

Attitude towards communication skills among undergraduate nursing students

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ABSTRACT

Introduction: Effective communication is an important part of holistic nursing care that improves the patient's satisfaction. The main aim of this study is to assess the attitude toward communication skills among undergraduate nursing students. **Methods:** Quantitative cross-sectional study conducted among 271 students studying in constituent nursing campuses of the Tribhuvan University, Institute of Medicine. A multistage sampling technique was used and information was collected using Communication Skills Attitudes Scale through Google Forms. The collected data was analyzed using SPSS. Student t-test and one way ANOVA were used to compare scores between groups of students. **Results:** The mean age of students was 24.1±3.3 years. Only 8.9% of students had taken communication skill training and 36.9% perceived language as the barrier to communication. The mean score for positive attitude was 49.5±4.8 and negative attitude was 33.6 ± 4.5 out of 65 with a total mean score of 87.2 ± 6.2. There was a significant difference in positive attitude with marital status and living arrangement (p <0.01). Similarly, significant difference in negative attitudes of students with year of study. The students studying in final year had significant differences in negative attitude with that of the first and second year. **Conclusions:** This study concluded that nursing students had a stronger positive attitude in learning communication skills. The students studying in final year had significant difference in negative attitude with that of the first and second year. Thus, it needs to be addressed with efficient instructional interventions during their study period that will lead to effective communication with patient and health care team.

Keywords: Attitude, communication skill, nursing, undergraduate students.

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INTRODUCTION

Communication is a part of daily life and is often taken for granted. The ability to communicate effectively is essential to the practice of nursing. The nurse constantly communicates with the patient, the patient's family, coworkers, and management. Advanced communication and interpersonal skills are even more important for nurses because they deal with interdisciplinary teams more frequently. The role being played and context influences the communication.¹⁻³ In nursing communication is a challenging process where communication is weak; it is possible to convey or receive the wrong messages frequently and important information might not be communicated. Poor communication can have severe effects in the healthcare setting. According to the Centers for Disease Control, preventable medical errors are the third biggest cause of mortality in the United States, killing as many as 440,000 people annually. The Joint Commission calculated that misunderstanding was a factor in 80% of these fatalities.⁴

Good communication improved patient satisfaction and treatment adherence, as well as recovery rates, feelings of safety, security, and a sense of protection. The management of critically sick patients has been related to delays and poor team performance because

of inadequate communication.^{5,6} Effective healthcare delivery depends on interprofessional communication within the healthcare team. The quality of teamwork and communication plays a vital role in supporting a healthy work environment and increasing job satisfaction.⁷⁻⁸ One of the main reasons for the rise in workplace violence has been identified as improper or insufficient communication. The nation's leading media outlets frequently depict hospital incidents as instances of medical negligence on the part of the healthcare staff and as the leading factor in hospital mortality in Nepal.⁵

Although some research works have been conducted in this field till date, most of them were focused on medical students. Nurses are the frontline care providers and effective communication is a valuable asset in constructing an honest nurse-patient relationship. It has become an important part of holistic nursing care and curriculum includes the communication skills for undergraduate students. In light of the literature's emphasis on the significance of communication skills for nursing students limited study has been found regarding the communication skills among nursing students. Researchers are interested in conducting this cross-sectional study to explore attitudes toward communication skills; both positive, and negative among undergraduate nursing students.

METHODS

A web-based cross-sectional study was done among bachelor-level nursing students studying in constituent campuses of Tribhuvan University, Institute of Medicine (TUIOM). A multistage probability sampling technique was used. Altogether there were five constituent nursing campuses, the list of campuses was obtained from TUIOM. In the first stage, three campuses were selected from the five using a simple random lottery method. A list of students was obtained from the selected campuses. First-year B.Sc. nursing students were excluded because they were not exposed adequately to patient care communication. After that complete enumeration of BSc second, third-, and fourth-year as well as all BNS students was done from the selected campuses. The sample size for this study was 440. GOOGLE Forms was created with a structured questionnaire to collect the data. The questionnaires include two parts. Part I related to background information and part II related to the attitudes towards communication skills that were measured using the Communication Skills Attitudes Scale (CSAS) originally developed by Rees et al. to measure attitudes towards communication among medical students.⁹ It consists of 26 items divided into two subscales: 13 items are written in the form of positive statements (positive

