

Attitude of dental interns towards learning communication skills in Patna city, Bihar

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Abstract

Introduction: Communication skills play a paramount role in clinical practice.

Aims: This study aimed at assessing the attitudes of dental interns towards learning communication skills at Patna, Bihar.

Material and Methods: A descriptive cross-sectional study involving 140 dental interns involving both males and females were selected from colleges in Patna, Bihar for this study. Data were collected using the dental communication skills attitude scale, which consists of 25 items, 13 indicatives of Positive and 12 indicatives of the negative attitude toward learning communication skills.

Statistical analysis: The positive attitude scale and negative attitude scale scores were calculated compared

among different groups using SPSS software version 22. $P < 0.05$ was considered to be statistically significant.

Results: Out of 140 participants 34.3% were male and 65.7% were female. There was not significant difference in mean score of positive attitudes between males (3.92 ± 0.43) and females (3.83 ± 0.44) ($P = 0.259$). The mean score of negative attitudes was significantly higher among males (2.91 ± 0.41) compared to females (2.82 ± 0.39) ($P = 0.196$).

Discussion: Although dental interns seem to have realized the importance of communication skills. It suggested that interns who perceived themselves as good communicators tended to have better learning and vice-versa.

Conclusion: A good positive attitude score of the dental students towards learning communication skills discloses the dental interns perception over the importance of communication skills in dental practice.

Keywords: Attitude, communication skills, dental interns

Introduction

Communication is the art of transmitting information and meaningful interaction to exchange ideas and attitudes with one another. Active communication is fundamental to the building of an effective physician patient relationship and an integral component which encompasses knowledge, experience, and skills to deliver care. Communication between patients and healthcare professionals is a key element of their relationship from the initial consultation onward and thus an area that deserves attention during education. Communication in healthcare is not only a personality trait on the part of the dentist but also a series of skills that can be taught, learned, and retained. Communication skills play a major role in communicating adequately, sensitively, effectively, and respectfully with patients in a language that the patient understands better and in a manner that will improve patient satisfaction and healthcare outcomes. It also ensures high quality and virtuous clinical practice which can increase the healthcare providers' diagnostic efficiency and decision-making ability, as well as lead to the contentment of the health care seekers.¹

Dental students are generally receptive to learning communication skills and their appreciation for the value of these skills can be significantly improved with training. Kurtz in 2002 said that there is increasing evidence that good communication skills had a positive influence on positive health outcomes such as patient satisfaction with healthcare, compliance with

medication, correct diagnosis, and reduction in malpractice claims. Effectiveness of a communication skill training program could be improved if we had a greater understanding of the students' beliefs and attitudes toward doctor-patient communication.⁵

The problems

The importance of communication skills for dental students in the context of dentist-patient relationships has been well recognized. In dentistry, communication skills can be defined as the ability to communicate effectively with patients, use active listening skills, gather and impart information effectively, handle patients, emotions sensitively, and demonstrate empathy, rapport, ethical awareness, and professionalism. There are many barriers to good communication in the doctor-patient relationship, including patients, anxiety and fear, doctor's burden of work, fear of litigation, fear of physical or verbal abuse, and unrealistic patient expectations.²

Categories of Communication Skills To avoid confusion about what we are teaching in communication skills programs, we have found it useful to distinguish between three types of communication skills:

- Content skills: what doctors say, e.g., the substance of the questions you ask and the answers you receive, the information you give, the differential diagnosis list, the medical knowledge base you work from.
- Process skills: How doctors say it, e.g., how you ask questions, how well you listen, how you set up explanation and planning with the patient, how you structure your interaction and make that structure visible to the patient through signposting or transitions, how you build relationships with patients.
- Perceptual skills: what you are thinking and feeling, e.g., awareness of your own decision making and other thought processes, awareness of and response to your

own attitudes and emotions during an interview, whether you like or dislike the patient, your biases and prejudices, noise or discomfort that distracts you from attending to the patient.²

Benefits Of Effective Communication

Effective doctor-patient communication is a central clinical function, and the resultant communication is the heart and art of medicine and a central component in the delivery of health care. The 3 main goals of current doctor-patient communication are creating a good interpersonal relationship, facilitating exchange of information, and including patients in decision making. Effective doctor-patient communication is determined by the doctors' "bedside manner," which patients judge as a major indicator of their doctors' general competence.

