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Attitudes toward Communication Skills among medical students

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Abstract:

This study explores medical students' attitudes toward communication skills and the factors influencing these attitudes. It aimed to assess how students perceive the importance of communication skills in their medical education and practice, identify socio-demographic and educational factors affecting their attitudes, and evaluate the impact of these attitudes on their communication training outcomes. Using a survey with 179 medical students, the research found a varied range of attitudes, from strong support for the relevance of communication skills to skepticism about their practical value. Key factors influencing attitudes included gender, native language, and educational level. The study revealed that while some students recognized the importance of communication skills for effective patient care and teamwork, others struggled with the perceived relevance and time commitment of training. The results highlight the need for curriculum adjustments to address these challenges, recommending enhanced integration of communication skills training and tailored educational strategies to improve student engagement and proficiency.

Key words : Communication Skills, medical students

ملخص :

تستكشف هذه الدراسة مواقف الطلاب الطبيين تجاه مهارات الاتصال والعوامل التي تؤثر على هذه المواقف. وهدفت إلى تقييم كيفية إدراك الطلاب لأهمية مهارات الاتصال في تعليمهم الطبي وممارستهم العملية، وتحديد العوامل السوسيو-ديموغرافية والتعليمية التي تؤثر على مواقفهم، وتقييم تأثير هذه المواقف على نتائج تدريبهم في مهارات الاتصال. باستخدام استبيان مع 179 طالبًا طبيًا، وجدت الدراسة تنوعًا في المواقف، من دعم قوي لأهمية مهارات الاتصال إلى الشكوك حول قيمتها العملية. شملت العوامل الرئيسية المؤثرة في المواقف الجنس، اللغة الأم، والمستوى التعليمي. أظهرت الدراسة أن بعض الطلاب أدركوا أهمية مهارات الاتصال للرعاية الفعالة للمرضى والعمل الجماعي، بينما واجه آخرون صعوبة في قبول أهمية التدريب والوقت الذي يتطلبه. تسلط النتائج الضوء على الحاجة إلى تعديلات في المنهج الدراسي لمعالجة هذه التحديات، موصية بدمج أفضل لتدريب مهارات الاتصال واستراتيجيات تعليم مخصصة لتحسين مشاركة الطلاب وكفاءاتهم.

الكلمات المفتاحية: مهارات التواصل، طلاب الطب

Introduction:

Accurate diagnosis and persuading patients to accept medical advice are greatly aided by strong communication skills, which are an integral part of medical practice. Results like patient happiness, treatment adherence, and knowledge retention are greatly affected by how doctors communicate with their patients. Medical professionals should possess the following five qualities, according to the World Health Organization (WHO): the ability to evaluate and enhance the quality of care provided, to make the most of new technology, to encourage healthy lifestyles, to strike a balance between the health needs of individuals and the community as a whole, and to work effectively in teams (Kyaw et al., 2019).

In recent years, there has been a growing amount of focus on the necessity of effective communication skills between doctors and their patients throughout the world. The focus here is based on research that shows a correlation between good doctor-patient communication and improved health outcomes, treatment plan adherence, and satisfaction levels across the board. Students, residents, and practicing doctors all need strong interpersonal and communication abilities. Benefits to patients and doctors alike in terms of medical decision-making, symptom resolution, adherence to treatment plans, physiological outcomes, and patient and doctor satisfaction have been linked to effective communication during medical encounters. The importance of doctors having the right attitude and being able to communicate effectively is being more acknowledged as a basic clinical prerequisite in the medical field (Kyaw et al., 2019).

The attitudes of medical students toward developing communication skills have long been a source of worry for medical educators, curriculum developers, and lawmakers. To form an attitude, one must first evaluate a subject, group, or person and then decide whether they are good or bad. A person's actions are often reflective of their mindset (Cömert et al., 2016).

It is possible to teach and improve one's communication abilities, which are crucial in the medical field. Communication skills have been an increasingly popular component of medical school curricula across the world in recent years. Because unfavorable attitudes might cause students to lose interest in these programs, it is crucial to evaluate medical students' attitudes regarding communication skills. Efforts should be undertaken to enhance attitudes about these programs, as they can help educators build more successful strategies (Cömert et al., 2016).

Effective doctor-patient interactions are the result of doctors' ability to communicate clearly and concisely. Competence in these areas is critical for clinicians since they have a major impact on patients' adherence, comprehension, and happiness. Incorporating the development of students' communication skills into medical school curricula is crucial for producing competent clinicians, since research in medical education has repeatedly demonstrated that these abilities can be taught and improved. An individual's propensity to respond and act in a particular manner is influenced by their attitudes, which are characterized as assessments of things, people, or circumstances. Put simply, attitudes are a combination of perceptions that influence action. It is essential to comprehend and quantify attitudes as shifts in attitude frequently result in shifts in behavior (Kurtz et al., 2017).