attitudes subscale), and 13 items are formulated as negative statements about communication skills learning (negative attitudes subscale). A 5-point Likert scale, ranging from 1 strongly disagree to 5 strongly agree, is included.¹⁰ Sum of the scores of items 4, 5, 7, 9, 10, 12, 14, 16, 18, 21, 23, 25, and the reverse score of items 22, the positive attitude scale (PAS) score was calculated. The scores of items 2, 3, 6, 8, 11, 13, 15, 17, 19, 20, 24, 26, and reverse score of items 1 was calculated for the negative attitude scale (NAS) score. Higher scores indicating stronger positive or negative attitudes in both scales range from 13 to 65. The highest mean or median score would indicate stronger attitude.¹¹

The scale had been found to possess satisfactory internal consistency of the two subscales PAS ($\alpha=0.873$) and test-retest reliability (intraclass correlation= 0.646 , $p<0.001$). NAS ($\alpha=0.805$) and test-retest reliability (intraclass correlation= 0.771 , $p<0.001$).⁷ This scale has a high level of reliability and validity and have been used in a wide variety of populations and settings worldwide. The psychometric properties of the tools have been evaluated empirically mostly using populations of medical and nursing students. Furthermore, the tool is used by the Nepalese researchers.¹²

Ethical approval was obtained from the Institutional Review Committee, Institute of Medicine, TU, Nepal (Ref. No. 297(6-11) F2 2079/080). Permission letters to collect data were obtained from the authorities of selected campuses. Coordinators of selected campuses were briefed about the objectives, process, and importance of the study. Written informed consent was attached to the questionnaire form. Voluntary participation was ensured. The link for the questionnaire in Google Forms was sent to the student's email. The students who agreed to participate in the study were asked to complete the form. The time taken to fill out the form was 20 to 25 minutes. Anonymity was maintained by not mentioning the names of the respondents and by using code numbers. They were assured that all the information given during the data collection was used for research purposes only and they were free to withdraw from the study at any time if they desired.

The responses were exported from Google Sheets to Excel checked for completeness and accuracy then transferred into statistical package for social science (SPSS) version 16.0. for analysis. Both descriptive (mean, frequency, percentage, standard deviation) and inferential statistics (t-test/one way ANOVA) were used to analyze the difference in the mean score of student's communication skills with selected variables. The p -value <0.05 was regarded as statistically significant in all inferential statistical procedures.

RESULTS

Out of the total 440 students, 284 filled the questionnaire form. The response rate was 64.5 percent, 13(2.9%) forms were incomplete and thus excluded from the analysis. Findings from 271 students were analyzed according to the objectives. About 67.9% of students were from 19 to 25 years with mean age and standard deviation (24.1±3.3). Most of the respondents (99.3%) were female, 75.3% unmarried and 69.0% belonged to nuclear family. Most (99%) followed Hinduism, 55% were upper caste groups and only 14.8% were from rural residences. Regarding the living arrangements, 47.2% were residing in hostel and 50.2% were living with their family.

Regarding academic and communication information of the students, 59.4% of students were involved in Bachelor in Nursing Science program and 33.6% were studying in the second year. Only 8.9% students had taken communication skill training and 36.9% perceived language as the barrier to communication. (Table 1)

Table 1: Academic and communication related information of the students (N=271)

