

Evaluation of the attitude of students from medical faculties of the Medical University of Warsaw (Poland) and University of Basel (Switzerland) towards the development of communication competence

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Abstract

Introduction. Communication skills of medical staff have a significant impact on the effectiveness of the therapeutic process and patient safety. Positive attitudes towards learning these competences may in the future result in a desire to develop them further.

Objective. The aim of the study was to assess the attitude of medical students towards the development of communication skills depending on the dominant health care system – private (Switzerland) and State (Poland).

Materials and method. The pilot study covered a population of 261 students from the Medical University of Warsaw (MUW), Poland, and University of Basel (UB), Switzerland. A voluntary and anonymous survey was carried out using a standardised CSAS questionnaire, consisting of 26 items presented in two subscales – positive (PAS) and negative (NAS), evaluated according to a 5-point Likert scale. The difference between the attitude of students from Poland and Switzerland was evaluated using the Student's t-test together with the calculation of Cohen's d effect size.

Results. Polish and Swiss students presented a neutral attitude towards learning communication skills and towards their own skills in this area. At the same time, the attitudes of UB students were slightly more positive than those of MUW students (UB: 90.4/130 versus MUW: 88.9/130, $t = 2.555$; $p = 0.011$). In the area of self-assessment of communication skills, the obtained results were at a low level (average in the range from 2.2 to 2.7/5). There were no statistically significant differences in this field between students from the two countries.

Conclusions. A neutral attitude may have a negative impact on effective and successful cooperation with the patient and members of an interdisciplinary team in the future. It is therefore reasonable to introduce teaching of communication skills into the curriculum of medical studies.

Key words

soft skills, Communication Skills Attitude Scale, students, communication with a therapeutic team

INTRODUCTION

Effective communication between the patient and members of the interdisciplinary team, as well as between the nurse and physician, is necessary to ensure high quality care, effective therapeutic process and patient safety [1].

Based on scientific reports, it can be concluded that there is a need to complete the curricula of medical studies by teaching soft skills and promoting a positive attitude towards learning them [2–4]. Developing a positive attitude to learning soft skills by medical students can inspire a future desire to develop the skills and improve them in post-graduate studies.

Modern medical education should not only strengthen communication skills, but should also be adapted to the current health care system; for example, the system of medical care in Switzerland, which is based on private benefits. In addition, according to the reports of Euro Health Consumer Index (EHCI), Switzerland occupies a very high position in terms of quality of medical services [5]. The opposite of

the Swiss system is the system of State health care, which dominates, for example, in Poland.

Poland is a country that teaches according to the rules established during the Bologna Process. Collins and Hewer [6] in their work describing the influence of the Bologna process on teaching the nurse profession showed Switzerland as a divided country. The French part of Switzerland teaches in accordance with the Bologna rules, while the German part still believes that teaching the nursing profession should be strictly practical [6, 7].

The nurse education system at medical universities in Poland and Switzerland is relatively similar. In both countries there are two levels – bachelor and master's studies. Differences between the two systems occur in the second-degree studies. In Switzerland, they are more similar to the post-graduate education of nurses in the field of specialization in Poland. In Switzerland, nurses who are in master's studies choose a specialization of study from among paediatric nursing, oncology nursing, public health or administration. Master's studies in Poland, in turn are pre-vocational – they prepare nurses for conducting scientific research, management of nursing staff, and also prepare them for the teaching of future nurses [6–9].

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OBJECTIVE

The aim of the study was to assess the attitudes of medical students towards shaping communication skills, depending on the prevailing health care system – private (Switzerland) or State (Poland).

MATERIALS AND METHOD

The pilot study covered a population of 261 students of the Medical University of Warsaw (MUW, N=142) and University of Basel (UB, N=119). The respondents represented 9 medical speciality areas: dietetics, electrocardiology, pharmacy, physical therapy, medicine for physicians, nursing, obstetrics, medical rescue and public health. The mean age was 22.6 years (median: 22, min. 19, max 55, SD: 2.95). Women constituted a large majority of the study population (78.5%).

The study was conducted in March and April 2017. Participation was voluntary and anonymous. The tool was made available to all participants of the study via a social website in the form of a Google electronic questionnaire in 2 language versions – Polish and English. Students from the University of Basel completed the original English version of the questionnaire, while students of the Medical University of Warsaw completed the Polish version validated and described by Panczyk et al. [10].