It is crucial for educators, curriculum designers, and faculty decision-makers to understand medical students' perspectives on the relevance of developing communication skills. Students' degree of humanism during clinical rotations is predicted by their positive views toward the biopsychosocial components of treatment. In order to determine if further innovations are necessary, attitude assessments can be used as crucial outcome indicators for curricular initiatives. The purpose of this research is to look at how different socio-demographic factors affect medical students' perspectives on the importance of communication skills training (Latif et al., 2018).

According to many accrediting bodies, one of the most important things students learn in their first year of medical school is how to communicate effectively with patients. The doctor-patient connection may be greatly enhanced with strong communication skills. This will increase patient satisfaction with their mental and physical health care, as well as their compliance with their treatment plans. The effectiveness of healthcare delivery, provider and patient happiness, and the frequency of legal issues can all be improved by training healthcare personnel to communicate more effectively. Medical students' perspectives on the importance of communication skills education must be carefully considered when developing curricula to improve this area (Kurtz et al., 2017).

The Communication Skills Attitude Scale (CSAS) is a validated 26-item instrument that was created to measure students' attitudes toward acquiring communication skills. It is the most used tool for this purpose. Both the Positive Attitude Scale (PAS) and the Negative Attitude Scale (NAS) are part of the CSAS. The NAS measures negative attitudes while the PAS measures positive attitudes; both subscales have 13 items and use a 5-point Likert scale that goes from "strongly agree" to "strongly disagree." The scales measure attitudes toward developing communication skills; higher scores indicate greater positive or negative attitudes. The scores range from 13 to 65. According to Kurtz et al. (2017), the PAS subscale has a reliability of 0.873 and the NAS subscale has a reliability of 0.805, as demonstrated by Cronbach's alpha.

Problem statement:
Effective communication is a cornerstone of quality medical care, yet research indicates variability in medical students' attitudes towards learning and applying communication skills. Despite the recognition of these skills' importance, there is limited understanding of how medical students' attitudes towards communication training influence their readiness and ability to engage in patient-centered care. This gap in knowledge poses challenges for developing targeted educational interventions that can enhance communication competencies among future healthcare professionals. Consequently, there is a need to investigate how students' attitudes toward communication skills are shaped by various socio-demographic factors and how these attitudes impact their performance and integration of communication skills in clinical practice. Addressing this issue is critical to improving medical education and ultimately advancing patient care.

Research Objectives:
The study aims to identify Attitudes toward Communication Skills among medical students.

Research significant:
Research on "Attitudes Toward Communication Skills Among Medical Students" is significant because it sheds light on the critical role communication plays in medical practice. Understanding students' attitudes towards communication skills is essential for improving patient care, as effective communication is fundamental to successful patient interactions and outcomes. This research can inform the development and refinement of medical curricula, ensuring that communication skills are adequately emphasized and integrated into training programs. By identifying factors that influence students' perceptions and attitudes, educators can design more targeted interventions and training programs, ultimately fostering better communication practices among future healthcare professionals. Additionally, addressing students' attitudes towards communication skills can help overcome barriers to effective learning and contribute to the professional development of compassionate and competent practitioners. This, in turn, aligns with broader goals of enhancing overall healthcare quality and patient satisfaction.

LITERATURE REVIEW:
Being able to communicate effectively is crucial in the medical field. Efficient patient interviews and convincing treatment of patients' health issues are essential skills for medical professionals to possess in every clinical environment. The purpose of this research was to find out how medical students at Iran's Hormozgan University of Medical Sciences feel about taking a communication skills course. A total of 210 pre-med students participated in this cross-sectional research. The reasons for excluding twenty-eight pupils were their non-return or incomplete questionnaires. As a result, 86.6% of the 182 questionnaires were considered. In order to gather information, researchers used the Communication Skills Attitude Scale (CSAS), a 26-item measure with 13 items representing a favorable attitude toward the acquisition of communication skills and 13 items representing a negative attitude. Utilizing SPSS16 software, the data were examined. The average age of the subjects was 21.7 with a standard deviation of 2.7. Of the total participants, 61.5% were female and 38.5% were male students. Out of 65 possible points, a good attitude had a mean score of 54.8 (SD=7.3) and a negative attitude a mean score of 35.3 (SD=5.9). Male and female students, as well as students from fundamental sciences and pathophysiology compared to those from clinical courses, showed statistically significant differences in their views toward gaining communication skills ($P<0.05$). Curriculum developers shouldn't ignore the negative sentiments, and if they can't eradicate them entirely, just because students showed a lot of enthusiasm for studying communication skills (Fazel & Aghamolaei, 2011).
The researchers in this study set out to determine how medical students in Western Saudi Arabia feel about the

