Attitudes of medical students toward communication skills learning in Western Saudi Arabia

Fawaz S. Alotaibi, SSC-FM, MHPE, Abdullah Alsaeedi, MHD, BSP

ABSTRACT

Objectives: To explore medical students’ attitudes towards communication skills learning in Western Saudi Arabia and to examine impact of socio-demographic variables on the attitudes towards learning these skills.

Methods: In this cross-sectional study, sample of medical students were recruited from Taif University, Taif, Kingdom of Saudi Arabia during the second semester (January-May 2014). Participants were all year 2 (197 students) and year 5 (151 students). The study utilize the Communication Skills Attitude Scale (CSAS) to measure students’ attitudes toward communication skills learning. The response rate was 93.9%.

Results: The study showed that Taif medical students hold highly positive attitudes towards learning communication skills. Positive attitude score (PAS) was significantly higher in level 5 students, older age group.

Conclusion: Significant positive attitude toward learning communication skills clearly observed in target group. Students with more positive attitudes towards communication skills learning tended to be higher level and older age.

Saudi Med J 2016; Vol. 37 (7): 791-795
doi: 10.15537/smj.2016.7.14331

From The Department Of Family Medicine (Alotaibi, Alsaeedi) Taif Armed Forces Hospitals, Prince Mansour Military Hospital, Taif, Kingdom of Saudi Arabia.

Received 12th January 2016. Accepted 16th May 2016.

Address correspondence and reprint request to: Dr. Fawaz Alotaibi, Department of Family Medicine, Taif Armed Forces Hospitals, Prince Mansour Military Hospital, Taif, Kingdom of Saudi Arabia.
E-mail: dr.fawaz74@gmail.com

Physicians need communication skills to build strong doctor-patient relationships. Communication skills are essential to clinical competence and for influencing patients’ compliance, understanding and overall satisfaction. Many medical education studies have found that these skills can be learned and acquired. Hence, it is essential that these skills are taught in medical schools in order for students to become competent clinicians. Attitudes are defined as positive or negative evaluations of objects, people, or situations that predispose us to feel and behave toward them in a positive or negative manner. Otherwise stated, attitudes are a mixture of presentations influencing behavior. Attitude measurements may also be an important outcome of care in shaping the biopsychosocial aspects of care.
Medical students and communication skills ... Alotaibi et al

measure for curricular interventions, and may help assess the need for additional innovations. The overall aim of this study was to examine medical students' attitudes towards communication skills learning, and to evaluate the impact of socio-demographic variables on these attitudes. Effective communication with patients has been highlighted by different accreditation agencies as an important outcome of undergraduate medical education. Good communication skills play a vital role in improving the doctor-patient relationship, leading to improved patient compliance and satisfaction regarding the care given to their physical and mental health. Improvements in healthcare providers' communication skills have been linked to more effective healthcare delivery, better patient and provider satisfaction, and fewer lawsuits. Hence, studying medical students' attitudes towards learning communication skills is important for the design of educational programs and experiences aimed at improving these skills. The most widely used method for measuring communication skills is the communication skills attitude scale (CSAS) - a validated 26-item scale developed by Rees and Sheard to measure students' attitudes toward communications skills learning. The scale consists of 2 subscales: the positive attitude scale (PAS) and the negative attitude scale (NAS). Each of these has 13 items, accompanied by a 5-point Likert scale ranging from 'strongly agree' to 'strongly disagree'. The score for each scale ranges from 13-65, with higher scores indicating stronger positive or negative attitudes towards communication skills learning. The $\alpha$-values for PAS was 0.873 and NAS was 0.805. Communication skills are taught at Taif University throughout the preclinical years of medical school. The teaching program of communication skills adopts series of lectures and practical tutorials for the exchange of best practices related to communication skills learning in medical field. Ahn et al studied the attitudes held by Saudi premedical students, medical students, and doctors in training towards communication skills learning, compared with results from western countries. Results showed that communication skills learning facilitates interpersonal skills and reduces uncertainty regarding their use in medicine, as well as having a significant impact on confidence and motivation. Cultural factors could be a factor in this research, as indicated by the results of a similar survey in Nepal conducted by Shankar et al. Anvik et al conducted a large descriptive study involving 3,055 medical students in 4 Norwegian universities using CSAS. This study showed no decline in students' cognitive attitudes over the duration of medical school, whereas affective attitudes declined during the first 3 years. Female students had higher attitude scores than males students. Cleland et al conducted a cross-sectional study in the UK using the same scale (CSAS) for first-, second- and third-year medical students. Results showed that first-year students had more positive attitudes toward communication skills learning than second- and third-year students. This finding is supported by that of Rees and Sheard, who showed that younger students have a more positive attitude toward communication skills learning. A study conducted in a Sri Lankan medical school showed that there was no significant difference in PAS scores between male and female students, and between those with and without exposure to formal communication skills training. Regarding research carried out in Arab countries, Khashab investigated the attitudes of medical students at Alexandria University towards communication skills learning. She found these attitudes to be significantly more positive among fifth-year students than their younger counterparts. In addition, she reported that students with a doctor as a father or mother had significantly lower scores on the negative subscale, compared with students whose parents had other occupations.