The Bioethics Committee of the Medical University of Warsaw evaluated the proposal and concluded that there was no need to obtain ethical approval to conduct the survey [11].

The study was based on a standardised Communication Skills Attitude Scale (CSAS) questionnaire [12]. This is one of the most popular standardised tools used to measure the attitude towards learning communication skills. Initially, CSAS was intended to investigate the attitudes of students of medicine towards learning communication skills. With regard to good psychometric parameters and many language versions, the scale enables a comparison of results between different countries and different faculties of medical studies [13–28].

The questionnaire consists of 26 statements concerning the significance of communication skills in professional practice, evaluated according to a 5-point Likert scale

(1 – strongly disagree, 2 – disagree, 3 – neutral, 4 – agree, 5 – strongly agree). The scale is divided into 2 subscales: positive affect scale (PAS) and negative affect scale (NAS), containing 13 statements. An attitude is evaluated based on the total score for the scale, whereby the answers on the NAS scale are recoded before being added (reverse score). The total maximum number of points that can be obtained by completing the questionnaire is 130.

The authors added 4 questions concerning the self-assessment of one's communication skills to the CSAS. The questions were evaluated according to a 5-point Likert scale (1 – very poor, 4 – poor, 3 – no opinion, 4 – good, 5 – very good). The survey participants were asked to evaluate their skills related to cooperation with a patient, the patient's family, students in practical classes, and other members of a therapeutic team.

The scores obtained for different scale items were developed by means of descriptive statistics (mean and standard deviation), and the total number of points was calculated based on a key. The differences in the attitude of MUW and

UB students were evaluated using Student's t-test together with the calculation of Cohen's *d* effect size. The value of 0.05 was assumed to be the default level of statistical significance for all analyses. The calculations were performed using STATISTICA version 13.3 (Dell, Inc.), according to the licence of the MUW.

RESULTS

Regardless of the University, students presented a neutral attitude towards learning communication skills (M: 89.4/130), with MUW students presenting a slightly less approving attitude than UB students (MUW: 88.9/130 versus UB: 90.4/130, $t = -2.555$; $p = 0.011$). Details of the evaluation of the students' attitude towards learning communication skills (Tab. 1).

The students ranked their skills related to communication with fellow students during clinical practice (MUW: 2.7/5 versus UB: 2.8/5; $t = -1.334$; $p = 0.183$) as the highest. Communication skills with members of the interdisciplinary team (2.6/5 for MUW and UB; $t = 0.279$; $p = 0.780$) and the patient (2.6/5 for MUW and UB; $t = 0.082$; $p = 0.935$) were ranked lower. The students evaluated their skills related to communication with the patient's family to be the lowest (MUW: 2.3/5 versus UB: 2.2/5; $t = 0.844$; $p = 0.399$).

DISCUSSION

The assessed attitude of the studied groups of students, regardless of the university, was neutral. The obtained result confirms the validity of the implementation of elements of work in groups made up by students of various majors in an early stage of study. Such action is aimed at creating a positive attitude and developing communication skills when assembling therapeutic teams.

Shaping a positive attitude towards the acquisition of communication skills can be achieved by using the Social Learning Theory (SLT) in practice. The SLT was developed by Bandura [29]. According to this concept, using observations and direct experience, students can demonstrate the importance of communication skills in clinical practice. However, in order for modelling learning to have a positive effect, tutoring-based teaching should be introduced. Tutoring is a didactic method based on not only developing communication skills in direct contact, but also strengthening the creativity for students' independence [30]. Thanks to this method, the educational process will be able to strengthen positive attitudes towards acquiring and improving communication skills among medical students.

