MAK HILL Publications Research Journal of Medical Sciences

Research Article
doi: 10.36478/makrjms.2025.1.486.489

OPEN ACCESS

Key Words
Communication skills, medical education, undergraduate medical students, postgraduate medical students, doctor-patient relationship, medical training, attitudes and perceptions, patient satisfaction, cross-sectional study, clinical practice, conflict resolution in healthcare, structured training programs, medical professionalism

Corresponding Author
Dr. Uday Shankar Singh, Department of Community Medicine, Pramukh Swami Medical College, Anand, Gujarat, India

Author Designation
[1,2]Third Year MBBS Student
[3]MBBS, MD

Received: 20 October 2024
Accepted: 30 December 2024
Published: 06 January 2025

Citation: Dr. Aaryesh Chandegara, Dr. Alisha Akhani and Dr. Uday Shankar Singh, 2025. Attitude of Undergraduate and Postgraduate Medical Students Towards Communication Skills in a Rural Medical College, Gujarat. Res. J. Med. Sci., 19: 486-489, doi: 10.36478/makrjms.2025.1.486.489

Attitude of Undergraduate and Postgraduate Medical Students Towards Communication Skills in a Rural Medical College, Gujarat

[1]Dr. Aaryesh Chandegara, [2]Dr. Alisha Akhani and [3]Dr. Uday Shankar Singh

[1-3]Department of Community Medicine, Pramukh Swami Medical College, Anand, Gujarat, India

ABSTRACT
From the beginning of their career, doctors have to communicate with patients. This emphasizes the matter of sense making and trust between doctors and patients. But still, communication skills do not seem to be a strong point of young medical doctors because of the deficiencies in the training they receive, which is reflected in their practice where there is an increasing number of conflicts with patients and family members. This study was conducted to investigate the attitudes and perceptions of undergraduate and postgraduate students with respect to communication skills at a rural medical college in Gujarat. The study decided to take a cross-sectional approach with students of different academic years who filled in a self-administered questionnaire. A positive correlation was found between the students' level of knowledge and their attitudes on the importance of communication when providing health care. Additionally, the study indicates a very important gap in the sense of lack of structured training modules for communication skills for medical students. Closing this gap would result in increased patient satisfaction, compliance with therapy and closer interaction of patients and doctors.

INTRODUCTION

The practice of good medical skills in the medical profession is integral for the development of a meaningful and trustworthy relationship between the patient and the doctors and is hence, beneficial to both of them. Effective communication with patients is the key. Effective communication with patients is the key to the success of medical professionals[1]. Recently, the medical system has witnessed an increase in the incidence of conflict between doctors and patients or their attendants. Graduates are inadequately prepared for clinical practice regarding communication. This study aims to explore attitudes and perceptions of undergraduate and postgraduate medical students towards communication skills and the need for complementary training. 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[2].

Aims and Objectives: The objectives of our research study are:

- To explore the perception and attitude towards communication skills in undergraduate and postgraduate medical students from Pramukh Swami Medical College.
- To compare the differences of attitudes between various groups
- To test the association between attitudes and demographic (gender, sex) and education related characteristics (years of study/residency training).

MATERIALS AND METHODS

- **Study Design:** Cross-sectional study design.
- **Sample Size:** 502 students.
- **Sampling Method:** An online questionnaire in the form of Google Forms was sent to all the students via WhatsApp on their class group. This included 1st year, 2nd year, 3rd year and final year students followed by interns. The questionnaire was sent in the same manner to various resident groups. The final data was collected from the Google Forms responses after 1 week of sending the questionnaire. A total of 502 responses were recorded from both undergraduate and postgraduate medical students.
- **Inclusion Criteria:** UG and PG medical students, including interns.
- **Exclusion Criteria:** Students having drop year after MBBS.
- **Survey Instruments:** Our survey instrument consisted of a well constructed questionnaire which had 2 parts-demographic details and CSAS (Communication skills attitude scale) which was developed by Dr Rees in 2002. The CSAS is open for everyone to use. The modified version of the CSAS used in a study of Sri Lankan undergraduates was used in this study. CSAS has two subscales named "Positive attitude" (item numbers 1, 4, 5, 7, 9, 10, 11, 13, 15, 17, 20, 21, 22 and 24) and "Negative attitude" (item numbers 2, 3, 6, 8, 12, 14, 16, 18, 19, 23 and 25). A higher magnitude of scores on each subscale indicates a stronger related attitude[3]. Items are scored from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher scores designate positive and negative attitudes on the CSAS-PAS and CSAS-NAS, respectively. The demographic details included the gender of the participant, UG or PG student and their year of study.
- **Ethical Considerations:** Informed consent was taken on the first page of the Google form, upon which clicking 'no' would allow them to exit the questionnaire. Participants are not required to reveal their identity except for their gender and year of study. This survey in no way affects their academic education. There is no other harm identified from the survey.