**Methods.** A cross-sectional design and quantitative method were used. The study involved a 2-part questionnaire: part one requested socio-demographic data, such as age, gender, nationality, and education level; part 2 utilized a validated 26-item scale developed by Rees and Sheard to measure students' attitudes towards communication skills learning, which is also the most common and widely used method. The scale consists of 2 subscales: the positive attitude scale (PAS) and the negative attitude scale (NAS). Each of these has 13 items, accompanied by a 5-point Likert scale ranging from 'strongly agree' to 'strongly disagree'. The score for each scale ranges from 13-65, with higher scores indicating stronger positive or negative attitudes towards communication skills learning. The $\alpha$-values for PAS was 0.873 and for NAS 0.805. The study population was divided into 2 groups based on mean of PAS and NAS scores (high and low).

**Disclosure.** Authors have no conflict of interest, and the work was not supported or funded by any drug company.

**Sampling strategies** A 2-level sample of second-year (197 students; preclinical) and fifth-year (151; clinical)
Medical students and communication skills ... Alotaibi et al

A total of 327 students participated in the study, with a response rate of 93.3% (Table 1). Ages ranged between 18-30 years. More than half of the participants (63.9%) were male, of which 384 (56.3%) were second-year students, and 143 (43.7%) were fifth-year students. Students whose fathers (n=24; 7.3%), or mothers (n=44; 13.5%) were healthcare workers (n=24; 7.3%), or mothers (n=44; 13.5%) were healthcare workers. Level of the study: 5th year students. Students whose fathers (n=24; 7.3%), or mothers (n=44; 13.5%) were healthcare workers

### Data source and data collection procedures

Two-part questionnaires (socio-demographic data and CSAS) were distributed to all participants for completion. Students who were not present at the time of distribution or who refused to complete the questionnaire were excluded.

### Data management and analysis procedures

Statistical Package for Social Sciences (SPSS) software version 19 was used to analyse quantitative data. Socio-demographic characteristics were calculated as means and percentages. Mean scores for the scales used to determine the participants' attitude levels were calculated using means and standard deviation. Student t test was used to compare the score levels of students with the independent variables, and to determine statistical significance.

### Ethical procedure

The study was approved by the ethical committee of Taif armed forces hospital administration. In addition, written permission was obtained from the institution in which the study was conducted (Taif University Medical School). Verbal and written informed consent was obtained from all participants in the study.

### Results

A total of 327 students participated in the study, with a response rate of 93.3% (Table 1). Ages ranged between 18-30 years. More than half of the participants (63.9%) were male, of which 384 (56.3%) were second-year students, and 143 (43.7%) were fifth-year students. Students whose fathers (n=24; 7.3%), or mothers (n=44; 13.5%) were healthcare workers. Level of the study: Table 1 shows that 74.8% of level 5 students have higher PAS compared with 32.1% among students in level 2. The difference was statistically significant (p=0.001). Students at level 2 have higher NAS (59.8%) compared with students at level 5. However, the difference was statistically significant (p=0.019).

