

# Attitudes Toward Learning Communication Skills Among Medical Students of a University in Iran

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**Abstract-** Communication skills play a paramount role in clinical practice. In every clinical setting, medical doctors need to interview their patients efficiently and be persuasive toward their health issues. This study aimed at assessing the attitudes of medical students toward learning communication skills at Hormozgan University of Medical Sciences in Iran. In this cross-sectional study, the questionnaires were distributed to 210 medical students. Twenty eight students were excluded since they either did not return the questionnaires or filled them out incompletely. So, totally 182 questionnaires were analyzed (response rate=86.6). Data was collected using communication skills attitude scale (CSAS) which consists of 26 items, 13 indicative of positive attitude and 13 indicative of negative attitude toward learning communication skills. Data were analyzed using SPSS16 software. The mean age of the participants was 21.7 (SD=2.7). Male and female students accounted for 38.5% and 61.5% of the participants respectively. The mean scores for positive attitude was 54.8 (SD=7.3) out of 65, and the mean scores for negative attitude was 35.3 (SD=5.9) out of 65. There were statistically significant differences between male and female students and between basic sciences and pathophysiology students on the one hand and clinical course students on the other as regards their attitudes toward learning communication skills ( $P<0.05$ ). Although students had strongly positive attitudes toward learning communication skills, curriculum planners should not lose sight of negative attitudes and measures need to be taken to minimize or if possible eliminate them.

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## Introduction

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 teams (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 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 has long been a matter of concerns

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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 Iran, general medicine lasts seven years, almost half of which goes to basic sciences and pathophysiology 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 Iran, little is known about the attitudes of medical students toward communication skills. This study aimed at assessing the attitudes of medical students toward learning communication skills at Hormozgan University of Medical Sciences in Iran.

## Materials and Methods

### Participants

This cross-sectional study was conducted at Hormozgan University of Medical Sciences in Bandar Abbas in the south of Iran. The target population included students who were studying general medicine at the medical school of this university. The questionnaires were distributed to 210 medical students. Twenty eight students were excluded since they either did not return the questionnaires or filled them out incompletely. So, totally 182 remaining questionnaires were analyzed (response rate=%86.6).

### Measures

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 Persian using a backward-forward translation technique. To do this, a panel of experts translated the CSAS items from English to Farsi language and then it was back-translated into English. Minor translation adjustments were carried out until the two versions (Farsi/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 SPSS16 software 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 different courses. The t-test was used to determine statistically significant differences.

## Results

The mean age of the participants in the study was 21.7 (SD=2.7), ranging from 18 to 30 years. Male and female students accounted for 70 (38.5%) and 112 (61.5%) of the intended sample respectively. Of the participants, 33 (18.1%) were first year, 37(20.3%) second year, 35 (19.2%) third year, 18 (9.9%) fourth year, 18 (9.9%) fifth year, 22 (12.1%) sixth year and 19 (10.5%) were seventh year students. 105 (57.7%) were students in basic sciences and pathophysiology course, and the remaining 77 (42.3 %) in clinical course.

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 0.68 showing acceptable internal consistency for these items.

Item means for PAS range between 3.83 (item 17: communication skills teaching would have a better image if it sounded more like a science subject) and 4.29 (item 1: in order to be a good doctor I must have good communication skills), and item means for NAS range between 1.86 (item 26: communication skills learning should be left to psychology students, not medical students) and 3.69 (22: my ability to pass exams will get

me through medical school rather than my ability to communicate) (Table 1).

The mean scores for PAS was 54.8 (SD=7.3) out of 65, ranging from 24 to 65, and the mean scores for NAS was 35.3 (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 latter group had more positive and less negative attitudes toward learning communication skills compared to the former group (Table 2).

**Table 1.** Scores of Communication Skills Attitudes Scale (CSAS) items (range 1-5)

Subscale	Items	Mean	SD
PAS	1. In order to be a good doctor I must have good communication skills	4.65	0.68
	4. Developing my communication skills is just as important as developing my knowledge of medicine	4.31	0.80
	5. Learning communication skills has helped or will help me respect patients	4.35	0.79
	7. Learning communication skills is interesting	4.26	0.84
	9. Learning communication skills has helped or will help facilitate my team-working skills	4.17	0.81
	10. Learning communication skills has improved my ability to communicate with patients	4.23	0.83
	12. Learning communication skills is fun	4.07	0.96
	14. Learning communication skills has helped or will help me respect my colleagues	4.29	0.79
	16. Learning communication skills has helped or will help me recognize patients' rights regarding confidentiality and informed consent	4.21	0.78
	17. Communication skills teaching would have a better image if it sounded more like a science subject	3.83	1.00
	21. I think it's really useful learning communication skills on the medical degree	4.34	0.72
	23. Learning communication skills is applicable to learning medicine	3.86	0.93
	25. Learning communication skills is important because my ability to communicate is a lifelong skill	4.21	0.80
	NAS	2. I can't see the point in learning communication skills	1.90
3. Nobody is going to fail their medical degree for having poor communication skills		3.68	0.93
6. I haven't got time to learn communication skills		2.91	1.12
8. I can't be bothered to turn up to sessions on communication skills		2.49	1.09
11. Communication skills teaching states the obvious and then complicates it		2.76	0.96
13. Learning communication skills is too easy		2.95	0.96
15. I find it difficult to trust information about communication skills given to me by non-clinical lecturers		2.84	0.97
18. When applying for medicine, I thought it was a really good idea to learn communication skills		3.04	0.94
19. I don't need good communication skills to be a doctor		2.02	1.01
20. I find it hard to admit to having some problems with my communication skills		2.80	1.05
22. My ability to pass exams will get me through medical school rather than my ability to communicate		3.69	1.05
24. I find it difficult to take communication skills learning seriously		2.29	0.94
26. Communication skills learning should be left to psychology students, not medical students	1.86	1.00	