Materials and Methods

A descriptive cross-sectional study was conducted over a period of 2 months from December 2021-January 2022 among dental interns of Patna city, Bihar. The proposed study was reviewed by the Ethical Committee of Buddha Institute of Dental Sciences and Hospital, Patna and the required clearance was obtained. Dental interns who were present on the day of study and those who were willing to participate were included in the study. The 25-item questionnaire was accompanied by a five-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree). **Statistical Analysis**

The data so obtained was compiled systemically. A master table was prepared in MS Excel worksheet and the total data was subdivided and distributed meaningfully and presented as individuals tables. Data was analyzed using IBM SPSS, Statistics Windows, and version 22 (An monk, NY: IBM Crop). For the comparison of proportions, ANOVA test, Post hoc test was used with continuity correction whenever

appropriate. 'P' value of < 0.05 was taken to be statistically significant for the purpose of analysis.

Result

The present study was conducted among dental interns of Patna city Bihar. A total of 140 dental interns participated in the present study. The age of the participants ranged between 20 and 30 years with average age of 24.7 ± 1.93 years. Amongst them 34.3% were males and 65.7% were females (Table 1).

In self-rated academic performance about 3.6% of the participants rated themselves as Excellent. About 94.3% of the participants rated themselves as Good, 1.4% as Fair and 0.7% of them rated themselves as Poor in academic performance (Table 2).

When asked about to rate themselves according to their skills as a communicator, 4.3% of them rated themselves as Excellent, 93.6% as having Good skills as a communicator, 1.4% as Fair and 0.7% of them rated themselves as having Poor skills as a communicator. (Table 3).

The total Mean score of PAS (Positive Attitude Skills) according to gender was slightly higher among males (3.92 ± 0.43) compared to females (3.83 ± 0.44). This difference was statistically not significant ($t=1.136$, $p=0.259$) whereas; the total mean score of NAS (Negative Attitude Skills) was also slightly higher among males (2.91 ± 0.41) compared to females (2.82 ± 0.39), but this difference was also statistically not significant ($t=1.304$, $p=0.196$) (Table 4)

Whereas; highest mean NAS score of 3.31 ± 0.33 was observed in "Excellent" grade; then "Good" grade had a mean NAS score of 3.25 ± 1.18 then "Fair" grade had a mean NAS score 3.08 ± 0.38 and minimum mean NAS score of 2.83 was observed in "Poor" grade (Table5)

Table 1: Demographic characteristics of participants.

Age (Years) Mean±SD	24.7±1.93	
Gender	Frequency (N)	Percentage (%)
Male	48	34.3
Female	92	65.7
Total	140	100%

Table 2: Distribution of participants as per Self-rated Academic Performance

Self-rated Academic Performance	Frequency(N)	Percentage (%)
Excellent	5	3.6
Good	132	94.3
Fair	2	1.4
Poor	1	0.7
Total	140	100

Graph 1: Distribution of participants as per Self-rated Academic Performance

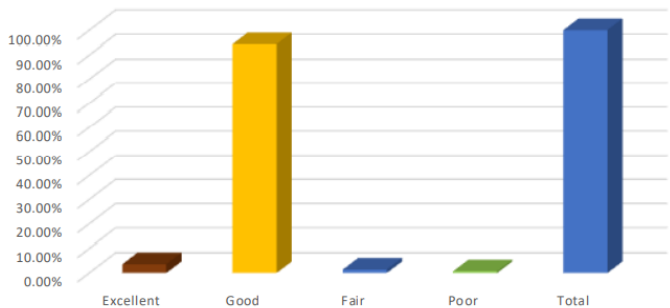


Table 3: Distribution of participants as per Self-rated Skills as Communicator

Self-rated Communicator	Frequency(N)	Percentage
Excellent	6	4.3
Good	131	93.6
Fair	2	1.4
Poor	1	0.7
Total	140	100