**Age.** As shown in Table 2, PAS was higher among students in the age group 24-30 years (70.6%) compared with those in the age group 18-24 years (48.5%). However, this difference was statistically significant (p=0.015). NAS was higher among students in the age group 24-30 years (70.6%) compared with those in the age group 18-24 years (51.9%). However, this difference was statistically significant (p=0.046).

**Gender.** Table 3 demonstrates that PAS was higher among female students (57%) as opposed to male students (46.9%). This difference was not statistically significant (p=0.062). NAS was higher among male students (60.3%) as opposed to female students (42.4%). This difference was statistically significant (p=0.003).

**Nationality.** Saudis students have higher PAS (51.2%) compared with non-Saudis students. However, this difference was not statistically significant (p=0.077). NAS was higher among non-Saudis students (66.7%) compared with Saudis students. The difference was not statistically significant (p=1.000).

**Mother job.** Positive Attitudes Scale was higher among students whose mothers were healthcare workers (56.8%) compared with students whose mothers were non-healthcare workers (49.8%). The difference was not statistically significant (p=0.388). NAS was higher among students whose mothers were non-healthcare workers (55.8%) compared with students whose mothers were healthcare workers (40.9%). The difference was not statistically significant (p=0.074).

**Father job.** Positive Attitudes Scale was higher among students whose fathers were non-healthcare workers (51.5%) compared with students whose fathers were healthcare workers (41.7%). The difference was not statistically significant (p=0.354). NAS was higher among students whose fathers were healthcare workers (62.5%) compared with students whose fathers were non-healthcare workers (53.1%). The difference was not statistically significant (p=0.404).

### Discussion

This study was carried out to evaluate medical students’ attitudes towards communication skills learning at Taif University and to examine impact.

---

**Table 1 - Demographic characteristics of all second and fifth year medical students.**

| Characteristics | Number | %    |
|-----------------|--------|------|
| **Age in years**|        |      |
| 18-23           | 293    | 89.6 |
| 24-30           | 34     | 10.4 |
| **Gender**      |        |      |
| Male            | 209    | 63.9 |
| Female          | 118    | 36.1 |
| **Nationality** |        |      |
| Saudi           | 324    | 99.1 |
| Non-Saudi       | 3      | 0.9  |
| **Study level** |        |      |
| 2nd year        | 184    | 56.3 |
| 5th year        | 143    | 43.7 |
| **Occupation of father** | |      |
| Health related job | 24 | 7.3 |
| Non - health related job | 303 | 92.7 |
| **Occupation of Mother** | |      |
| Health related job | 44 | 13.5 |
| Non - health related job | 283 | 86.5 |
of socio-demographic variables on the attitudes towards learning these skills. Shedding light on such topic may help University administrators to replanning education strategies in order to maximize positive attitudes of the students and to tackle negative ones to develop good quality educational services. Many of medical schools globally introduced teaching and communication skills learning to the core curriculum.7 In UK, General Medical Council8 in its recommendations on undergraduate medical education has stated that medical students by the end of their medical school should have acquired skills that enable them to communicate effectively with patients and colleagues. The current study showed that Taif medical students hold highly positive overall attitudes towards learning communication skills. Level 5 students have higher PAS compared with level 2 students. This results is consistent with the results conducted by Khoshhab18 in Alexandria University. Kahari and Takavarasha19 in Zembawai University found the same result. This is may be explained by exposure to patients and clinical rotations in clinical years. Female students in this study found to have higher PAS than male students. These findings are similar to those of Anvik et al,16 Harlak et al,20 Rees and Sheard,13 Fazel et al,21 and Kahari and Takavarasha,19 who found that females have more PAS than male students. This is may be due to high socialization of females than males. Positive attitude scale (PAS) found to be higher in Saudi students. This clearly explained by higher sample of Saudi students compared with non-Saudi students.