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**Table 2.** Comparison of attitudes toward learning communication skills between male and female students. (t-test)

Subscales	Male		Female		t	P
	Mean	SD	Mean	SD		
PAS	52.3	8.1	56.4	6.4	-3.8	0.000*
NAS	36.7	6.4	34.4	5.4	2.57	0.01*

\*  $P < 0.05$

**Table 3.** Comparison of attitudes toward learning communication skills between basic sciences and clinical course students. (t-test)

Subscales	Basic science		Clinical		t	P
	Mean	SD	Mean	SD		
PAS	56.6	7.4	52.4	6.4	3.93	0.000*
NAS	34.2	5.3	36.7	6.3	-2.89	0.004*

\*  $P < 0.05$

Moreover, it was found that there were significant differences between students in basic sciences and pathophysiology course on the one hand, and students in clinical sciences course on the other as regards their attitudes toward learning communication skills. The former group had more positive and less negative attitudes toward learning communication skills in comparison to the latter group (Table 3).

## Discussion

The patient-physician communication is deemed a vital clinical skill (17). As indicated by the findings, positive attitudes had a share of 54.8 out of 65 whereas negative attitudes had a proportion of merely 35.3 out of 65 among the students. 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 their male peers, 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.

The reliability coefficient for each subscale of CSAS was calculated using Cronbach's alpha. For the internal consistency of the CSAS, Rees *et al.* (11), calculated Cronbach's alpha of 0.87 for the PAS and 0.80 for the NAS. In a study conducted by Harlak *et al.* (16), Cronbach's alpha was 0.65 for the NAS and 0.90 for the PAS. In this study, 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 0.68 showing

acceptable internal consistency for these items. In conclusion, true that positive attitudes toward learning communication skills prevail, however, negative attitudes should be considered and dealt with. Also attempt should be made to minimize or if possible eliminate them. Besides, it is recommended that communication skills training programs be designed and incorporated into the medical curriculum so that medical students learn as well as pay more attention to communication skills.

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## References

- Ong LM, de Haes JC, Hoos AM, Lammes FB. Doctor-patient communication: a review of the literature. *Soc Sci Med* 1995;40(7):903-18.
- Deveugele M, Derese A, De Maesschalck S, Willems S, Van Driel M, De Maeseneer J. Teaching communication skills to medical students, a challenge in the curriculum? *Patient Educ Couns* 2005;58(3):265-70.
- Stewart M, Brown JB, Boon H, Galajda J, Meredith L, Sangster M. Evidence on patient-doctor communication. *Cancer Prev Control* 1999;3(1):25-30.
- Horowitz SD. Evaluation of clinical competencies: basic certification, subspecialty certification, and recertification. *Am J Phys Med Rehabil* 2000;79(5):478-80.
- Makoul G. MSJAMA. Communication skills education in medical school and beyond. *JAMA* 2003;289(1):93.
- Stewart MA. Effective physician-patient communication and health outcomes: a review. *CMAJ* 1995;152(9):1423-33.
- Laine C, Davidoff F. Patient-centered medicine. A professional evolution. *JAMA* 1996;275(2):152-6.
- Meryn S. Improving doctor-patient communication. Not an option, but a necessity. *BMJ* 1998;316(7149):1922.
- Jones R, Higgs R, de Angelis C, Prideaux D. Changing face of medical curricula. *Lancet* 2001;357(9257):699-703.
- Anvik T, Gude T, Grimstad H, Baerheim A, Fasmer OB, Hjortdahl P, Holen A, Risberg T, Vaglum P. Assessing medical students' attitudes towards learning communication skills: which components of attitudes do we measure? *BMC Med Educ* 2007;7:4.
- Rees C, Sheard C, Davies S. The development of a scale to measure medical students' attitudes towards communication skills learning: the Communication Skills Attitude Scale (CSAS). *Med Educ* 2002;36(2):141-7.
- Rees C, Sheard C. The relationship between medical students' attitudes towards communication skills learning and their demographic and education-related characteristics. *Med Educ* 2002;36(11):1017-27.
- Rees C, Sheard C. Evaluating first-year medical students' attitudes to learning communication skills before and after a communication skills course. *Med Teach* 2003;25(3):302-7.
- 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(3):246-51.
- Shankar RP, Dubey AK, Mishra P, Deshpande VY, Chandrasekhar TS, Shivananda PG. Student attitudes towards communication skills training in a medical college in Western Nepal. *Educ Health (Abingdon)* 2006;19(1):71-84.
- Harlak H, Dereboy C, Gemalmaz A. Validation of a Turkish translation of the Communication Skills Attitude Scale with Turkish medical students. *Educ Health (Abingdon)* 2008;21(1):55.
- Kurtz SM. Doctor-patient communication: principles and practices. *Can J Neurol Sci* 2002;29 Suppl 2:S23-9.
- Wright KB, Bylund C, Ware J, Parker P, Query JL, Baile W. Medical student attitudes toward communication skills training and knowledge of appropriate provider-patient communication: A comparison of first-year and fourth-year medical students. *Med Educ Online* 2006;11:18.
- Kaufman DM, Laidlaw TA, Langille D, Sargeant J, MacLeod H. Differences in medical students' attitudes and self-efficacy regarding patient-doctor communication. *Acad Med* 2001;76(2):188.