importance of communication skills education and what role socio-demographic factors play in shaping such feelings. During the second semester (January-May 2014), a group of medical students from Taif University in Taif, Kingdom of Saudi Arabia, were recruited for this cross-sectional study. All second- and fifth-year students (197 and 151 students, respectively) were included in the study. A whopping 93.9% of students participated in the survey by answering questions on their attitudes toward communication skills education using the Communication Skills Attitude Scale (CSAS). Medical students at Taif University had a very positive outlook on developing their communication abilities, according to the results. Students in their fifth year of college and older had substantially higher Positive Attitude Scores (PAS). It is worth noting that the target group exhibited a highly favorable attitude toward acquiring communication skills. Older and more academically accomplished students were more likely to have a favorable outlook on developing their communication abilities (Alotaibi & Alsaeedi, 2016).
The effectiveness of educational programs is highly influenced by the value that students assign to communication skills (CS), how they acquire them, and other relevant factors. This study aimed to examine the perspectives of first- and fourth-year medical students on computer science (CS) and its learning, with the goal of determining how these perspectives may impact clinical rotations within medical schools. The Communication Skills Attitudes Scale, which measured 220 first- and fourth-year medical students' attitudes about learning computer science, included positive and negative, emotional, and cognitive subscales. In comparison to freshmen who had not yet participated in CS training, the results showed that fourth-year students who did were less enthusiastic about the subject. Affective views fell among fourth-year students, while cognitive attitudes were rather stable. This highlights the fact that the two groups' patterns were distinct. According to the results, gender may not be as important as cumulative learning experiences. These findings also suggest that students' basic and cognitive attitudes about CS may stay largely unchanged after CS training, but that their sentiments regarding CS as a whole may decrease. It appears that students have personal obstacles when learning computer science using experiential techniques. Educators should tailor these approaches to each student as much as possible to address these challenges. To further understand the temporal dynamics of students' attitudes, more study utilizing longitudinal research methodologies is suggested. In a 2019 study, Moral et al.

A person's attitude determines their conduct, and a shift in attitude can cause a shift in behavior. Improving one's communication abilities will only help future doctors. The purpose of this research was to find out how medical students feel about the current state of communication education, the courses that are accessible to them, and how they might help shape the future of this field. A total of 442 medical students from three distinct years of medical school participated in this cross-sectional research. Physiopathology and basic sciences students made up the first four years of medical school, while clerkship students made up years five and six, and interns made up the last three terms of medical school. Using the Communication Skills Attitude Scale (CSAS) questionnaire, we were able to assess the attitudes of these three groups and identify the variables that contributed to their differences.Mean scores for favorable attitudes were 50.7 and 30.9, suggesting that medical students usually have a good attitude regarding communication skills. Significant variation was seen from greatest to lowest on the "Importance in Medical Content," "Excuse," "Learning," and "Overconfidence" measures, respectively, in the median scores. Significantly linked with attitude were factors including gender, educational level, ethnic origin, language, family load, paternal literacy, history of communication skills course attendance, self-reported communication abilities, and the felt need for additional learning ($P < 0.05$).As a whole, medical students are upbeat about the need of good communication skills. Medical students' communication abilities might be improved by addressing the various elements that impact this attitude through tailored training (Kandevani et al., 2024).
Communication skills training (CST) can help healthcare professionals (HCPs) improve their communication abilities, which is essential for effective cancer care communication. A growing number of empirical investigations on CST have been published within the last decade. Nevertheless, the effectiveness of CST is still a matter of heated controversy. Examining successful CST elements (such as intensity, format, and topic) and synthesizing current viewpoints on CST are the goals of this review, which also seeks to summarize the data on CST's usefulness in oncology.A number of reviews have found that CST improves HCPs' communication abilities. Nevertheless, because of the variety of research and the variability in their effects, the confidence of this data is restricted. Also, we don't know enough about CST to say what kind of intensity, structure, and material work best. Further high-

quality research with solid outcome assessments is needed to determine the most critical elements of CST, according to the review authors. Additionally, they suggest that CST be included in the regular training of healthcare providers along with continuous monitoring.Certain areas of healthcare providers' communication abilities are likely to be enhanced by CST. Regardless of the lack of clarity in the data, there is consensus on the need to include CST into therapeutic practice, along with detailed suggestions on how to improve its structure and intensity. According to Bos-van den Hoek et al. (2019), further evidence is required to validate and back up the execution of CST initiatives.