Table 2 - Positive attitudes scores (PAS) among all participants.

| No. | Items of PAS                                                                 | Mean  | SD    |
|-----|------------------------------------------------------------------------------|-------|-------|
| 1   | In order to be a good doctor I must have good communication skills.          | 4.34  | 1.011 |
| 4   | Developing my communication skills is just as important as developing my knowledge of medicine. | 3.81  | 1.002 |
| 5   | Learning communication skills has helped or will help me respect patients.   | 4.06  | 0.974 |
| 7   | Learning communication skills is interesting.                               | 3.56  | 1.133 |
| 9   | Learning communication skills has helped or will help facilitate my team-working skills. | 3.80  | 1.113 |
| 10  | Learning communication skills has or will improve my ability to communicate with patients. | 4.03  | 1.027 |
| 12  | Learning communication skills is fun.                                       | 3.84  | 1.028 |
| 14  | Learning communication skills has helped or will help me respect my colleagues. | 3.87  | 0.998 |
| 16  | Learning communication skills has helped or will help me recognize patients' rights regarding confidentiality and informed consent. | 3.79  | 1.061 |
| 18  | When applying for medicine, I thought it was a really good idea to learn communication skills. | 3.90  | 1.010 |
| 21  | I think it's really useful learning communication skills on the medical degree. | 3.85  | 1.022 |
| 23  | Learning communication skills is applicable to learning medicine.           | 3.94  | 1.134 |
| 25  | Learning communication skills is important because my ability to communicate is a lifelong skill | 3.87  | 1.075 |

SD - standard deviation

Table 3 - Negative attitudes Scores (NAS) among all participants.

| No. | Items of NAS                                                                 | Mean  | SD    |
|-----|------------------------------------------------------------------------------|-------|-------|
| 2   | I can't see the point in learning communication skills.                      | 2.24  | 1.043 |
| 3   | Nobody is going to fail their medical degree for having poor communication skills. | 2.66  | 1.101 |
| 6   | I haven't got time to learn communication skills.                            | 2.79  | 1.159 |
| 8   | I can't be bothered to turn up to sessions on communication skills.          | 2.89  | 0.921 |
| 11  | Communication skills teaching states the obvious and then complicates it.    | 2.91  | 1.124 |
| 13  | Learning communication skills is too easy.                                   | 3.20  | 1.100 |
| 15  | I find it difficult to trust information about communication skills given to me by non-clinical lecturers. | 2.99  | 1.120 |
| 17  | Communication skills teaching would have a better image if it sounded more like a science subject. | 3.13  | 1.278 |
| 19  | I don't need good communication skills to be a doctor.                      | 2.01  | 1.110 |
| 20  | I find it hard to admit to having some problems with my communication skills. | 2.78  | 0.946 |
| 22  | My ability to pass exams will get me through medical school rather than my ability to communicate. | 2.96  | 1.185 |
| 24  | I find it difficult to take communication skills learning seriously.         | 2.92  | 1.124 |
| 26  | Communication skills learning should be left to psychology students, not medical students. | 2.41  | 1.291 |

SD - standard deviation
Students whose mothers were healthcare workers have higher PAS compared with students whose mothers were non-healthcare workers. This result could be explained by the effect of medically educated parents on the learning of their sons or daughters.

The higher positive attitude of medical students at Taif University towards learning communication skills could help teaching staff to design specific curriculum base on motivation and level of their students. One of the limitations of this study is that it evaluated single medical school, which may not represent the Saudi medical students as a whole. Further studies should aim to determine attitudes of medical students in all Saudi medical schools to get higher generalizability.