Characteristics	Number (n)	Percent (%)
Program Involved		
BNS	161	59.4
BSc Nursing	110	40.6
Year of Study		
First (BNS)	70	25.8
Second	91	33.6
Third	90	33.2
Fourth	20	7.4
Training on Communication		
Yes	24	8.9
No	247	91.1
If Yes Duration in Days (n=24)		
Less than 5 Days	22	91.7
5-7 Days	2	8.3
Mean ± SD (2.87±1.423) min 1, Max 7 days		
Self - Rated Communication Skill		
Very good	22	8.1
Good	175	64.6
Neutral	61	22.5
Bad	12	4.4
Very Bad	1	0.4
Barrier in Communication Skill		
Language barrier	100	36.9
Lack of role modelling	26	9.6
Lack of motivation	47	17.3
No Barrier	98	36.2

The total mean score of attitudes towards communication skill was 87.23 ± 6.26 with positive mean score 49.57±4.83 and negative attitude score 33.65±4.57 (Table 2). There was significant difference in attitude with marital status and living arrangement. Married students had more positive attitude than unmarried students (mean score=50.59).

Likewise, students living in their own house and rent (mean score=50.15) had a more positive attitude. (Table 3) Similarly, there is statistically significant difference in negative attitude with program of the study. BSc Nursing students had more negative attitude than BNS students. (Table 4) In addition, there were significant difference in negative attitudes of students with that year of study. The students studying in final year (third and fourth) had significant difference in negative attitude with that of first and second year. However, there was no significant difference in negative attitude of first year students with that of the second year. (Table 5)

Table 2: Students' attitudes towards communication skill (N=271)

Communication Skill	Mean	SD	Confidence Interval
Positive Score	49.5	4.8	48.9-50.1
Negative Score	33.6	4.5	33.1-34.2
Total Score	87.2	6.2	86.4-87.9

Table 3: Difference in positive attitude towards communication skill with selected variables (N=271)

Variables	Number	Mean	Standard error	Confidence Interval	t	p-value
Age in Years						
19-24	160	49.2	0.39853	48.4-50.0	-1.396	0.164
25-38	111	50.0	0.42665	49.2-50.9		
Marital Status						
Unmarried	204	49.2	0.34012	48.5-49.9	-2.012	0.04*
Married	67	50.5	0.56750	49.4-51.7		
Type of Family						
Nuclear	187	49.3	0.36438	48.6-50.0	-0.977	0.329
Joint and extended	84	50.0	0.48912	49.0-50.9		
Permanent Residence						
Rural	40	50.4	0.72491	48.9-51.8	1.210	0.227
Urban	231	49.4	0.32041	48.7-50.0		
Living Arrangement						
Hostel	128	48.9	0.44362	48.0-49.7	-2.108	0.03*
Own House and Rent	143	50.1	0.38479	49.3-50.9		
Living Status						
Alone	25	50.2	0.86077	48.4-52.0	0.725	0.469
With Family and friends	246	49.5	0.31159	48.8-50.1		
Training						
Yes	24	49.2	0.95031	47.2-51.2	-0.341	0.733
No	247	49.6	0.30915	48.9-50.2		
Program Involved						
BNS	161	49.8	0.41362	49.0-50.6	1.202	0.231
BSc Nursing	110	49.1	0.39468	48.3-49.9		

Year of Study						
First	70	49.3	0.49940	48.3-50.3	0.977 ^f	0.378
Second	91	49.1	0.54565	48.0-50.2		
Third and fourth	110	50.0	0.46743	49.1-50.9		

Test statistics=t test; *p-value significance at ≤0.05

Table 4: Difference in negative attitude towards communication skill with selected variables (N=271)