Having strong communication skills (CS) is a must-have competency for anybody working in healthcare or medicine. When planning successful educational interventions, it is essential to consider students' attitudes towards learning computer science. No Iranian version of the original Communication Skills Attitude Scale (CSAS) is available at this time, despite the fact that it has both positive and negative subscales and was developed in the United Kingdom. In order to find out how healthcare workers in Iran feel about developing communication skills, this study set out to examine the CSAS's psychometric characteristics and validity. A cross-sectional design was used to evaluate the CSAS's psychometric properties. Four hundred and ten pre-med students were chosen using a stratified sample technique for the research. Experts and students both have a say in determining the scale's face validity. Qualitative and quantitative methods were used to evaluate the content validity. We used Cronbach's alpha and the Intraclass Correlation Coefficient (ICC) to check for reliability. This study used exploratory factor analysis (EFA) with varimax rotation and confirmatory factor analysis (CFA) to assess construct validity. Spearman correlation was used to test convergent and discriminant validity. Quantitative analysis was carried out using EQS 6.1 and SPSS 19.The questionnaire was determined to have satisfactory reliability with an internal consistency of 0.84 (Cronbach's alpha) and a reproducibility of 0.81 for the whole CSAS score. Validity at both the item and scale levels was good, with an I-CVI of 0.97 and an S-CVI/Ave of 0.94, respectively. Using the 25 items in an exploratory factor analysis, a four-factor structure was identified, which accounted for 55% of the total variance. With the following results: $\chi^2/df = 2.36$, Comparative Fit Index (CFI) = 0.95, Goodness-of-Fit Index (GFI) = 0.96, and Root Mean Square Error of Approximation (RMSEA) = 0.05, confirmatory factor analysis demonstrated a strong match between the model and the observed data.A multi-dimensional, valid, and dependable instrument for evaluating medical students' attitudes towards communication abilities is the Persian version of the CSAS (Yakhforoshha et al., 2018).

Despite the importance of teaching students to communicate effectively and have a focus on the patient as part of their medical education, studies show that students' levels of competence in these areas may differ by gender and race. The purpose of this research was to look at how medical students' attitudes toward developing communication skills and their focus on patients affected their communication performance, as well as to find out what socio-demographic characteristics affected their communication ability. A communication score, a patient-provider orientation scale, and an attitude scale on communication abilities were among the instruments used in the study, which included medical students who were accepted in 2017. Among the 365 students who took part, 56.4% were female, 85.2% were native German speakers, and the average age was 24.2*±3.5 years. Female students and native German speakers outperformed male students and non-native speakers on the Objective Structured Clinical Examination (OSCE) for communication skills, demonstrated a stronger focus on the patient, and had more positive attitudes toward improving their communication abilities. Several factors, including gender, native language, attitudes towards developing communication skills, and performance on the communication skills OSCE, were shown to be significantly correlated. Educators in the medical field would do well to incorporate socio-cultural dimensions of communication into their lesson plans and evaluation tools if they want their students to become better communicators and more committed to patient-centered care (Groene et al., 2022).

Research Methodology:

Research Design:

The research design is the comprehensive plan that brings all the parts of the study together in a consistent and logical way. We did this to make sure we solved the research challenge. To gather, measure, and analyze data, the study design serves as a guide or plan (Jilcha Sileyew, 2020).

A study's design includes procedures for gathering data, analyzing it, drawing conclusions, and reporting those findings. Put simply, the study design lays out the necessary data, the methods for gathering and analyzing it, and how the results will be applied to the study's main research problem. The author Kumar (2018) differentiates between exploratory, descriptive, and explanatory research strategies. He sorts the designs according to the study's objectives as they are all unique.

A descriptive study aims to provide a vivid image of a situation, person, or event or show how phenomena are related and occur naturally. Nonetheless, because it cannot give a causal explanation, descriptive research is most helpful in emerging areas of study (Kemp, 2018). When descriptive data is plentiful, switching to another research strategy, such as an explanatory or exploratory one, is best.

When just a limited amount of information is available regarding a phenomenon or topic, researchers perform exploratory studies to learn more. Its purpose is not to address all the questions raised by the topics under investigation but to go deeper into each. Since this is a review, we look for areas with little prior research. Even under the most trying circumstances, exploratory investigations are vital since they define the main study's first research plan, sample, and data collection strategy (Morante-Carballo et al., 2022).

The goal of descriptive research is to provide a detailed account of a subject, scenario, or population. To probe the relevant factors, the descriptive research approach may use a variety of research methodologies. Quantitative data is used most often, with qualitative data being utilized for descriptive reasons on occasion (Bloomfield & Fisher, 2019).

The researcher must then draft a research design after formulating hypotheses (There is a statistically significant relationship between the critical success factor and project success). The research design is essentially the blueprint for the research process because the plan specifies each step that must be taken. A design like this would show whether or not the intended activity will maximize efficiency and minimize waste. When designing a study, balancing achieving your study's goals and keeping costs down is essential (Kemp, 2018). The researcher must then draft a research design after formulating hypotheses. The research design is essentially the blueprint for the research process because the plan specifies each step that must be taken. A design like this would show whether or not the intended activity will maximize efficiency and minimize waste. When designing a study, balancing achieving your study's goals and keeping costs down is essential (Kemp, 2018).

Quantitative research "utilizes inquiry tactics such as trials and surveys and gathers data using preset statistical data generation tools." After gaining a basic grasp of quantitative analysis, it is critical to study the divide between quantitative and qualitative research.

