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Assessment of Dental Residents' Attitudes toward Learning Communication Skills

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ABSTRACT

Introduction: *Communication is a central part of our daily clinical lives and forms the foundation of a good professional relationship. This study aims to evaluate the attitudes of residents at the Faculty of dental medicine (FDM) UNIVERSITY HASSAN II CASABLANCA regarding the learning of communication skills.*

Methods: *This is a cross-sectional study to assess the attitudes of FDM residents about learning communication skills, we distributed the questionnaire to all residents. We used as an instrument an anonymous questionnaire in English, this questionnaire is divided into two parts: part A devoted to socio-demographic data such as age, gender, and year of study, and part B used a validated scale developed by Rees to measure residents' attitude towards social sciences.*

Results: *all residents agreed to complete the questionnaire, responses, i.e. a response rate of 100%, the mean age of the residents was 26,9 ± 2,96, with extremes ranging from 23 to 40 years. The score of positive attitude score over the entire study population was 53.13 ± 5.2 (43-63) and the mean score of negative attitude score was 36.77 ± 7.01 (24-52). The residents have manifested an interest to participate in CS courses.*

Discussion: *The success of the therapeutic relationship cannot be achieved without a certain congruence between the patient and the practitioner. In addition, it appears that the only way to achieve this goal is through communication. Communication is very important for a successful therapeutic relationship in dentistry, several studies have focused on the communication training of dental students, and these studies have recommended from their findings that it is necessary to include communication skills courses and examinations in the dental curriculum.*

Conclusion: *It is concluded from our study that dental residents are interested in learning communication skills. It is therefore proposed to continuously train residents in communication skills as part of their training curriculum and to evaluate the learned communication skills continuously by professors.*

Keywords

Communication skill, CSAS, Dental Student, Dental residents.

Introduction

Communication is a central part of our daily clinical lives and forms the foundation of a good professional relationship. Communication competence is defined as the ability to effectively transmit or share ideas and feelings [1].

According to the scientific literature, many problems in the medical field are due to communication problems. We can mention, for example, the increased risk of misdiagnosis, the

difficulty of establishing a relationship of trust with patients, the multiplication of unnecessary tests, and the non-observance of therapeutic prescriptions. These problems can lead to a breakdown in the doctor-patient relationship [2].

The primary cause of various malpractice complaints filed with medical regulatory agencies was related to a breakdown in communication between the doctor and the patient [3]. This is due to widespread deficits in communication and interpersonal skills, as indicated in the literature [4]. There is sufficient evidence in the literature to suggest that poor communication between doctors and patients is a significant attribution factor [6]. Good practices, such as detailed explanations by clinicians and careful listening to patients or their families, have been found to reduce these incidents [7].

Communication is also an important part of the professional environment, doctors communicate with a wide range of people, such as colleagues, nurses, health practitioners, administrative staff, patients, and their family members. The practice of good communication skills in the medical profession has also been shown to decrease job stress and increase job satisfaction [8].

During their hospital and university studies, residents are often required to present their presentations at scientific events. Learning communication skills is therefore very important for residents, however, the teaching of communication skills remains insufficient in the faculties of dentistry in Morocco.

Studies have indicated that residents' attitudes towards learning communication skills play an important role in the success of communication skills training [5].

This study aims to evaluate the attitudes of residents at the Faculty of dental medicine (FDM) UNIVERSITY HASSAN II CASABLANCA regarding the learning of communication skills.

Methods

This is a cross-sectional study to assess the attitudes of FDM residents about learning communication skills, this study was conducted in October 2021.

We distributed the questionnaire to all residents. A total of 44 residents were invited to participate in this study.

We used as an instrument an anonymous questionnaire in English, this questionnaire is divided into two parts: part A devoted to socio-demographic data such as age, gender, and year of study, and part B used a validated scale developed by Rees [9] to measure residents' attitude towards social sciences. The original Communication Skills Attitude Scale (CSAS) contained twenty-six items designed to identify medical students' attitudes toward learning communication skills, including thirteen positively worded items and thirteen negatively worded statements.

This tool is the most widely used tool for assessing student attitudes toward learning communication skills. [9, 10,11,12,13, Add more items]. Each item used a 5-point Likert scale with opinions ranging from "strongly agree" to "strongly disagree." This questionnaire was sent to all residents via email in October 2021.

