

Attitudes of Occupational Therapy department towards Communication skills

Krunal V. Desai

Poonam P. Patil

Rupal P. Gohil

Nithaya Kumari R.

Namita G. Shenai

ABSTRACT

Over the last 30 years, communication skills in the medical school curriculum have received a considerable amount of attention among scholars in a variety of disciplines. In Occupational Therapy students and therapists are required to acquire and demonstrate their proficiency in communication. Good provider communication skills have been linked to more efficient health care organizations and effective health care delivery, provider, and patient satisfaction, and fewer incidents of malpractice. **Objectives:** 1. To determine the attitudes of Occupational Therapy department towards Communication skills learning. 2. To determine if the attitudes towards communication skills correlate with the level of academic year and professional skills. **Methodology:** The study consisted of answering a one time questionnaire named Communication skills Attitudes Scale (CSAS) by students and staff of Occupational Therapy School & Centre, as per the inclusion criteria. **Results:** The mean scores of positive attitudes in undergraduates (50.75), postgraduates' students (49.08) & staff (46.82) were much higher than mean scores of negative attitudes in undergraduates (34.83), postgraduates' students (34.51) & staff (35.45). There was statistical significant difference between positive attitudes of undergraduates & staff. **Conclusion:** Occupational Therapy department had more positive attitudes than negative attitudes in relation to communication skills learning as well as the level of academic year and professional skills increase, the attitudes towards Communication skills learning become more positive.

Keywords: Occupational Therapy, Communication skills learning, affective learning, Attitudes

INTRODUCTION

The changing role of ergo medicine in society and the growing expectations patients have of their therapist means that the content and delivery of ergo-medical curricula also have to change. The focus of health care has shifted from episodic care

of individuals in hospitals to promotion of health in the community, and from paternalism and anecdotal care to negotiated management based on evidence of effectiveness and safety. Medical training is becoming more students centered, with an emphasis on active learning rather than on the passive acquisition of knowledge, and on the assessment of clinical competence rather than on the ability to retain and recall unrelated facts. Rigid educational programs are giving way to more adaptable and flexible ones, in which student feedback and patient participation have increasingly important roles. A continuously evolving, high quality medical education system is needed to assure the continued delivery of high quality medicine⁽¹⁾.

Author's Affiliation: Occupational Therapy Department, Seth G. S. Medical College & K.E.M.Hospital, Mumbai, India.

Rprint's request: Krunal V. Desai, 406, Shree Samarath Villa, Sonarwadi, MP Road, Mulund east, Mumbai-400081, Maharashtra

E-mail: krunaldesai4kemh@gmail.com.

(Received on 17.03.2011, accepted on 04.06.2011)

Over the last 30 years, communication skills in the medical school curriculum have received a considerable amount of attention among scholars in a variety of disciplines, including communication. Research on communication skills training suggests good communication skills may improve the physician-patient relationship and are related to positive health outcomes for patients, such as improved compliance, satisfaction with care, and benefits to physical and psychological health. In addition, good provider communication skills have been linked to more efficient health care organizations and effective health care delivery, provider, and patient satisfaction, and fewer incidents of malpractice⁽²⁾.

Attitudes involve evaluations by which we attach good or bad qualities to a topic or an organization or a person. Attitudes drive behavior. If we can change a person's attitude we may change his or her behavior. Attitudes have three main components: affective (the way we feel), cognitive (the way we think) and behavioral (the way we act) towards a particular entity. Affective attitudes reflect emotional reactions and may change after repeated exposure to situations involving the goal for the attitude. Cognitive components of attitudes are believed to be more fundamental and constant over time and more closely connected to basic values. Cognitive attitudes are difficult to influence but may change when new knowledge is presented; provided the knowledge is convincing and the presenter is credible⁽³⁾. The focus of this study is on measuring attitudinal aspect of the affective domain.

Thus, this study was conducted to determine & measure the attitudes of Occupational therapy departments towards Communication skills learning. As mentioned before affective attitudes may change over repeated exposure to any situations. It was expected that as the level of academic year and professional skills increase, the attitudes towards Communication skills learning become more positive. Thus, this study also aims at correlating attitudes Communication skills learning with the level of academic & professional skills.

AIMS & OBJECTIVES

1. To determine and measure the attitudes of Occupational Therapy students and therapists towards Communication skills learning.
2. To determine if the attitudes towards communication skills correlate with the level of academic year and professional skills.

