

# Determine the Attitude of Dental Students for Learning Communication Skills at Undergraduate Level

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## Abstract

**Objective:** To assess the attitude of dental students for learning communication skills at undergraduate level.  
**Methods:** A research based on cross-sectional comparative study design was conducted on final year BDS students at two renowned dental colleges of Karachi naming Fatima Jinnah Dental College and Liaquat College of Medicine and Dentistry. Approval was taken from the principals of both dental colleges as well as from Ethical Review Board (ERB). The duration of the study took place from March-May 20. Inclusion were the final year dental students from both colleges.

A validated questionnaire 'Communication Skills Attitudes Scale (CSAS)' was used for data collection. SPSS version 23 was used to analyse data. Mean and SD was computed for numeric variables and frequency and percentage was computed for categorical variables. Independent t-test was used to assess the significant difference with respect to gender.

**Results:** 144 students participated in the study. Out of which 42 (28.97%) were males and 103 females (71.03%). The mean age of the students was  $21.91 \pm 1.03$  years. The mean and standard deviation of positive attitude score was 3.84 and 0.59 whereas of negative attitude score was 2.55 and 0.43. Both male and females had high score of positive attitudes as compared to negative attitude similarly females had high score of positive attitudes as compared to negative attitude. There were no statistically significant differences observed in positive and negative attitude of males and females ( $p > 0.05$ ).

**Conclusion:** Both male and female students showed positive attitude towards learning effective communication skills. Therefore, it has become a dire need for the students to acquire communication skills for improving doctor-patient relation and improving dental healthcare. Policy makers should consider including communication skills in the curriculum as part of formal education

**Keyword:** Communication, attitude, dental students

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## Introduction

Effective Communication is sine qua non for good medical/dental practice and indispensable for optimizing the patient-provider relationship<sup>1</sup>. Not

something innate to one's personality, it however is a skill that can be learned<sup>2</sup>. Communication with patients is not only about imparting them the information, rather it is in fact a process of fostering a trustworthy alliance. It helps care providers to approach the correct diagnosis and therefore also to plan treatment appropriately. Good communication also notably improves patient compliance with the prescribed treatment plan<sup>1-3</sup>.

Of special relevance in the field of dentistry is patients' anxiety and fear associated with seeking dental treatment, delaying it to the point of subjecting themselves to unbearable pain owing to the worsening tooth condition and many a times even ending up with a lost tooth ultimately. Effective

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communication, therefore, has a pivotal role in helping to curb patient anxiety and fear<sup>4</sup>. It not only encourages patients' timely, fear-free seeking of dental care as needed but also improves patient satisfaction level with the care provided by the practitioner. Another added benefit is the resultant improved patient education and motivation for working towards better oral health care<sup>3,4</sup>.

The rationale for effective communication study is that it is very important for a dentist to demonstrate person-focused style i.e. patient centric approach<sup>5</sup>. The doctor is entrusted upon to empathically provide information care, counselling, breaking bad news, etc. to patients as per the situation at hand. Effective communication also demands proper history taking, skillfully probing out the actual cause of the problem while keeping the patient reassured and satisfied with the consultation<sup>5</sup>. The process that apparently seems simple, entails complex understanding of the nuances of communication methodologies. Though most dentists are proficient in their clinical skills but give very little attention to communication skills. This may not only lead to difficulties in establishing effective relationship with patients but as a result it also affects the dental health of patients in the long term<sup>6</sup>.

It is found in literature that there are multiple barriers that influence effective communication and one probable deterrent, especially among dental practitioners is that they are not formally trained at their undergraduate level. Unfortunately, the need for inclusion of communication skills teaching as an integral part of the dental curricula in developing countries has not been fully realized and given much heed<sup>7-8</sup>. In Pakistan, majority of the students graduating from dental schools take up private dental practice without any formal training in communication skills. Students are not even aware of the significance of effective communication skills<sup>9</sup>. Also, it has been observed that there is a paucity of available research regarding the perception of students about learning this soft skill at the undergraduate level. Communication skills training needs to be incorporated officially as part of dental college curricula. The essentiality of the entire process cannot be overlooked. However, before this major step can be contemplated upon by policy makers and medical educationists, needs assessment in this

regard is required. Therefore, the aim or the purpose of the study is to carry out a research in order to determine the attitude of dental students for learning communication skills at undergraduate level<sup>7-8</sup>.