A study in Spain showed that medical students, residents and tutors did not differ on the Positive Attitude Scale CSAS-PAS, while the residents scored higher than medical students on Negative Attitude Scale CSAS-NAS. Also there were no significant differences according to year of residency[4]. A survey conducted in Germany with 529 participants from 3 different years of study indicated low levels of negative attitude and moderate levels of positive attitude. Attitudinal scores differ significantly in relation to gender[5].

Barriers Occur at Several Levels: Students, junior doctors and clinical supervisors sometimes have negative attitudes towards communication training., structured training

Data Analysis: All analyses were conducted using IBM SPSS Statistics Version 19. Internal consistency of the CSAS was measured with Cronbach's alpha. To test for differences in attitudes according to gender, we performed Student's t-test for independent samples. To check for differences in attitudes according to medical status and year of residency, we conducted analyses of variance (ANOVAs) comparisons.

RESULTS AND DISCUSSIONS

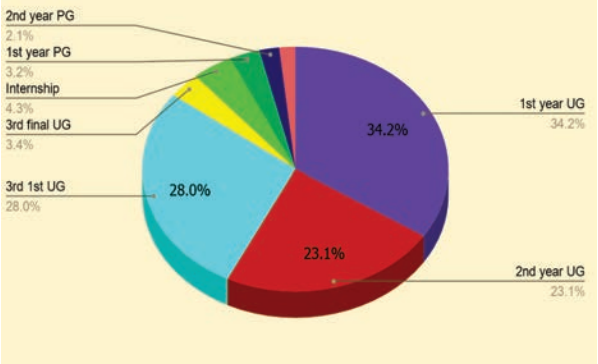

Fig. 1: Proportion of Student Belonging to Various Years of Study

Table 1: Changes Made to the Original Version of CSAS

Item no. on CSAS	Original question	Modified question
2	I can't see the point in learning communication skills.	I don't see why I should learn communication skills
8	I can't be bothered to turn up to sessions on communication skills	It would be too much trouble to attend sessions on communication skills.
11	Communication skills training states the obvious and then complicates it.	Omitted
20	I find it hard to admit to having some problems with my communication skills.	I don't want to tell anyone that I'm having problems with my communication skills (item number changed to 19).

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Positive Attitude Scale	1	247	35.5020	14.17684	.90205
	2	221	36.4208	14.28761	.96109

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Negative Attitude Scale	1	243	24.8971	7.49116	.48056
	2	220	25.7136	6.72790	.45360

Positive Attitude Scale

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
	Lower bound	Upper bound	Lower bound	Upper bound	Lower bound	Upper bound	Lower bound	Upper bound
1st year	160	33.7750	13.98649	1.10573	31.5912	35.9588	5.00	56.00
2nd Year	108	36.6019	14.28151	1.37424	33.8776	39.3261	5.00	56.00
3rd First	131	38.0229	14.82641	1.29539	35.4601	40.5857	3.00	57.00
3rd Final	16	30.9375	15.85967	3.96492	22.4865	39.3885	5.00	54.00
Internship	20	39.4500	11.32522	2.53240	34.1496	44.7504	14.00	52.00
1st Year Residence	15	33.1333	13.54288	3.49676	25.6335	40.6331	8.00	50.00
2nd Year Residence	10	38.7000	11.49928	3.63639	30.4739	46.9261	17.00	57.00
3rd Year residence	8	39.0000	9.97139	3.52542	30.6637	47.3363	21.00	51.00
Total	468	35.9359	14.22141	.65739	34.6441	37.2277	3.00	57.00