METHODOLOGY

This was a cross sectional survey carried out at the Occupational Therapy School & Centre, Mumbai during working hours. The study initiated after receiving approval from the Ethics Committee for Research on Human Subjects of Seth G S Medical College & K E M Hospital, Mumbai. Students studying in the II, III and IV year of Bachelor of Occupational Therapy, Interns, I, II, III year of Masters' of Occupational Therapy as well as Clinical and Teaching staff of the Occupational Therapy School & Centre participated in study. The study consisted of answering a one-time questionnaire named Communication Skills Attitudes Scale (CSAS).

Inclusion Criteria

1. Students of the Bachelor of Occupational Therapy Course (2nd year, 3rd year or 4th year) studying at the Occupational Therapy School and Center, Mumbai
2. Interns of the Occupational Therapy School and Center, Mumbai
3. I, II, III year of Masters' of Occupational Therapy as well as Clinical and Teaching staff of the Occupational Therapy School & Centre, Mumbai
4. Age 18 years or more
5. Willingness to provide written informed consent for participation in the trial

Exclusion Criteria

1. Not willing to provide written informed consent.

Outcome Measures

Communication skills Attitudes Scale (CSAS)

This 26-item measure uses a five-point Likert-type scale, and it includes positive and negative statements about communication skills training. Examples of positive CSAS items included, "Learning communication skills will help me respect patients," and "In order to be a good doctor I must have good communication skills." Thus positive CSAS items included item numbers 1, 4, 5, 7, 9, 10, 12, 14, 16, 18, 21, 23, and 25. Examples of negative CSAS items included, "I can't see the point in learning communication skills," and "Communication skills learning should be left to psychology students, not medical students." Thus negative CSAS items included item numbers 2, 3, 6, 8, 11, 13, 15, 17, 19, 20, 22, 24, and 26. All negative CSAS items were reverse coded for analysis, so that higher scores on all items indicated more positive attitudes toward communication skills training. The reliability coefficient for all CSAS items was 0.87.

Communication Skill Attitude Scale was administered only for one time. The data collected was divided according to academic level as well as on positive attitude factors and negative

attitude factors and analyzed statistically. Communication Skill Attitude scales was analyzed by using the Unpaired Student 't' test.

RESULTS

138 subjects as per inclusion criteria were taken up for the study as shown in **table no. 1**

Table no. 2 Comparison of positive attitudes

Table no. 3 Comparison of negative attitudes

Graph no.1 Graphical representation of positive & negative attitudes of Occupational Therapy department.

DISCUSSION

Medical student's attitudes towards doctor-patient communication have been for long a concern among medical teachers, curriculum planners and policy makers and have been addressed in many studies. With reference to these concerns there have been numerous studies undertaken to elevate level of medical students' attitudes towards communication skills.

Table 1: Stratification of sample size

Sr. No.	Academic Level	No. of subjects
	Under- graduate	
1.	Second Year	27
2.	Third Year	22
3.	Fourth Year	24
4.	Interns	27
	Total	100
	Post- graduate	
5.	First Year	07
6.	Second Year	10
7.	Third Year	10
	Total	27
8	Academic staff	11
	Grand Total	138

138 subjects as per inclusion criteria were taken up for the study

Table 2: Comparison of positive attitudes

	Mean	Unpaired 't' test	P- value
Undergraduates Postgraduates	50.75 49.08	1.05	< 0.10
Postgraduates Staff	49.08 46.82	1.06	< 0.10
Undergraduates Staff	50.75 46.82	2.07	<0.05

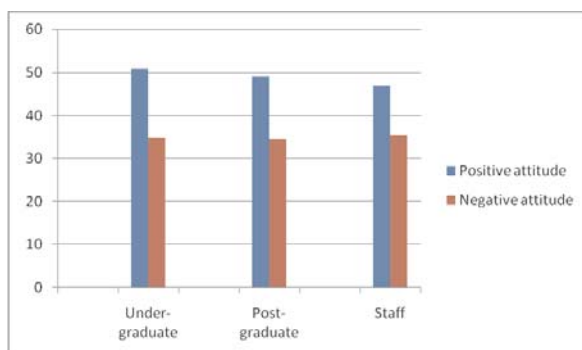
Comparing the results in the table no. 2 it was found that there was no statistical significant difference between positive attitudes of Undergraduates & Post graduates students ($t= 1.05$, $p<0.10$) as well as Post graduates & staff ($t= 1.06$, $p<0.10$) while there was highly statistical significant difference between positive attitudes of Undergraduates students & staff ($t= 2.07$, $p<0.05$).

Table 3: Comparison of negative attitudes

	Mean	Unpaired 't' test	P- value
Undergraduates Postgraduates	34.83 34.51	1.19	< 0.10
Postgraduates Staff	34.51 35.45	0.60	< 0.10
Undergraduates Staff	34.83 35.45	0.34	< 0.10

Comparing the results in the table no. 3 it was found that there was no statistical significant difference between negative attitudes of Undergraduates & Post graduates students ($t= 1.19$, $p<0.10$) as well as Post graduates & staff ($t= 0.60$, $p<0.10$) and also Undergraduates students & staff ($t= 0.34$, $p<0.10$).

