Attitude of medical students towards learning communication skills in a medical college in Tamil Nadu

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ABSTRACT

Background: Effective communication plays a crucial role in establishing strong Doctor patient relationship which plays a dominant role in the treatment. Since Attitude forms the basis for the behaviour, the attitude of the students towards learning communication skills have major impact on developing effective communication skills. The objective of this study is to assess the level of attitude of medical students towards learning communication skills.

Methods: A cross sectional study was conducted over 2 months among first to 4th year medical students in Karpaga Vinayaga Institute of Medical College and Research Centre, Kancheepuram using communication skills attitude scale. Data regarding the attitude and various socio demographic profile were collected through self-administered questionnaire. Hierarchical cluster analysis and K mean cluster analysis was done and Chi square test applied to find out association between the attitude and demographic variables.

Results: With K mean cluster analysis, 183 students (47.9%) had high and 52.1% had moderate attitude towards learning communication skills. There is no significant association between socio demographic profiles and attitude towards learning communication skills except for the year of study and the gender.

Conclusions: Overall all the students showed positive attitude towards learning communication skills, however there was decrease in level of attitude with higher the year of study.

Keywords: Attitude, Communication skills, Medical students, Doctor patient relationship

INTRODUCTION

Communication skills are an indispensable part for professionals in all walks of life. Doctor-patient communication serves as a “central function in building a therapeutic doctor-patient relationship, which is the heart and art of medicine”. Effective Communication with the patient helps in the development of strong doctor-patient relationship, as the relationship itself has the power to shape the processes and outcomes of care.¹ The two main challenges facing the medical profession in this era are a need for effective communication between patients and doctors and a rapidly rising demands from patients for active participation in medical decision making rather than being a passive listener.²

Patient centered care is one aspect of the doctor–patient relationship that takes into account patients’ preferences, concerns, and emotions; it has been proposed as a mechanism through which favourable patient outcomes are achieved. The extent of patient-centeredness in a health care system is a result of a complex interaction between patient and practitioner-related personal factors, influences from the professional world of the practitioner,
the consultation environment during the interaction, cultural norms and societal expectations. Professionalism is becoming increasingly important in medical education. In order to be able to apply medicine professionally to human beings, medical students in addition have to acquire interpersonal communication skills and professional behaviours. In assessing professionalism, the most important question is not whether the doctor knows how to perform, but rather whether he or she actually chooses to use these skills when seeing patients. Poor communication has also been cited as one of the reasons for increasing violence against doctors in India.4

In recent years, medical educators have recognized the importance of patient-centred care by instituting a variety of curricula to teach communication skills, professional values, and humanistic attitudes and behaviours to medical students. The attitude of medical students toward learning communication skills has been an area of concern. Over the last 30 years, communication skills in the medical school curriculum have received a considerable amount of attention among scholars in a variety of disciplines, including communication worldwide.

While a variety of communication skills training programs have been found to improve providers’ knowledge, attitudes, and skills, there are a number of issues that may impede the success of communication skills training, especially among medical students.5 Hence this study is done to assess the Attitudes towards communications skills training among the medical students.

**Objectives**

The main objective of this study is to assess the level of attitude of medical students towards learning communication skills and to find out the association between the level of attitude towards learning communication skills and selected background variables.

**METHODS**

A cross sectional study was conducted over a period of 2 months between October and November 2017 among the medical students admitted in Karpaga Vinayaga Institute of Medical College And Research Centre, Kancheepuram, Tamilnadu. Institutional ethical clearance was obtained and the MBBS students from 1st year, 2nd year, 3rd year and final MBBS respectively. Among them 56% were females and majority (74.6%) were from urban area. Regarding the parents occupation, 3.7% of their mother and 6.5% of their father were doctors. There were students who done their school education from Tamil (9.9%) and English medium (90.1%). Majority (91.1%) joined medical profession on their own interest (table 2)

With respect to attitude, hierarchical cluster analysis observed two clusters was ideal for the data using agglomeration schedule values. All the students scored above 3 and hence had positive attitude towards learning communication skills. K-means cluster analysis of them showed 183 students (47.9%) had high attitude towards learning communication skills and 52.1% had moderate attitude. To assess the characteristics of these two clusters, the cluster center values were calculated. The final cluster centers values are shown in Table 1. It has been observed in both the clusters the center values are above 3 and close to 3. Further, in almost all the statements except Q11, Q13, Q17 and Q20 the center values are higher in the cluster 1 than the cluster 2. Hence, the cluster 1 has been named as high attitude towards learning communication skills and cluster 2 has been named as moderate attitude towards learning communication skills.