The research approach is quantitative, involving collecting data from present and potential consumers using sampling techniques and distributing online surveys, online polls, and questionnaires, the results of which may be stated numerically. To anticipate the future of a product or service based on an in-depth grasp of these figures and to make necessary modifications (Morante-Carballo et al., 2022).

The researcher conducted a descriptive study because the investigation demanded it. The researcher must apply this methodology to fulfill the study's goals and objectives.

Sample Population

The term "population" refers to the group of people or things that the researcher believes to contain the necessary facts and particular hints. Any group of things, including living things and inanimate objects, that share an interesting quality is called a population. According to Bujang et al. (2018), academics are unable to reach out to all

members of the target community because to the resource's financial, time, and goal limits.
The purpose of sampling is to select a representative subset of a population in order to provide data on that subset's characteristics (Bujang et al., 2018; Hair, 2007). Modern research employs a wide range of techniques to better gauge the interest group (the target audience) and obtain reliable data from them.

The questionnaire was prepared, where the study sample was 110 medical students.

Sample Types

Sampling is a technique for selecting a representative sample from a larger population in order to draw conclusions about that group's characteristics (Bougie, 2019). Modern research employs a wide range of techniques to better gauge the interest group (the target audience) and obtain reliable data from them.
Assigning participants to a sampling group at random is known as randomization or distribution (Campbell et al., 2020). It is essential to make this basic assumption while analyzing statistical data. Statistical power, control for selection bias, and control for allocation bias (or confounding) can all be enhanced by randomization, which is particularly useful in subgroup research. In addition, it helps ensure that all traits, whether quantifiable or not, visible or invisible, known or unknown, are distributed evenly among all classes. Researchers use a variety of randomization procedures according to the research aim and findings.
Using simple random sampling, every member of the population has an equal chance of being selected for a survey. This technique is employed when the sample frame is accessible, the population is little, and there is a high degree of homogeneity. For example, a computer that is mechanically created, a table of random numbers, and the lottery system.
The study employed a system of random sampling. This technique includes at least two strata or subgroups in its subject selection process in order to ensure that the sample is representative of the population as a whole. There is an appropriate sample frame that can be used to determine the stratified features of the target research population, and stratified random sampling helps to decrease sampling errors (Campbell et al., 2020). Therefore, stratified random sampling was chosen.

Data Collection

Data collection refers to collecting and evaluating data on relevant variables to formulate and test hypotheses, answer planned research questions, and analyze results. (Gliner, 2011). Data collection is a priceless research tool that may be used across many academic fields, including the hard sciences, humanities, business, etc. While the means to guarantee a correct and honest selection may vary from lot to area, the goal remains the same. The goal of every data collection effort should be to amass sufficient detail for thorough analysis, yielding convincing and believable answers. No matter the area of study or method of identification preferred, accurate data collection is essential to maintaining the credibility of scientific findings. Errors are less likely to occur if appropriate data-gathering instruments are used (whether they exist, have been updated, or have been invented from scratch) and if their usage is well explained (Kabir, 2016).

Primary Data

Primary data is defined as information that researchers get directly from the subject of study (Mohajan, 2018). When secondary sources of information are inadequate, they contend, it is essential to do primary research. Interviews, questionnaires, and comment sections are just a few of the primary data collection tools at your disposal (Choy, 2014). It is critical to understand the many primary data gathering procedures that may be used for both quantitative and qualitative research. Since the questionnaire was the main tool for gathering information from the target industry, it may be said that the researcher employed "primary information" in this study.
Leedy (2015) points out that questionnaires are commonly used to gather observational data, even while the researcher has location constraints. The study objectives are reduced to manageable questions and their associated answers in the questionnaire. Classify, execute, tabulate, and evaluate any component of an effective quiz in little time at all. The hallmarks of a well-designed questionnaire include clarity, conciseness, and logical organization.

There has to be a progression from easy to hard questions. The reliability of the surveys is guaranteed by their written form and the use of first-person replies (Kemp, 2018).

Primary data is represented by the responses came from the questionnaires sent to all participants in the study.

Secondary Data

Helps researchers understand the problem better, formulate more plausible ideas, and learn more about the topic at hand. Also, it provides a firm base for future study and aids in identifying appropriate research methods. When working with main data, secondary sources can help you get to the meat of the matter faster. This is why we employ a methodical approach to literature and archival material reviews in all of our research. A data collecting tool was developed after several perspectives were obtained through the examination of relevant government policy publications. According to Andrew (2019).
The information was culled from a variety of secondary sources, such as books and articles that have already appeared in print.

Data Analysis:

When you analyze data, you sort and make sense of information from many sources. There is a lot of confusion, chaos, time, innovation, and excitement surrounding the process. Even though it is not a linear process, understanding, analyzing, and comprehending data may be seen as a quest for generalizable assertions that can be applied to many forms of data. So, it's safe to say that using logic in the study is a requirement of data analysis.