Negative Attitude Scale

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
	Lower bound	Upper bound	Lower bound	Upper bound	Lower bound	Upper bound	Lower bound	Upper bound
1ST YEAR	157	25.2548	6.62252	.52853	24.2108	26.2988	6.00	38.00
2ND YEAR	108	25.3519	7.46245	.71807	23.9284	26.7754	3.00	44.00
3RD FIRST	130	25.4538	7.59040	.66572	24.1367	26.7710	3.00	44.00
3RD FINAL	15	24.3333	10.41748	2.68978	18.5643	30.1023	4.00	37.00
INTERNSHIP	20	26.3500	5.56564	1.24451	23.7452	28.9548	16.00	33.00
1ST YEAR RESIDENCE	15	23.8667	7.41491	1.91452	19.7604	27.9729	7.00	37.00
2ND YEAR RESIDENCE	10	25.6000	5.64112	1.78388	21.5646	29.6354	15.00	32.00
3RD YEAR RESIDENCE	8	23.6250	3.37797	1.19429	20.8009	26.4491	17.00	27.00
Total	463	25.2851	7.14270	.33195	24.6328	25.9374	3.00	44.00

Coming to the next demographic detail i.e. gender, 47.2% (221) participants were females and 52.8% (247) were males. On applying t test for CSAS-PAS (Positive attitude scale), we found no significant difference amongst both genders i.e. females and males had obtained the same CSAS-PAS scores. Here in the (table below, 1) indicates males and 2 indicates females. The p value=0.486. The table below shows the CSAS-PAS scores amongst various years. 1st year undergraduate students scored the lowest with M=33.775., SD=13.98 and interns scored the highest with M=39.45., SD=11.35. The CSAS-NAS scores showed no significant difference amongst the undergraduate students and postgraduate students. Reliability statistics for CSAS-PAS, Crohnbach's alpha 0.772 and for CSAS-NAS Crohnbach's alpha is 0.690. Making the questionnaire reliable. To our knowledge, this is the first study that compares attitudes towards learning CS at all student levels of medical education. Clinical exposure is integral in developing efficient communication skills amongst medical students. Overall, data revealed that undergraduate students, residents show positive attitudes and do not differ from each other. Findings are in line with prior research about CSAS in undergraduate students from other countries and with qualitative surveys with residents and tutors. This poses a question, does exposure to clinical postings help in changing the attitude and mindset of medical students towards the importance of communication in communication skills is often insufficient., clinical supervisors behave as poor role models and lack effective communication and teaching skills., finally, there are organisational constraints such as lack of time, competing priorities, weak hierarchy support and lack of positive incentives for using, training or teaching good communication skills in clinical practice. Given the difficulty of assessing transfer of communication skills in practice, only few studies describe successful educational interventions. In order to optimize communication skills learning in practice, there is a need to: (1) modify the climate and structure of the working environment so that use, training and teaching of good communication skills in clinical practice becomes valued, supported and rewarded., (2) extend communication skills training to any field of medicine., (3) provide regular structured training and tailor them to trainees' needs. Although results can be interpreted in several ways, the numerous clinical encounters of everyday clinical practice may influence attitudes. Working with real patients (or observing

them) may help individuals to notice the relevance of CS for solving problems where scientific and technical expertise is not enough (e.g. language barriers, motivation and illness behavior). It might account for the absence of differences according to status and year of residency. Nevertheless, data could be partly influenced by social desirability, the most common problem of the direct measurement of attitudes.

CONCLUSION

We conclude that there is no significant difference in the attitude of undergraduate and postgraduate medical students in a rural medical college in Gujarat.

REFERENCES

1. Stewart, M., J.B. Brown, H. Boon, J. Galajda, L. Meredith and M. Sangster., 1999. Evidence on patient-doctor communication. Cancer Prevention Control. , Vol.
2. Silverman, J., S.M. Kurtz, J. Draper, D.J. van and F.W. Platt., 1998. Skills for communicating with patients. 2nd ed Edn., Radcliffe Medical Press Abingdon., United Kingdom (UK), ISBN-14: 978-1857756401,.
3. Varma, J., A. Prabhakaran and S. Singh, 2018. Perceived need and attitudes towards communication skill training in recently admitted undergraduate medical students. Indian J. Med. Ethics, Vol. 0 .10.20529/ijme.2018.049.
4. Molinuevo, B., A. Aradilla-Herrero, M. Nolla and X. Clèries, 2016. A comparison of medical students , residents and tutors attitudes towards communication skills learning. Educ. Health, Vol. 29 .10.4103/1357-6283.188755.
5. Busch, A.K., K. Rockenbauch and G. Schmutzer, et al., 2015. Do medical students like communication? Validation of the German CSAS (Communication Skills Attitude Scale). GMS Z Med Ausbild., Vol. 0 .10.3205/zma000953.