## Subjects and Methods

This cross-sectional comparative study was conducted on final year BDS students from the two renowned dental colleges in Karachi namely Fatima Jinnah Dental College and Liaquat College of Medicine and Dentistry from March - May 2020. Permission was taken from the Principals of the two dental colleges along with approval of Ethical Review Committee (Ref.No.EC/30/20). The strength of each final year class was 75 which was the inclusion criteria of the study. Third year dental students and house officers were excluded from the study. The sample size was calculated by Raosoft software<sup>10</sup>. The margin of error was kept at 2%, confidence interval at 95 and population size 150, the sample size was computed as 142. Convenience sampling technique was used for data collection. A validated questionnaire 'Communication Skills Attitudes Scale (CSAS)', proposed by Rees, was emailed to the participants. CSAS is a 26-item questionnaire and it is divided into two subscales comprising of 13 items each. Positively worded statements are called Positive Attitude Subscale (PAS) and negatively worded statements are called Negative Attitude Subscale (NAS). Each of the 26 items was analysed on 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Along with CSAS questionnaire the tool also measured the demographics such as age and gender. Data was tabulated and analysed on SPSS version 23. Mean and SD was computed for numeric variables and frequency and percentage was computed for categorical variables. Independent t-test was used to assess the significant difference with respect to gender.  $P \leq 0.05$  was taken as statistically significant.

## Results

We received responses from 144 students. Out of which 42 (28.97%) were males and 103 females (71.03%). The mean age of the students was  $21.91 \pm 1.03$  years.

**Table 1.** Comparison of Attitude and Gender

	Gender	n	Mean	SD	P-value
Positive dimension	Male	42	3.8956	0.58059	0.497
	Female	102	3.8213	0.60115	
Negative dimension	Male	42	2.5235	0.36940	0.538
	Female	102	2.5738	0.46508	

**Table 2.** Responses towards Communication Skills Learning

S. No	Questions	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
<b>Positive Attitude Subscale</b>						
4.	Acquiring communication skills is as important as improving my knowledge of dentistry.	4 (2.7%)	3 (2%)	21 (14.5%)	62 (43%)	54 (37.5%)
5.	Learning communication skills will help me respect patients	3 (2%)	3 (2%)	15 (10.4%)	66 (45.8%)	57 (39.5%)
7.	Learning communication skills is interesting	5 (3.4%)	10 (6.9%)	23 (15.9%)	78 (54.1%)	28 (19.4%)
9.	Learning communication skills will facilitate my team working skills	4 (2.7%)	2 (1.3%)	11 (7.6%)	66 (45.8%)	61 (42.3%)
10.	Learning communication skills will facilitate my team working skills	6 (4.1%)	45 (31.2%)	56 (38.8%)	29 (20.1%)	8 (5.5%)
12.	Learning communication skills is fun.	5 (3.4%)	46 (31.9%)	56 (38.8%)	29 (20.1%)	7 (4.8%)
14.	Learning communication skills will help me respect my colleagues.	4 (2.7%)	39 (27%)	54 (37.5%)	34 (23.6%)	13 (9%)
16.	Learning communication skills has helped or will help me recognize patients' rights regarding confidentiality and informed consent.	4 (2.7%)	37 (25.6%)	52 (36.1%)	36 (25%)	14 (9.7%)
18.	When applying for dentistry, I thought it was really a good idea to learn communication skills.	51 (35.4%)	71 (49.3%)	13 (9%)	7 (4.8%)	2 (1.3%)
21.	I believe it is pertinent to learn communication skills for the dental degree.	10 (6.9%)	28 (19.4%)	63 (43.7%)	31 (21.5%)	12 (8.3%)
23.	Learning communication skills should be mandatory in dentistry.	10 (6.9%)	51 (35.4%)	45 (31.2%)	29 (20.1%)	9 (6.2%)
25.	Learning communication skills is important because my ability to communicate is a lifelong skill	51 (35.4%)	53 (36.8%)	27 (18.7%)	7 (4.8%)	6 (4.1%)
<b>Negative Attitude Subscale</b>						
1.	I must have good communication skills to become a competent dentist	3 (2%)	1 (0.7%)	4 (2.7%)	25 (17.3%)	111 (77%)
2.	There is no point of learning communication skills.	48 (33.3%)	55 (38.1%)	22 (15.2%)	16 (11.1%)	3 (2%)