Graph 2: Distribution of participants as per Self-rated Skills as Communicator

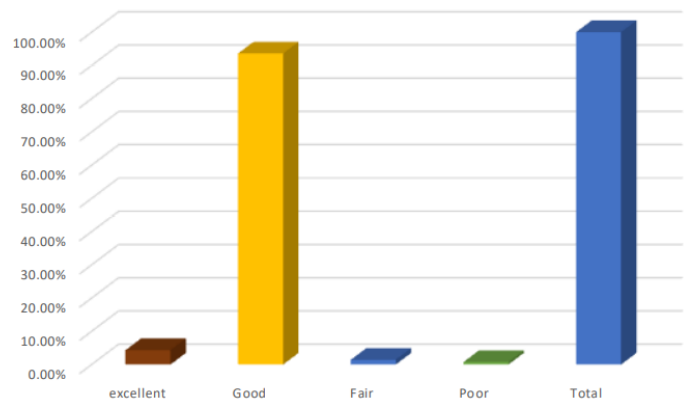


Table 4: Gender wise comparison of Mean PAS and NAS scores among participants

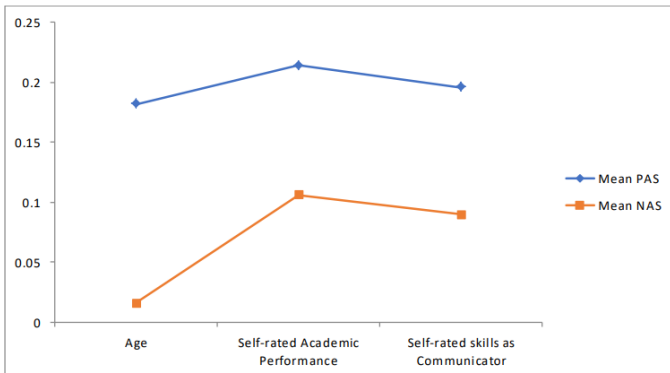
	Gender	Mean	Std. Deviation	t value	p value
Mean PAS	Male	3.92	0.43	1.136	0.259
	Female	3.83	0.44		
Mean NAS	Male	2.91	0.41	1.304	0.196
	Female	2.82	0.39		

Table 5: Correlation between the Demographic, Self-rated scores and Mean PAS & NAS scores among the participants

		Mean PAS	Mean NAS
Age	Pearson Correlation	0.292	0.016
	p value	0.031	0.855
Self-rated Academic Performance	Pearson Correlation	0.214*	0.106
	p value	0.011	0.214
Self-rated skills as Communicator	Pearson Correlation	0.196*	0.090
	p value	0.021	0.292

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed)

Graph 3: Correlation between the Demographic, Self-rated scores and Mean PAS & NAS scores among the participants



Discussion

The following study is a cross sectional descriptive survey. A Total of 140 dental interns with average age of 24.7 ± 1.93 were examined in a dental college in Patna Bihar. Interns were asked to self-rated themselves in academic Performance and self-rated as communicator. They were then assessed regarding their attitudes towards learning communication skills. In the present study, dental interns were chosen because they had completed their undergraduate curriculum and were more experienced than the junior students. Out of 140 dental interns who participated in the study, majority of them were females(65.7%)as compared to males(34.3%). This owed to the fact that more females had taken admission in the BDS course. When the participants were distributed according to their grades of self-rated academic performance and self-rated skills as communicator maximum of the interns graded themselves as Good (94.3%) and 93.3% respectively. Majority of them self-rated themselves as Good and not Excellent, could be a suggestion towards that intern wanted to give a realistic answer. This finding is consistent with findings from a study conducted by Shruti et al.1 When self-rated academic performance was correlated with the Mean PAS scores a positive

Pearson Correlation Coefficient of 0.214 was obtained. It suggested that those students who rated themselves as good to excellent in their academic performance had a higher positive attitude towards learning communication skills and vice-versa. This could be attributed to the fact that those interns who were good in their academic performance had a more inclination towards learning communication skills as they might be valuing the importance of doctor patient communication more.²

Recommendations

Communicative competence is considered as an important aspect of the dentist's work, and an integration of communication-related topics into the dental curriculum needs to be well thought out. Communication skill training programs may be incorporated in the undergraduate dental curriculum which can improve student's knowledge, change negative attitudes and enable them to acquire specialized competence in communication, thereby favouring a better health outcome.

Conclusion

Dentists, patients and students consider professional communication abilities in the dentist patient relation as essential and suggest an integration of these issues in the dental curriculum. Increasing attention has been paid to the development students communication skills. The finding that dental students view communication skills training to be as important as learning other dentistry skills and knowledge may further encourage instructors and administrators to consider instituting communication skills training courses. We expect that dental student from varying demographic and cultural backgrounds towards learning these important skills. A good positive attitude score of the dental students towards learning communication skills discloses the dental students'

perception over the importance of communication skills in dental practice.¹⁴

Dentists, Patients and students concordantly consider professional communicational abilities in the dentist-patients relation as essential and suggest an integration of these issues in the dental curriculum.¹⁶

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