"). The items: 2, 3, 6, 8, 11, 13, 15, 18, 19, 20, 22, 24 and 26 are included in the negative attitude scale towards studying communication skills, for example item no 3 ("Nobody is going to fail their medical degree for having poor communication skills.") Participants selected a response for each question on the five-point Likert scale, ranging from 1 (strongly agree) to 5 (strongly disagree). The range for each subscale, which ranged from 13 to 65, was added up to represent the overall scores for both positive and negative attitudes. Higher scores indicated stronger attitudes.

The collected data was analysed using SPSS (Statistical Package for social sciences) version 28:0. Qualitative data variables were expressed by using frequency and percentage while quantitative data variables were expressed by using Mean and Standard deviation. Unpaired T-test used to compare positive and negative scores for binary outcome in demographic variables. One-way ANOVA used to compare the positive and negative score for more than 2 independent groups in demographic variables. P-value <0.05 was considered as significant.

RESULTS

Table 1 shows sociodemographic details of the participant. The study involved 192 participants in all. There was a range of ages from 17 to 28. Males made up more than half of the participants (63.5%). The majority of participants (93.2%) finished their 12th grade education using English as the medium of instruction. A sizable portion of the participants were members of households with less than six individuals. The majority of them (48.3%) belonged to the B.G. Prasad Socioeconomic Class I (8220 and above). 118 (61.5%) of the participants in this study were first-year.

Table 1: Sociodemographic details of participants

Characteristics		Number	Percentage
Gender	Male	122	63.5
	Female	70	35.5
Age	<21	114	59.4
	21-25	71	37.0
	>25	7	3.6

Medium in 12th	English	179	93.2
	Others	13	6.8
Number of family members	<6	141	73.4
	6-10	42	21.9
	>10	9	4.7
Socioeconomic class	<1230	25	17.5
	1230-2464	14	9.8
	2465-4109	15	10.5
	4110-8219	20	14.0
	>8220	69	48.3
Academic year	1st year MBBS	118	61.5
	Medical intern	74	38.5

undergraduate MBBS students, and 74 (38.5%) were medical interns.

Table 2 shows correlation between sociodemographic details and positive and negative attitude scores. There was very little variation in the mean scores between males and females for positive and negative attitudes. Those under the age of twenty-one displayed a more optimistic outlook than those beyond the age of twenty-five. Along with an increase in mean negative attitude scores across the age group with a statistical significance of $p<0.001$, there was a statistically significant ($p<0.004$) fall in mean positive attitude scores with an increase in age. A family's positive attitude decreased significantly ($p<0.004$) as the number of members increased. There were differences in the mean scores for both attitudes depending on the socioeconomic class.

The mean scores for positive attitude decreased from 52.85 ± 6.21 in the first year to 50.89 ± 7.87 in the internship. However, there was a statistically significant increase in mean scores for negative attitude from 32.32 ± 4.89 in the first year to 34.36 ± 6.19 in the internship, with a p value of 0.013.

Table 2: Correlation between sociodemographic details and positive and negative attitude scores

Characteristics			**Positive Attitude Score**			**Negative Attitude Score**		
		n	Mean	SD	P value	Mean	SD	P value
Gender	Male	122	52.42	6.57	0.344	33.06	6.07	0.470
	Female	69	52.03	6.34		33.12	4.42	
Age	<21	114	53.08	6.06	0.004*	32.04	4.69	<0.001*
	21-25	71	51.23	6.74		33.87	5.46	
	>25	7	44.86	14.99		41.29	9.91	
Medium	English	179	52.22	6.89	0.420	32.91	5.55	0.111
	Others	13	50.38	7.73		35.15	4.54	
Number of family members	<6	141	52.68	6.11	0.004*	33.40	5.68	0.072
	6-10	42	51.67	7.61		31.48	4.43	
	>10	9	44.89	11.68		35.11	6.27	
Socioeconomic class	<1230	25	51.88	5.69	0.359	35.56	7.16	0.237
	1230-2464	14	51.36	6.22		33.07	4.97	
	2465-4109	15	50.67	6.65		34.67	5.12	
	4110-8219	20	48.50	10.32		32.80	5.83	
	>8220	69	52.43	7.73		32.65	5.51	
Academic year	1st year	118	52.85	6.21	0.072	32.24	4.89	0.013*
	Intern	74	50.89	7.87		34.36	6.19	

DISCUSSION

communication skills at this institution and to look into the effects of sociodemographic factors on such attitudes. First-year MBBS undergraduate students' opinions were compared to those of medical interns in terms of both positive and negative aspects. The most startling conclusion from our research is that, when comparing medical interns' attitudes to those

This study was conducted to assess medical students' attitudes regarding learning.

of first-year students, we discovered indications of a fall in positive attitudes and a substantial correlation in a rise in negative attitudes. This outcome is in line with findings from numerous earlier research.[13] The reasons behind the shift in attitude scores are unclear, but they could have to do with losing idealism and adopting a more practical perspective on medicine, as well as having excellent attitudes at

the beginning of the course that were unable to be further elevated.[14] Data indicate that medical students' attitudes in their later years of school are more doctor-centred or paternalistic than those of their earlier years, even though medical educators, health care administrators, and practicing physicians have stressed the value of curricula that cultivate patient-centred attitudes among medical students.[15]

The study found no significant differences in attitudes between males and females, which is consistent with research conducted in Nepal (2006),[16] and Sri Lanka (2012).[17] Several other studies have reported that females exhibit more positive attitudes than males,[18] but this gender effect was not seen in this investigation. Although a Saudi Arabia study found that both positive and negative attitudes were higher in the younger age group,[19] our study found a significant correlation between an increase in negative attitudes and a decrease in positive attitudes as age groups increased. This pattern of results was consistent with findings from other studies conducted in Scotland (2005),[20] and Nepal (2020).[21]

There are certain constants, such as communication patterns, designated responsibilities within families, and appropriate ways to engage with particular family members, even though the idea of family might be understood uniquely and differently in different cultures.[22] But there isn't much research on the subject of communication abilities and the number of family members. A strong correlation between the number of family members and the study's findings was found. Less than six family members in the participant's sample had favourable attitudes. The study also examined variables such as socioeconomic position and the 12th grade education medium, although the results varied depending on the group.

Since this study was conducted in a single institute with a small sample size, it is not possible to generalize the findings. It would be more advantageous to undertake a study at several different institutes. A person's family greatly influences their opinions and identity; greater research might be done on the relationship between family and communication. A longitudinal study may offer a more comprehensive knowledge of how individual students' attitudes are changing.

While the participants generally showed a good attitude toward acquiring communication skills, it is concerning that their negative attitude has significantly increased over time. Since communication is a necessary skill, ways to acquire them concurrently rather than through a quick course may be crucial to putting successful communication into practice.

CONCLUSION

Communication skills is a lifelong learning process with repetitive sensitization required for honing it. Measures towards inculcating this practice in daily clinical rotation needs to be taken for efficient physician-patient interactions.

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Conflict of interest

Nil

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