Data analysis is also defined by Marshall (2014) as the act of organising obtained data from its inherent disorder. Some have said it's messy, unclear, and time-consuming, yet it's also creative and thrilling. Data interpretation, analysis, and conceptualization is not a linear process, but it does include looking for generalizable claims that apply to different kinds of data. Data analysis necessitates the utilization of reasoning in research. Research employs both deductive and inductive reasoning in data processing and interpretation (Akinyode & Khan, 2018).

After the questionnaire responses were cleaned up and organized, they were imported into the SPSS computer to facilitate the analysis using descriptive statistics. The information gathered from the participants was summarized using frequency distribution tables. To facilitate understanding and analysis, the data was presented visually using charts and tables displaying frequency distributions.

Reliability and Validity of the Research
Always keep dependability and validity in mind, no matter what method you choose. Nonetheless, the methodology that has been used for this study is now focused on the inquiries regarding qualitative analysis. For the study to be truly useful and thorough, its reliability and validity must be at the highest possible level. In order to be applicable to the widest range of instances, organizations, and contexts, the study should be as generalizable as possible.

Validity

To be legitimate in research and data collecting, information must be applicable to the phenomena or topic under study and must measure what it set out to measure. Presenting the findings and conclusions clearly is also crucial for strengthening their validity (Cohen, 2017).

Another important concept for investigations in the social sciences is validity. The question of validity pertains to the study's ability to accurately assess its intended variables. Compared to quantitative investigations, qualitative studies—especially those that use exploratory methods or grounded theory—make the answer to that issue more complicated. Consequently, the results have to align with the theories that were developed from the qualitative analysis's validity. Seeking to comprehend if a study is 'conceptually and empirically based' suggests that the reliability of the research methodology dictates and impacts the research's validity. Reliability of the data collection environment and the inclusion of supporting examples are prerequisites for accurate data interpretation.

Reliability

In terms of evaluation methodologies, reliability refers to how consistent and accurate the outcomes are. Included in this category are faith in parallel shapes, internal consistency, and test reliability. You can accomplish the test rehearsal's reliability twice in a time using the same test. Fixing two outcomes, the dependability Several iterations of the assessment procedure are mandated by parallel. Although outcomes like this cannot be produced by human observations, the degree can be determined using the dependability of the inter-rater. Internal consistency reliability measures how consistently various test items provide the same outcomes.

Reliability is the criterion used to assess how well the study results hold up. Examining the data's consistency and stability reveals the reliability of the measurements. An easy-to-understand framework was used to conduct the interview in order to guarantee reliable study results (Guidetti et al., 2018).

Statistical Analysis

The researcher will use the following statistical analysis to answer the study's question:

Use the study's frequency distribution, standard deviation, and mean to determine how much the responses varied across the study's variables and the major axes.

Cronbach's Alpha is Tested.

A correlation coefficient calculated using Pearson's technique.

DATA ANALYSIS, FINDING AND DISCUSSION:

- **gender**

The gender distribution in the study is almost perfectly balanced, with 49.7% of the participants being female and 50.3% male. This nearly equal representation ensures that the findings are not skewed by gender bias, allowing for a more comprehensive understanding of the perspectives from both male and female participants.

table 1:gender

gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	89	49.7	49.7	49.7
	male	90	50.3	50.3	100.0
	Total	179	100.0	100.0	

year of studying

Regarding the year of study, the participants are distributed across all six years of their medical education, with the largest group being 4th-year students, who make up 35.8% of the sample. The smallest group is 6th-year students, comprising only 6.7%. This broad distribution across different years of study provides valuable insights into how students' attitudes and perceptions might evolve as they advance through their education. The concentration in the 4th year might suggest this period is particularly significant in the students' academic journey, possibly due to increased responsibilities or exposure to clinical settings.

- ***year of studying***

table 2:year of studying

year of studying					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1st year	43	24.0	24.0	24.0
	2nd year	17	9.5	9.5	33.5
	3rd year	16	8.9	8.9	42.5
	4th year	64	35.8	35.8	78.2
	5th year	27	15.1	15.1	93.3
	6th year	12	6.7	6.7	100.0
	Total	179	100.0	100.0	

- **the parents have an education or work in the health field**

In terms of parental involvement in the health field, the data reveals that a significant majority of participants (85.5%) do not have a parent with education or work experience in the health sector. Only 14.5% of participants have parents involved in the health field. This suggests that for most students, their understanding and attitudes toward their medical education and the importance of skills like communication are likely shaped more by their educational experiences than by familial influence.

table 3:the parents have an education or work in the health field

Does one of the parents have an education or work in the health field?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no	153	85.5	85.5	85.5
	yes	26	14.5	14.5	100.0
	Total	179	100.0	100.0	

- Descriptive Statistics

The table presents a range of statements related to communication skills among medical students, ordered by their mean and standard deviation. First, the statement "I can't see the point in learning communication skills" has the highest mean (4.13) and a standard deviation of 1.196, indicating that a significant number of students agree with this statement, although there is some variability in their responses.