Regarding the association between the demographic profile of the students and their level of attitude towards the communication skills, there is a significant association between the level of attitude and the year of study and gender. Female students had high attitude towards learning communication skills compared to males (Table 2).
Table 1: Final cluster centre values after K-mean cluster analysis.

| Q. No. | Cluster | Cluster | Cluster |
|--------|---------|---------|---------|
|        | 1       | 2       | Q. No.  | 1       | 2       |
| Q4     | 4.5     | 3.7     | Q1      | 4.9     | 4.6     |
| Q5     | 4.7     | 4.1     | Q2      | 4.1     | 3.2     |
| Q7     | 4.3     | 3.5     | Q3      | 3.2     | 2.7     |
| Q9     | 4.6     | 3.9     | Q6      | 3.7     | 3.0     |
| Q10    | 4.7     | 4.0     | Q8      | 3.4     | 2.7     |
| Q12    | 3.6     | 3.0     | Q11     | 2.8     | 2.8     |
| Q14    | 4.4     | 3.7     | Q13     | 2.6     | 3.1     |
| Q16    | 4.3     | 3.7     | Q15     | 3.4     | 3.0     |
| Q18    | 3.9     | 3.3     | Q17     | 2.6     | 2.7     |
| Q21    | 4.4     | 3.7     | Q19     | 4.7     | 3.7     |
| Q22    | 2.9     | 2.6     | Q20     | 2.8     | 3.3     |
| Q23    | 4.0     | 3.5     | Q24     | 3.3     | 2.7     |
| Q25    | 4.6     | 3.8     | Q26     | 4.4     | 3.6     |

Table 2: Association between the attitude of the students towards learning communication skills with their socio demographic profile.

| Gender      | High attitude (%) | Moderate attitude (%) | P value |
|-------------|-------------------|-----------------------|---------|
| Male        | 67 (36.6)         | 101 (50.8)            | 0.005*  |
| Female      | 116 (63.4)        | 98 (49.2)             |         |
| Religion    |                   |                       |         |
| Hindu       | 156 (85.2)        | 183 (92)              |         |
| Muslim      | 7 (3.8)           | 5 (2.5)               | 0.109   |
| Christian   | 20 (10.9)         | 11 (5.5)              |         |
| Hometown    |                   |                       |         |
| Rural       | 43 (23.5)         | 54 (27.1)             | 0.414   |
| Urban       | 140 (76.5)        | 145 (72.9)            |         |
| Family type |                   |                       |         |
| Nuclear     | 159 (86.9)        | 167 (84)              |         |
| Others      | 24 (13.1)         | 32 (16)               | 0.413   |
| Siblings    |                   |                       |         |
| Yes         | 161 (88)          | 176 (88.4)            | 0.888   |
| No          | 22 (12)           | 23 (11.6)             |         |
| Mother’s occupation |           |                       |         |
| Doctor      | 9 (4.9)           | 5 (2.5)               | 0.368   |
| Others      | 65 (35.5)         | 79 (39.7)             |         |
| Housewife   | 109 (59.6)        | 115 (57.8)            |         |
| Father’s occupation |          |                       |         |
| Doctor      | 16 (8.7)          | 9 (4.5)               | 0.096   |
| Others      | 167 (91.3)        | 190 (95.5)            |         |
| Year of study |                 |                       |         |
| I           | 61 (33.3)         | 30 (15.1)             |         |
| II          | 42 (23)           | 54 (27)               | <0.001* |
| III         | 46 (22.1)         | 52 (26)               |         |

*significance of p value.

DISCUSSION

As doctor patient relationship is the core component of treatment, the effective communication acts as the heart of good doctor patient relationship. Attitudes are important predictors and shapers of the behaviour, so any change in the perception of the facts will have impact on the behaviour of the person. Training the new ways of acting in professional situation influences the perception of the individual, thereby changing the behaviour. Those with high attitude value these skills most and vice versa in those with low attitude. In this study it was found that all the medical students had high to moderate attitude towards learning communication skills. However there was no significant association between socio-demographic details and the level of attitude towards communication skills except for the gender and the year of study. In the present study, there was a significant association between the year of the study and the level of attitude towards communication skills (p<0.001), 1st year students had high attitude as compared to the students in second, third and fourth year, as the year increases the level of attitude towards communication skills decreased. This was similar to the study by Kaufmann et al where the first and second year students showed more positive attitude towards learning communication skills compared
to fourth year students despite being exposed to the patients. Similarly female students had high attitude towards learning communication compared to males, which was similar to the study by Rees et al, Fazel et al and Chandran et al where female students had more positive attitudes.6,9,10

CONCLUSION

Overall all the Medical students had positive attitude with 47.9% students high and 52.1% moderate attitude towards learning communication skills, however as the years increase, the level of attitude decreases. This has to be addressed effectively as it plays a pivot role in establishing a good doctor patient relationship. The limitation of the study being it a cross sectional study, couldn’t assess the level of attitude of the students throughout the course.

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