The scientific literature contains a number of studies regarding the attitudes of medical students and health scientists towards learning communication skills, which is often performed by means of a CSAS questionnaire [14, 18–20, 27, 28, 31]. Rees et al. [32], the authors of the original version of the tool, studied a group of 225 first-year students of medicine. Besides the proper questionnaire describing 26 attitudes, a questionnaire concerning self-assessment of communication skills was added. The median result of the study population was 3.0/5, which meant that students did not have well-defined opinions on communication skills. In the authors' own study, the median response of students

Table 1. Attitude of students towards acquiring communication skills

Items / Subscales	MUW		UB		t*	p	d**
	M	SD	M	SD			
PAS							
1. In order to be a good practitioner I must have good communication skills	3.0	0.15	3.0	0.16	0.758	0.449	-
4. Developing my communication skills is just as important as developing my knowledge of medicine	2.7	0.58	2.5	0.73	3.686	0.000	0.32
5. Learning communication skills has helped or will help me respect patients	2.8	0.52	2.7	0.61	1.803	0.072	-
7. Learning communication skills is interesting	2.5	0.70	2.6	0.56	-1.489	0.137	-
9. Learning communication skills has helped or will help facilitate my team-working skills	3.0	0.25	2.7	0.56	5.682	0.000	0.79
10. Learning communication skills has improved my ability to communicate with patients	3.0	0.18	2.7	0.45	6.937	0.000	1.01
12. Learning communication skills is fun	2.1	0.74	2.1	0.75	0.147	0.883	-
14. Learning communication skills has helped or will help me respect my colleagues	2.7	0.64	2.3	0.76	4.756	0.000	0.59
16. Learning communication skills has helped or will help me recognise patients' rights regarding confidentiality and informed consent	2.4	0.75	2.6	0.62	-2.497	0.013	0.28
17. Communication skills teaching would have a better image if it sounded more like a science subject	2.2	0.81	1.6	0.80	5.775	0.000	0.74
21. I think its really useful learning communication skillsfor the medical degree	2.9	0.36	2.9	0.33	-0.425	0.671	-
23. Learning communication skills is applicable to learning medicine	2.2	0.72	2.2	0.72	-0.118	0.906	-
25. Learning communication skills is important because my ability to communicate is a lifelong skill	2.8	0.47	2.9	0.36	-1.299	0.195	-
Total PAS	33.2	3.13	33.1	3.70	0.205	0.838	-
NAS							
2. I can't see the point in learning communication skills	1.1	0.34	1.1	0.42	-1.153	0.250	-
3. Nobody is going to fail their medical degree for having poor communication skills	1.7	0.72	2.1	0.89	-4.064	0.000	0.51
6. I haven't got time to learn communication skills	1.6	0.84	1.4	0.61	3.228	0.001	0.26
8. I can't be bothered to turn up to sessions on communication skills	1.4	0.62	1.6	0.68	-2.781	0.006	0.31
11. Communication skills teaching states the obvious and then complicates it	2.3	0.75	1.8	0.78	6.214	0.000	0.66
13. Learning communication skills is too easy	1.9	0.77	1.4	0.63	5.780	0.000	0.69
15. I find it difficult to trust information about communication skills given to me by non-clinical lecturers	1.3	0.62	1.5	0.78	-2.047	0.041	0.30
18. When applying for medicine, I thought it was a really good idea to learn communication skills	1.8	0.87	2.2	0.83	-4.105	0.000	0.47
19. I don't need good communication skills to be a practitioner	1.2	0.52	1.1	0.42	1.943	0.053	-
20. I find it hard to admit to having some problems with my communication skills	1.8	0.87	1.7	0.76	0.976	0.330	-
22. My ability to pass exams will get me through medical school rather than my ability to communicate	2.2	0.82	2.6	0.75	-3.988	0.000	0.50
24. I find it difficult to take communication skills learning seriously	1.6	0.80	1.5	0.75	1.913	0.057	-
26. Communication skills learning should be left to psychology students, not medical students	1.2	0.49	1.0	0.24	2.681	0.008	0.47
Total NAS	20.7	3.31	20.9	2.57	-0.641	0.521	-
Total CSAS	88.9	4.99	90.4	5.50	-2.555	0.011	0.29

MUW – Medical University of Warsaw; UB – University of Basel; M – mean; SD – standard deviation; PAS – positive attitude scale; NAS – negative attitude scale; CSAS – Communication Skills Attitudes Scale

* Student's t-test

** Cohen's d (effect size: 0.20–0.49 small; 0.50–0.79 intermediate; ≥0.80 large)

regarding their attitude towards learning communication skills was similar (M: 2.9/5 for MUW and UB) to the result obtained by Rees et al. [32].