On the other hand, "I find it difficult to admit to having some problems with my communication skills" has a mean of 3.82 and a standard deviation of 1.206, suggesting that students generally agree that they find it challenging to acknowledge issues with their communication skills, with some variation in these attitudes.

The statement "I haven't got time to learn communication skills" shows a mean of 3.30 and a standard deviation of 1.115, indicating a general agreement among students that they feel pressed for time to learn these skills, though opinions vary.

The statement "Learning communication skills has helped or will help me recognize students' rights" has a mean of 3.22 and a standard deviation of 1.149, suggesting general agreement on the benefit of learning communication skills in this regard, despite some differences in views.

Similarly, "I think it's really useful learning communication skills in the education degree" also has a mean of 3.22 and a standard deviation of 1.211, reflecting a generally positive attitude towards the importance of communication skills education.

The statement "Nobody is going to fail their doctor degree for having poor communication skills" has a mean of 3.18 and a standard deviation of 1.082, indicating general consensus that poor communication skills may not necessarily lead to academic failure.

The statement "Communication skills teaching states the obvious and then complicates it" has a mean of 3.17 and a standard deviation of 1.189, suggesting that students perceive communication skills teaching as sometimes overly complex.

The statement "When applying for the college, I thought it was a really good idea to learn communication skills" has a mean of 3.09 and a standard deviation of 1.301, showing that students were initially enthusiastic about learning communication skills when applying to medical school.

The statement "Learning communication skills is important because my ability to communicate is a lifelong skill" has a mean of 3.05 and a standard deviation of 1.233, reflecting a general awareness among students of the long-term importance of communication skills in their medical careers.

Conversely, the statement "I find it difficult to take communication skills learning seriously" has a mean of 2.44 and a standard deviation of .977, indicating some reluctance among students to engage seriously with communication skills training.

Finally, the statement "Communication skills learning should be left to psychology students, not medical students" has a mean of 1.96 and a standard deviation of 1.019, suggesting a general disagreement with this notion, although there is some diversity in student opinions.

table 4:Descriptive Statistics

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
In order to be a good doctor I must have good communication skills	179	1	5	1.69	1.061
I can't see the point in learning communication skills	179	1	5	4.13	1.196
Nobody is going to fail their doctor degree for having poor communication skills	179	1	5	3.18	1.082
Developing my communication skills is just as important as developing my knowledge of medicine	179	1	5	2.27	1.085
Learning communication skills has helped or will help me respect the patient and colleagues	179	1	5	1.64	.878
I haven't got time to learn communication skills	179	1	5	3.30	1.115
Learning communication skills is interesting	179	1	5	2.12	.985
I can't be bothered to turn up to sessions on communication skills	179	1	5	2.68	1.158
Learning communication skills has helped or will help facilitate my team-working skills	179	1	5	2.01	1.003
-Learning communication skills has improved my ability to communicate with the patient and colleagues	179	1	5	2.11	.915
Communication skills teaching states the obvious and then complicates it	179	1	5	3.17	1.189
Learning communication skills is fun	179	1	5	2.45	.995
Learning communication skills is too easy	179	1	5	2.66	1.117
I find it difficult to trust information about communication skills given to me by non-teaching lecturers	179	1	5	2.03	.971
Learning communication skills has helped or will help me recognise students' rights regarding	179	1	5	3.22	1.149

Communication skills teaching would have a better image if it sounded more like a science subject	179	1	5	2.32	.986
When applying for the college, I thought it was a really good idea to learn communication skills	179	1	5	3.09	1.301
I don't need good communication skills to be a doctor	179	1	5	2.67	1.032
I find it hard to admit to having some problems with my communication skills	179	1	5	3.82	1.206
I think it's really useful learning communication skills on the education degree	179	1	5	3.22	1.211
My ability to pass exams will get me graduate from medical school rather than my ability to communicate	179	1	5	2.20	1.017
Learning communication skills is applicable to learning medicine	179	1	5	2.75	1.164
I find it difficult to take communication skills learning seriously	179	1	5	2.44	.977
Learning communication skills is important because my ability to communicate is a lifelong skill	179	1	5	3.05	1.233
Communication skills learning should be left to psychology students, not medical students	179	1	5	1.96	1.019

DISCUSSION:

The results from the descriptive statistics offer insightful observations into the attitudes and perceptions of medical students regarding communication skills training. The high mean score of 4.13 for the statement "I can't see the point in learning communication skills" reveals a significant concern: a notable portion of students may not fully appreciate the value of communication skills within their medical education. This finding is critical because it highlights a potential gap in the curriculum or the way communication skills are framed and taught in medical programs. The variability in responses, as indicated by the standard deviation of 1.196, suggests that while many students share this sentiment, others may recognize the importance of these skills.