In conclusion, this study demonstrated that positive attitude toward learning communication skills clearly observed in medical students. Positive attitudes towards communication skills learning tended to be more in higher level and older age. This study adds to the growing body of evidence supporting the investigating attitudes of medical students towards learning communication skills may have a critical role in curriculum design. As far as we know, this study is first study in Saudi Arabia investigating communication skills attitude among medical students. Our study may open the gate for more investigations in this area.

Acknowledgment. The authors gratefully acknowledge Dr. Saad Alzahrani (Family Medicine, Taif University, Taif, Saudi Arabia) for his generous help with data collection, and Dr. Faisal Farahat (King Abdulaziz Medical City, Jeddah, Saudi Arabia) for his help in statistical analysis.

Reference

1. Silverman J, Kurtz SM, Draper J, van Dalen J, Platt FW. Skills for communicating with patients. 2nd ed. United Kingdom (UK): Radcliffe Medical Press Abingdon; 1998.
2. Ong LM, De Haes JC, Hoos AM, Lammes FB. Doctor-patient communication: a review of the literature. Soc Sci Med 1995; 40: 903-918.
3. Spencer J, Silverman J. Education for communication: much already known, so much more to understand. Med Educ 2001; 35: 188-190.
4. Laidlaw TS, MacLeod H, Kaufman DM, Langille DB, Sargeant J. Implementing a communication skills programme in medical school: needs assessment and programme change. Med Educ 2002; 36: 115-124.
5. Rider EA, Keefor CH. Communication skills competencies: definitions and a teaching toolbox. Med Educ 2006; 40: 624-629.
6. Kurtz S, Silverman J, Benson J, Draper J. Marrying content and process in clinical method teaching: enhancing the Calgary-Cambridge guides. Acad Med 2003; 78: 802.
7. Makoul G. Communication skills education in medical school and beyond. Jama 2003; 289: 93.
8. General Medical Council. Tomorrow’s doctors. A draft for consultation. Manchester (UK): General Medical Council; 2009.
9. Ajzen I, Fishbein M, Heilbroner RL. Understanding attitudes and predicting social behavior. New Jersey (NJ): Prentice-Hall Englewood Cliffs; 1980.
10. Prarkanis AR, Breckler SJ. Attitude structure and function. New Jersey (US): Lawrence Erlbaum; 1989.
11. Petty RE, Wegener DT, Fabrigar LR. Attitudes and attitude change. Annu Rev Psychol 1997; 48: 609-647.
12. Rogers JC, Coutts L. Do students’ attitudes during preclinical years predict their humanism as clerkship students? Acad Med 2000; 75: S74.
13. Rees C, Sheard C. The relationship between medical students’ attitudes towards communication skills learning and their demographic and education-related characteristics. Med Edu 2002; 36: 1017-1027.
14. Ahn S, Yi YH, Ahn DS. Developing a Korean communication skills attitude scale: comparing attitudes between Korea and the West. Medical Education 2009; 43: 246-253.
15. Anvik T, Grimstad H, Baerheim A, et al. Medical students’ cognitive and affective attitudes towards learning and using communication skills. A nationwide cross-sectional study. Med Teach 2008; 30: 272-279.
16. Shankar RP, Dubey AK, Mishra P, Deshpande V, Chandrasekhar T, Shivananda P. Student attitudes towards communication skills training in a medical college in Western Nepal. Educ Health (Abingdon) 2006; 19: 71-84.
17. 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: 246-251.
18. Khashab S. Attitudes of Alexandria medical students towards communication skills learning. J Egypt Public Health Assoc 2006; 81: 355-372.
19. Kahari L, Takavarasha P. A study of University of Zimbabwe Medical Students’ attitudes towards the teaching and learning of communication skills. International Journal of Advance Research 2013; 1: 1.
20. Harlak H, Gemalmaz A, Gurel FS, Dereboy C, Ertek T. Communication skills training: Effects on attitudes toward communication skills and empathic tendency. Educ Health (Abingdon) 2008; 21: 62.
21. Fazel I, Aghamolaei T. Attitudes toward learning communication skills among medical students of a university in Iran. Acta Med Iran 2011; 49: 625-629.