Molinuevo and Torrubia [14], in their paper concerning the attitude of students of medicine and nursing towards communication skills, emphasised that communication skills are indispensable in relations between health care professionals and patients. The authors also pointed out that good communication leads to a greater accuracy in diagnosis, observing the recommended treatment, a better sense of the patient's well-being and satisfaction, and fewer complaints related to abuse. The authors report that attention is paid not only to learning and developing skills, but also to observing them and developing a positive attitude.

Students participating in the study by Molinuevo and Torrubia [14] evaluated their communication skills on a 4-point scale (1 – poor, 2 – medium, 3 – good, and 4

– excellent), mainly as good (57.2%) or medium (34.0%). In the current study, the majority of students evaluated their communication skills as good (49.4%). Over a fifth of respondents were not able to evaluate their own skills (28.0%). A comparison of 3 groups of students – Spanish participating in the study carried out by Molinuevo and Torrubia [14], and Swiss and Polish students presented in the current study, revealed differences in the attitudes towards learning communication skills – Spanish students presented a positive attitude compared to the other groups (M: 4.18/5 versus 2.9/5).

To sum up, regardless of country, the results indicate a neutral attitude in students of medical schools towards the validity of learning communication skills.

Limitations of the study. The respondents represented 2 universities, therefore the study population cannot be

regarded as representative for students from these countries. The results of this pilot study will help in the planning of further studies on a representative group of students of medical faculties.

CONCLUSIONS

The attitude of the studied population towards communication skills was neutral. Despite scientific evidence for the positive effects of good communication skills on the relationship between patients and health professionals, the participants in the current study were not aware of the importance of these skills. This finding underscores the need to invest in the teaching of communication skills in the medical curricula.

Currently, the problem of communication skills is noticed in almost every country in the world. The governments of the countries concerned and international organizations spend money trying to promote the development of soft skills. However, the authors of the study believe that it would be reasonable to include communication competences in the classroom during both the theory and general development classes, as well as clinical practices in hospital units.

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Ocena postaw studentów kierunków medycznych Warszawskiego Uniwersytetu Medycznego oraz Uniwersytetu w Bazylei wobec kształcenia kompetencji komunikacyjnych

■ Streszczenie

Wprowadzenie. Umiejętności komunikacyjne personelu medycznego w istotny sposób wpływają na efektywność procesu terapeutycznego oraz bezpieczeństwo pacjenta. Pozytywne postawy wobec nauki tych kompetencji mogą w przyszłości skutkować chęcią ich dalszego rozwoju.

Cel. Celem pracy była ocena postaw polskich i szwajcarskich studentów kierunków medycznych wobec konieczności kształcenia w zakresie kompetencji komunikacyjnych.

Materiał i metody. W badaniu pilotażowym wzięło udział 261 studentów Warszawskiego Uniwersytetu Medycznego (MUW) oraz Uniwersytetu w Bazylei (UB). Dobrowolne, anonimowe badanie ankietowe przeprowadzono za pomocą standaryzowanego kwestionariusza CSAS, składającego się z 26 stwierdzeń, ocenianych w pięciostopniowej skali Likerta, tworzących dwie podskale postaw – pozytywną (PAS) i negatywną (NAS). Różnicę pomiędzy postawami studentów z Polski i Szwajcarii oceniano przy użyciu testu t-Studenta.

Wyniki. Zarówno polscy, jak i szwajcarscy studenci prezentowali neutralne postawy wobec nauki kompetencji komunikacyjnych. Przy czym postawy studentów UB były nieco bardziej pozytywne niż studentów MUW (UB: 90,4/130 vs MUW: 88,9/130, $t = 2,555$, $p = 0,011$). W odniesieniu do samooceny umiejętności komunikacyjnych uzyskane wyniki kształtowały się na niskim poziomie (średnia w przedziale od 2,2 do 2,7/5). Nie wykazano także istotnych statystycznie różnic w tym zakresie między studentami z obu krajów.

Wnioski. Neutralne postawy mogą w przyszłości negatywnie wpływać na efektywną i skuteczną współpracę zarówno z pacjentem, jak i z członkami zespołu interdyscyplinarnego. Zasadne jest uzupełnienie programu nauczania na studiach medycznych o treści z zakresu nauki komunikacji.

■ Słowa kluczowe

kompetencje miękkie, skala oceny postaw wobec nauki umiejętności komunikacyjnych, studenci, komunikacja z pacjentem, komunikacja w zespole terapeutycznym