The analysis in Rees' study [9] allows for the aggregation of responses into two scores. The positive attitude score (PAS) towards learning communications skills is calculated by summing the scores of items 4, 5, 7, 9, 10, 12, 14, 16, 18, 21, 22, 23, and 25 with adequate internal consistency ($\alpha = 0.873$). The negative attitude score (NAS) is calculated from items 1, 2, 3, 6, 8, 11, 13, 15, 17, 19, 20, 24, and 26). The internal consistency of this score is also satisfactory ($\alpha = .805$). For our study, statistical data was entered and analyzed with JAMOVI version 1.6.23.0.

Results

Forty-four residents were approached to participate in the study, all residents agreed to complete the questionnaire, responses, i.e. a response rate of 100%. Regarding year of study: seventeen residents were in their first year (38.6%), 11 residents were in their second year (25%), 7 residents were in their third year (15.9%), and 9 residents were in their fourth year (20.5). Thirty-five residents are female representing 79.5% (sex-ratio M/F was 0,25). The gender distribution by year of study is presented in Table 1. The mean age of the residents was 26,9 ± 2,96, with extremes ranging from 23 to 40 years.

Positive Attitude Score

The mean value of this score over the entire study population is 53.13 ± 5.2 (43-63). Negative attitude score: The mean value of this score is 36.77 ± 7.01 (24- 52) (Table 2). Table 3 represents the distribution of participants' responses.

Table 1: Gender distribution by year of study.

	Year of Study			
Sex	**1st-year**	**2nd-year**	**3rd-year**	**4th-year**
Female	13	9	7	6
Male	4	2	0	3

Table 2: Positive (PAS) and negative (NAS) attitude scores toward communication skills training collected from a resident in the study.

	PAS		NAS	
	Mean	**Standard deviation**	**Mean**	**Standard deviation**
	53.13	5.2	36.77	7.01
Year of study				
1st year	51.52	4.86	35.17	6.33
2nd year	54.00	6.22	36.90	8.43
3rd year	53.57	4.31	41.00	6.53
4th year	54.77	5.56	36.33	6.46
Sex				
Female	53.25	5.77	37.31	7.60
Male	52.66	2.87	34.66	3.46

Table 3: Distribution of residents' responses to the questionnaire about learning communication skills after grouping into three categories 1, 2, and 3*.

Items	1	2	3
ITEMS OF POSITIVES ATTITUDES			
Developing my CS is just as important as developing my knowledge of medicine	4,5%	2,4%	93,1%
Learning CS has helped me or will help me respect patients	2,3%	18,2%	79,5%
Learning communication skills is interesting	0%	0%	100%
Learning CS has helped or will facilitate my team working skills	0%	0%	100%
Learning CS has improved my ability to communicate with patients	0%	6,8%	93,2%
Learning CS is fun	9,2%	47,7%	43,1%
Learning CS has helped or will help me respect my colleagues	6,8%	27,3	65,9%
Learning CS has helped or will help me recognize patient's rights regarding confidentiality and informed consent	4,5%	18,2%	77,3%
When applying for medicine, I thought it was a really good idea to learn communication skills	9,1%	20,5%	70,4%
I think it's really useful to learn communication skills for a medical degree	2,3%	4,5%	93,2%
My ability to pass exams will get me through medical school rather than my ability to communicate	36,3%	29,5%	34,2%
Learning CS is applicable to learning medicine	6,8%	18,2%	75%
Learning CS is important because my ability to communicate is a lifelong skill	4,6%	11,4%	84,1%
ITEMS OF NEGATIVES ATTITUDES			
To be a good doctor, I must have good CS	0%	0%	100%
I can't see the point in learning CS	79,6%	13,6%	6,8%
Nobody is going to fall their medical degree for having poor communication skills	38,7%	29,5%	31,8%
I haven't got time to learn CS	38,6%	18,2%	43,2%
I can't be bothered to turn up to sessions on CS	38,6%	34,1%	27,3%
CS teaches the obvious and then complicates it	43,1%	40,9%	15,9%
Learning CS is too easy	43,2%	45,5%	11,3%
I find it difficult to trust information about CS given to me by non-clinical lecturers	31,8%	40,9%	27,3%
CS teaching would have a better image if it sounded more like a science subject	68,2%	20,4%	11,4%
I don't need good CS to be a doctor	40,9%	31,8%	27,3%
I find it hard to admit to having some problems with my communication skills	36,3%	29,5%	34,2%
I find it difficult to take CS learning seriously	56,8%	18,2%	25%
CS learning should be left to psychology students, not medical students	81,8%	11,4%	6,8%

*1: strongly disagree and disagree, 2: Neutral, 3: Agree and Strongly agree.