3. Nobody is going to fail their dental degree for having poor communication skills	10 (6.9%)	31 (21.5%)	67 (46.5%)	32 (22.2%)	4 (2.7%)
		41(28.4%)		36(25%)	
6. I haven't got time to learn communication skills	16 (11.1%)	56 (38.8%)	40 (27.7%)	24 (16.6%)	8 (5.5%)
		72(50%)		32(22.2%)	
8. I can't be bothered to turn up to sessions on communication skills	15 (10.4%)	41 (28.4%)	51 (35.4%)	26 (18%)	10 (6.9%)
		56(38.8%)		36(25%)	
11. Learning communication skills will facilitate my team working skills	6 (4.1%)	22 (15.2%)	42 (29.1%)	56 (38.8%)	18 (12.5%)
		28(19.4%)		74(51.3%)	
13. Learning communication skills is too easy	4 (2.7%)	7 (4.8%)	20 (13.8%)	78 (54.1%)	35 (24.3%)
		11(7.6%)		113(78.4%)	
15. I find it difficult to trust information about communication skills given to me by non-clinical lecturers.	1 (0.6%)	4 (2.7%)	22 (15.2%)	79 (54.8%)	38 (26.3%)
		5(3.4%)		117(81.2%)	
17. Communication skills teaching would have a better image if it sounded more like a science subject.	3 (2%)	17 (11.8%)	50 (34.7%)	54 (37.5%)	2 (1.3.8%)
		29(13.8%)		74(51.3%)	
19. Acquiring effective communication skills is not required for me to become a good dentist	10 (6.9%)	52 (36.1%)	46 (31.9%)	30 (20.8%)	5 (3.4%)
		62(43%)		35(24.3%)	
20. I don't want to tell anyone that I am having problem with my communication skills	6 (4.1%)	7 (4.8%)	19 (13.1%)	62 (43%)	50 (34.7%)
		13(9%)		112(77.7%)	
24. I find it difficult to take communication skills learning seriously.	2	4	26 (18.4%)	56	55
		6 (4.1%)		111(77.6%)	
26. Psychology students should learn communication skills and not dental students	76 (52.7%)	61 (42.3%)	2 (1.3%)	3 (2%)	2 (1.3%)
		137(95.1%)		5(3.4%)	

The mean and standard deviation of positive attitude score was 3.84 and 0.59 whereas of negative attitude score was 2.55 and 0.43. Students had high score of positive attitude as compared to negative attitude.

Males had high score of positive attitude as compared to negative attitude similarly females had high score of positive attitude as compared to negative attitude. There were no statistically significant differences observed in positive and negative attitude of males and females ( $p > 0.05$ ). (Table 1).

The responses received from the students regarding their attitude towards learning communication skills are shown in Table 2. In order to make the analyses easier, the responses of "Strongly Agree and Agree" were combined and similarly the responses of "Strongly Disagree and Disagree" were also combined.

