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

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ABSTRACT

الأهداف: استكشاف مواقف طلاب الطب في جامعة الطائف نحو تعلم مهارات الاتصال، ودراسة تأثير المتغيرات الاجتماعية والديموغرافية على المواقف تجاه تعلم هذه المهارات .

الطريقة: تم اختيار عينة من طلبة الطب من جامعة الطائف خلال الفصل الدراسي الثاني عام 2014م. المشاركون طلاب السنة الثانية (197 طالباً) وطلاب السنة الخامسة (151 طالباً). استندت الدراسة إلى مقياس مهارات الاتصال (CSAS) لقياس اتجاهات الطلبة نحو تعلم مهارات الاتصال. تم الحصول على معدل استجابة (93.9%).

النتيجة: اظهرت النتيجة الإجمالية للدراسة أن طلاب الطب بجامعة الطائف لديهم مواقف وسلوكيات إيجابية للغاية نحو تعلم مهارات الاتصال. المقياس الإيجابي (PAS) كان أعلى بشكل ملحوظ في مستوى طلاب السنة الخامسة من أصحاب الفئة العمرية الأكبر .

الخاتمة: هناك دلالة واضحة أن طلاب الطب بجامعة الطائف لديهم مواقف وسلوكيات إيجابية للغاية نحو تعلم مهارات الاتصال. المقياس الايجابي كان أعلى بشكل ملحوظ في مستوى طلاب السنة الخامسة، أصحاب الفئة العمرية الأكبر.

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

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

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Physicians need communication skills to build strong doctor-patient relationships. Communication skills are essential to clinical competence[1] and for influencing patients' compliance, understanding and overall satisfaction.[2] Many medical education studies have found that these skills can be learned and acquired.[3-5] Hence, it is essential that these skills are taught in medical schools in order for students to become competent clinicians.[6] 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.[9] Otherwise stated, attitudes are a mixture of presentations influencing behavior.[10] Measuring attitudes plays an important role in analyzing behavior, as there are strong correlations between the 2. Changes in attitude will bring about changes in people's behavior.[11] Understanding medical students' attitudes and beliefs towards communication skills learning has fundamental importance for faculty decision makers, curriculum designers and teachers. Positive attitudes towards the biopsychosocial aspects of care are possible predictors for levels of humanism displayed during clinical placement.[12] Attitude measurements may also be an important outcome

measure for curricular interventions, and may help assess the need for additional innovations.[13] 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.[1] 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.[1] 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.[2] 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[13] 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 α-values for PAS was 0.873 and NAS was 0.805.[13] 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[14] 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.[15] Anvik et al[16] 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[17] 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,[13] who showed that younger students have a more positive attitude toward communication skills learning. A study conducted in a Sri Lankan medical school[17] 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[18] 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.[18]

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

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[13] 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 α-values for PAS was 0.873 and for NAS 0.805.[13] The study population was divided into 2 groups based on mean of PAS and NAS scores (high and low).

Sampling strategies A 2-level sample of second-year (197 students; preclinical) and fifth-year (151; clinical)

medical students were recruited from Taif University during the second semester 2014.

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 adminstration. 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 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).

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

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 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

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 Council[8] 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 Khashab[18] in Alexandria University. Kahari and Takavarasha[19] in Zembabwai 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.

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.*

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