Discussion

Our study evaluates the attitudes of residents at the Faculty of Dental Medicine (FDM) University Hassan II Casablanca regarding the learning of communication skills. The female gender of the residents is quite dominant in our study with an M/F sex ratio of 0.25, this is supported by a report on the feminization of dentistry [14]. This observation is similar in France, where the majority of dentists aged 50 years or more are men, but 50% of dentists between 45 and 49 years of age are women, and the proportion of women in the 30 to 34 age group is almost 55% [15].

In the present study, only 6% of residents consider that CS learning should be left to psychology students, not medical students. A percentage of 100% of residents agree that learning communication skills is interesting, and 100% of residents agree that to be a good doctor, they must have good communication skills. A percentage of 100% of residents agree that learning CS help their teamwork skills and 93,2% of residents agree that learning CS will improve their ability to communicate with patients. In fact, according to the Swiss Academy of Medical Sciences [2], the discussion between doctor and patient is the basis of good care. In recent years, the relationship between doctor and patient has changed considerably: for a long time, the paternalistic approach, in which the doctor decides what is in the patient's best interest, has been dominant: the doctor knows what is in the patient's best interest and decides accordingly on the information to be given to the patient and the treatment. The patient has little opportunity to express his or her views. Attitudes towards patient-centered CS may also vary based on cultural norms and/or beliefs [17].

In our study, the PAS found was 53.13 ± 5.2, the NAS found was 36.77 ± 7.01, and there was no statistically significant difference by gender or year of study. In a similar study conducted in Lebanon by Grace ABI RIZK the PAS found was 48.62 ± 7.6 and the NAS was 33.06 ± 4.8, the NAS was significantly higher in the female sex. Previous research found that female students are more positive and enthusiastic than male students in communication skills [16].

Concerning the results of the study by Rees [18], The PAS collected from students at the universities of Nottingham was 48.5 and Leicester was 52.38.

A study conducted in Saudi Arabia by Ahmed Abed Elwahab Nourein [22] that aims to assess the attitudes of both undergraduate dental and medical students towards communication skills learning and to compare the attitudes towards CS between Medical and Dental students concerning sociodemographic and education-related characteristics showed that positive (PAS) and negative (NAS) attitudes of medical students and dental students towards communication skills (CS) learning were generally similar. (Medicine Median 51 vs. Dentistry Median 50, $p = 0.059$) and NAS (Medicine Median 32 vs. Dentistry Median 32, $p = 0.596$).

The success of the therapeutic relationship cannot be achieved without a certain congruence between the patient and the practitioner. In addition, it appears that the only way to achieve this goal is through communication. Communication is very important for a successful therapeutic relationship in dentistry, Several studies have focused on the communication training of dental students [19-21]. These studies have recommended from their findings that it is necessary to include communication skills courses and examinations in the dental curriculum.

This study is the first to assess attitudes towards CS in Morocco, all residents agreed to participate in this study, however, this study has some limitations, the first one is the small population size (n= 44), which is explained by the fact that the number of

dental residents in Morocco is minor. The second limitation is that the sample was limited to the Faculty of Dentistry in Casablanca, which resulted in a study population that may not be representative of all of Morocco. Therefore, a future study should consider assessing the attitude of all dental residents in Morocco toward learning communication skills.

Conclusion

It is concluded from our study that dental residents are interested in learning communication skills. It is therefore proposed to continuously educate residents in communication skills as part of their training curriculum and to evaluate the learned communication skills continuously by professors.

Further studies across the nation are required to gain an insight into the problems of communication skills training in Morocco and to evaluate the attitude of all dental residents in Morocco toward learning communication skills.

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