However, comparing the results from table 2 & 3 with respect to positive & negative attitudes, it was found that the mean scores of positive attitudes in undergraduates (50.75), postgraduates' students (49.08) & staff (46.82) were much higher than mean scores of negative attitudes in undergraduates (34.83), postgraduates' students (34.51) & staff (35.45).

Graph 1: Graphical representation of positive & negative attitudes of Occupational Therapy department.

Graph 1 is graphical representation of positive & negative attitudes of Occupational Therapy department. X-axis represents undergraduates, postgraduates & staff of Occupational Therapy department while Y-axis represents mean values of positive & negative attitudes of CSAS.

But there have been negligible studies on attitudes towards communication skills learning among occupational therapists. Thus, the purpose of this study is to determine and measure the attitudes of Occupational Therapy students and therapists towards Communication skills learning as well as whether these attitudes correlate with the level of academic year and professional skills.

As mentioned in results, comparing the mean scores of table 2& 3, Occupational Therapy department had more positive attitudes than negative attitudes in relation to communication skills learning which is also seen in graph 1. This may be due to the fact that in Occupational Therapy curriculum, a major emphasis is laid on communication skills learning and patient - therapist relationship is given priority right from the first year of the course. Positive attitudes towards communication skills learning training are significantly related to perceived importance of communication skills & confidence as well as knowledge when communicating with patients.

There are some studies which show that perceived importance of medical communication skills was positively associated with perceived confidence about communicating with patients which suggests that positive attitudes towards communication skills learning may be helpful to Occupational therapy department in terms of helping Occupational therapist to feel more comfortable and confident about their communication skills when interacting with patients. By improving attitudes towards communication skills training, instructors may be helping students to gain confidence in their ability to perform these skills.

Also as mentioned in the results though there was no statistical significant difference between positive attitudes of undergraduates & post graduates as well as post graduates & staff but there was statistical significant difference between positive attitudes of undergraduates & staff. This finding may be due to the wide experience of the staff of communication with patients over the period of time as compared to the novice or beginning undergraduates. Repeated exposure to many situations involving good communication skills while providing patients care may have helped therapist to gain better & effective health care delivery. This could be the reason for more

positive attitudes among staff then undergraduates students. However, studies comparing communication skills between more experienced medical students and beginning medical students have demonstrated mixed results. Some studies have shown that the experience third and fourth-year medical students gain by actually communicating with patients tends to improve their communication skills⁽²⁾. Yet few studies have examined how attitudes towards communication skills training may differ between beginning and advanced medical students as well as it is important to compare how knowledge of good communication skills may change over time.

Occupational Therapy School is where therapists first encounter information about the impact of their communication behaviors on patient satisfaction and health outcomes. Therefore, the attitudes they develop about communication skills during communication skills training courses may influence more general attitudes about the value of these skills. Since attitudes are often important predictors of behaviors, occupational therapy 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. This suggests that the attitudes towards communication skills training might affect the learning and retention of these skills since positive attitudes toward communication skills training were related to increased knowledge of appropriate communication behaviors with patients.

CONCLUSIONS

Occupational Therapy department had more positive attitudes than negative attitudes in relation to communication skills learning as well as the level of academic year and professional skills increase, the attitudes towards Communication skills learning become more positive.

Thus, Communication skills learning will continue to be an important component of the

curriculum. While the results of the current study shed light on relationships among attitudes towards communication skills learning of Occupational Therapist.

Interventions targeting affective learning of communication skills, in conjunction with cognitive and behavioral training, need to be developed to help Occupational Therapy students understand the importance of communication and the complexity of communication issues in health care.

There are some limitations to our study:

1. Small sample size.
2. Study undertaken at only one institute.
3. Perception and correlation to actual behavior are not studied.
4. Detailed item wise analysis is also not studied.

ACKNOWLEDGEMENTS

I would like to express my sincere acknowledgement to Department of Occupational Therapy School & Center, Seth G.S. Medical College and K.E.M. Hospital. I would like to thank all my subjects for their utmost co-operation.

REFERENCES

1. Jones R et al. Changing face of medical curricula; *Lancet*. 2001; 4; 358(9279): 424.
2. Kevin B et al. 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* [serial online]. 2006; 11: 18.
3. Tor Anvik, Tore Gude et al (2007). Assessing medical students' attitudes towards learning communication skills - which components of attitudes do we measure? *BMC Medical Education*. 2007; 7: 4.