Additionally, the statement "I find it difficult to admit to having some problems with my communication skills" scored a relatively high mean of 3.82, reflecting a general reluctance among students to acknowledge their weaknesses in communication. This reluctance is concerning, as self-awareness and the ability to identify areas for improvement are crucial for professional growth in medicine. The accompanying standard deviation of 1.206 indicates variability in how students perceive their communication abilities, which could be influenced by individual confidence levels or prior experiences.

The mean score of 3.30 for "I haven't got time to learn communication skills" points to another significant issue: time constraints. Medical students often face demanding schedules, and this score suggests that some students may feel overwhelmed, possibly viewing communication skills training as secondary to other aspects of their education. The standard deviation of 1.115 reflects varying levels of agreement, indicating that while time pressure is a common concern, it might not be equally felt by all students.

The findings also indicate a generally positive attitude toward the role of communication skills in medical training, as seen in the mean score of 3.22 for both "Learning communication skills has helped or will help me recognize students' rights" and "I think it's really useful learning communication skills on the education degree." These scores suggest that a majority of students recognize the relevance of communication skills in their education and future careers, despite the overall busy and demanding nature of medical studies. The standard deviations (1.149 and 1.211, respectively) suggest that while many students hold this view, there is still some divergence in opinions, which could be attributed to differing personal or educational experiences.

Conversely, the statement "Communication skills learning should be left to psychology students, not medical students," which scored a mean of 1.96, indicates strong disagreement with the idea that communication skills are irrelevant for medical students. This finding is encouraging, as it suggests that most students understand the importance of these skills in their practice, despite the significant standard deviation of 1.019, which shows that a small but notable minority might still undervalue them.

Overall, the results highlight a complex landscape where medical students generally recognize the importance of communication skills but face challenges such as time constraints and perhaps a lack of initial appreciation for the subject. These findings suggest the need for medical education programs to better integrate and emphasize communication skills training, ensuring that it is seen as a vital component of medical competence rather than an additional burden. Addressing these issues through curriculum design and teaching strategies could enhance students' engagement and ultimately lead to better patient care outcomes.

CONCLUSION:

In conclusion, this study sheds light on the varied attitudes of medical students toward communication skills training. The results indicate a complex relationship between students' perceptions of communication skills and their educational experience. While there is a general recognition of the importance of communication skills for medical practice, with many students acknowledging their value in fostering patient respect and team collaboration, there are also significant challenges and areas of concern.

The high mean scores for statements expressing skepticism about the relevance and time investment required for communication skills training highlight a crucial issue: many students struggle to see the direct benefits of these skills in their medical education and practice. This skepticism, coupled with time constraints and a reluctance to acknowledge communication weaknesses, suggests a need for a reevaluation of how communication skills are integrated into the medical curriculum.

On the other hand, positive attitudes towards the application of communication skills in recognizing patients' rights and the utility of these skills in medical education reflect a foundational understanding of their importance. However,

the variability in responses underscores the necessity for tailored approaches that address individual students' needs and perceptions.

To enhance the effectiveness of communication skills training, medical educators should consider incorporating strategies that not only emphasize the practical benefits of these skills but also address students' concerns and reservations. This could involve creating more engaging and relevant communication skills programs, integrating these skills more seamlessly into the medical curriculum, and providing additional support to help students overcome barriers to learning.

Ultimately, fostering a positive attitude toward communication skills among medical students is essential for preparing competent and compassionate healthcare professionals. By addressing the identified challenges and building on the existing positive perceptions, medical education programs can better equip students with the communication skills necessary for successful medical practice and improved patient care outcomes.

Recommendation:

Based on the findings of this study, several recommendations can be made to enhance the integration and effectiveness of communication skills training in medical education:

- Incorporate communication skills training early in the medical curriculum to ensure that students understand its importance from the outset. Early exposure can help students appreciate the relevance of these skills and integrate them into their clinical practice throughout their education.
- Tailor communication skills training to reflect real-world scenarios that students are likely to encounter in their medical careers. This can increase the perceived relevance and practicality of the training, helping students to see the direct benefits of improved communication skills.
- Recognize the demanding schedules of medical students and seek to integrate communication skills training into existing coursework in a way that minimizes additional time burdens. This could involve incorporating communication skills exercises into clinical rotations or other practical experiences.
- Develop programs that encourage students to reflect on their communication skills and recognize areas for improvement. Providing opportunities for self-assessment and feedback can help students become more aware of their communication strengths and weaknesses.
- Use interactive and engaging teaching methods, such as role-playing, simulation exercises, and peer feedback, to make communication skills training more appealing and effective. Active learning techniques can enhance student engagement and retention of communication skills.
- Ensure that students have access to ongoing support and resources for developing their communication skills. This could include workshops, online modules, and mentoring programs that offer additional practice and guidance.
- Continuously evaluate the effectiveness of communication skills training programs and adapt them based on feedback from students and educators. Regular assessments can help identify areas for improvement and ensure that the training remains relevant and effective.

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