## Discussion

Our study indicates that students have positive attitude towards learning communication skills. "Positive attitude subscale" towards learning communication skills shows that 88.1% of the students think "Learning communication skills will facilitate my team working skills" whereas in "Negative attitude subscale" 95.1% of the students considered "Communication skills learning should not be taught to psychology students but to dental students as well". There are several studies that determine the attitude among medical students regarding communication skills<sup>11,12,13</sup> but not among the dental students of Pakistan. This study highlights the importance and awareness among dental students of Pakistan regarding their interest in communication skills.

Mean score of Positive attitude scale (PAS) was higher than the Negative Attitude Scale (NAS).

This result was similar to the research conducted in India by Richa and colleagues<sup>14</sup> and Shetty<sup>15</sup> but different from the study carried out in Malaysia among dental students where students had both positive and negative attitude towards learning communication skills<sup>16</sup>. When reflecting upon the findings in the study performed in Pakistan on medical students, it was found that medical students also had positive attitude regarding learning communication skills<sup>12,17</sup>. All these studies emphasized inclusion of communication skills training in the formal curriculum design.

Our study also compared the perceptions of students about communication skills by gender and it was found that there is no statistical significant relationship. Both males and females had positive attitudes towards learning communication skills which was similar to the results of the study that took place in Nepal<sup>18</sup>. This result was found contrary to many studies conducted by McKenzie<sup>19</sup>, Sara et al<sup>20</sup>, Nor et al<sup>16</sup>, Rees et al<sup>21</sup> and Wright et al<sup>22</sup> where females had high positive attitude for learning communication skills as compared to males. According to them females communication skills come more naturally and as a student they are more likely to have good doctor-patient relationship<sup>20</sup>.

No literature has been found on dental students while analysing the Positive Attitude Subscale (PAS) and Negative Attitude Scale (NAS). In our study Positive Attitude Subscale (PAS), majority of the students (88.1%) rated item 9 "Learning communication skills will facilitate my team working skills" followed by item 5 "Learning communication skills will help me respect patients"(85.4%) and did not agree upon item 18 "When applying for dentistry, I thought it was really a good idea to learn communication skills" (84.7%). In Negative Attitude Scale (NAS), the majority (94.7%) believed in Item 1 "In order to be a good dentist, I must have good communication skills", followed by item 15 (81.2%) "I find it difficult to trust information about communication skills given to me by non-clinical lecturers". The least agreed item was number 26 (95.5%) "Communication skills learning should be left to psychology students, not dental students". This finding indicates that students are aware that communication skills are important for building good doctor-patient relationship.

One of the important findings which did not come up very explicitly in previous studies was with respect to the teamwork and how good communication skills foster better teamwork. In response to item 9 where importance of teamwork was asked, 88.1% strongly agreed that good communication skills facilitate in effective teamwork. The importance of team working was also highlighted in a study that took place in Lahore, Pakistan on dental students where teamwork was one of the agreed topics for a practice management course<sup>23</sup>.

Similar type of study was done on medical students in Rawalpindi, Pakistan where majority students agreed with item<sup>24</sup> that they found it difficult to learn communication skills and also it was found out that they did not have the willingness to learn<sup>2</sup>. However, as per our study, students showed significant interest in including communication skills course in their formal curriculum. As per another study conducted on three nursing colleges, the most predominant outcome corresponds to item 5 in our study which says "Learning communication skills has or will improve my ability to communicate with patients" and to item 18 "When applying for nursing, I thought it was a really good idea to learn communication skills". These results are somewhat similar to the results of our study i.e. students are aware of the importance of communication skills for a good doctor - patient relationship and want to have proper training in it. Therefore, policy makers and educators should incorporate training of communication skills in the official and operational curriculum.

One of the limitations of this study is that data was collected from only two dental colleges in Karachi, hence the result cannot be generalized. Secondly data was collected from only 4th year dental students.

## **Conclusion**

Both male and female dental students have positive attitude towards learning communication skills. Students are aware of the importance of learning communication skills to be a good dentist. They want to have formal training in effective communication skills. Policy makers should consider including communication skills in the curriculum as part of formal education. Recommendation from this study is to further explore the teaching methodol-

ogy for implementing communication skills course in the curriculum.

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