Variables	Number	Mean	Standard error	Confidence Interval	test value	P-value
Age in Years						
19-24	160	34.0	0.35972	33.3-34.7	1.555	0.121
25-38	111	33.1	0.43561	32.2-33.9		
Marital Status						
Unmarried	204	33.5	0.32416	32.9-34.2	-0.437	0.662
Married	67	33.8	0.54299	32.7-34.9		
Type of Family						
Nuclear	187	33.5	0.34387	32.8-34.1	-0.807	0.421
Joint and extended	84	33.9	0.46891	33.0-34.9		
Permanent Residence						
Rural	40	33.8	0.68583	32.4-35.2	0.257	0.798
Urban	231	33.6	0.30444	33.0-34.2		
Living Arrangement						
Hostel	128	34.0	0.41727	33.2-34.8	1.422	0.156
Own House and Rent	143	33.2	0.37046	32.5-34.0		
Living Status						
Alone	25	34.4	1.07722	32.2-36.7	0.948	0.344
With Family and friends	246	33.5	0.28642	33.0-34.1		
Training						
Yes	24	31.9	0.94585	29.9-33.8	-1.956	0.05*
No	247	33.8	.28932	33.2-34.3		
Program Involved						
BNS	161	33.2	0.34873	32.5-33.8	-1.932	0.05*
BSc Nursing	110	34.3	0.45195	33.4-35.1		
Year of Study						
First	70	32.8	0.44746	31.9-33.7	4.567 ^f	0.01*
Second	91	33.0	0.44815	32.1-33.9		
Third and fourth	110	34.6	.48847	33.6-35.6		

Test statistics=t test; * p-value significance at ≤0.05

Table 5: Post hoc analysis (N=271)

Study Year	Study Year	Mean Differences [^]	p-value
First	Second	-0.14725	0.977
	Third and fourth	-1.76883	0.030
Second	Third and fourth	-1.62158	0.032

p-value significance at ≤0.05, ^f One way ANOVA [^]Post Hoc Test: Tukey

DISCUSSION

Communication skills are vital for nurses to understand the patients' needs for efficient care. Current study identified

the attitude towards communication skills among nursing students. From this study, it was identified that 67.9% of students were 19 to 25 years with mean±SD (24.16±3.31). Only 8.9% of students had taken communication skill training and 36.9% perceived language as the barrier to communication. The mean score for positive attitude (PAS) was 49.57±4.83 and negative attitude (NAS) was 33.65±4.57 out of 65 with a total mean score of 87.23±6.26 that was similar to the findings from the study done in Chitwan, Nepal. In other studies, the positive attitude score is slightly higher, and the negative attitude score is slightly lower than this finding.¹²⁻¹⁴

In this study, only a few male students participated due to the recent introduction of male enrollment in nursing programs in Nepal. However, a study conducted in Iran among medical students revealed statistically significant differences between male and female students,^{14,15} whereas no significant differences were observed in the positive attitude score (PAS) between genders.¹⁶

In the present study, there was no difference in communication skill attitude with age. A similar finding was observed in the study done in Chitwan Nepal.¹ Likewise, married students had more positive attitude than unmarried students (mean score 50.59). In addition, there were significant differences in attitude with marital status and living arrangements; students living in their own house and rent (mean score 50.15) had a more positive attitude. Married students might have a positive attitude due to their enhanced emotional maturity and life experience. The current study identified that there was a statistically significant difference in negative attitude with program of the study. BSc Nursing students had more negative attitude than BNS students. Similarly, there were significant differences in the negative attitudes of students within a year of study. The differences in attitude might be due to variations in educational backgrounds, as BNS students typically have more professional experience compared to B.Sc. nursing students. The students studying in final year had significant differences in negative attitude with that of the first and second year. However, the study conducted in Ireland among medical students showed no significant difference in negative attitude of first-year students with that of the second year. Results indicated mean positive attitude at the beginning and end of the second year was declining. This decline in positivity was statistically significant.¹⁷ Furthermore overall students showed a positive attitude towards learning communication skills, however, there was a decrease in the level of attitude with higher year of study.¹⁵

The study findings showed a statistically significant difference in negative attitude with students' participation in the training program. However, no significant difference was seen between those exposed to formal training and those who were not. The junior students scored significantly higher on the PAS than seniors¹⁶ Likewise nurses who had participated in communication courses prior scored significantly higher than those who hadn't participated ($p < 0.05$).¹⁸ By the end of the first clinical year, there was a decline in attitudes to communication skills teaching and learning which was statistically significant. In addition, the students studying in final year (third and fourth) had significant difference in negative attitude with that of first and second year. However, there was no significant difference in negative attitude of first year students with that of the second year.

Since the study is descriptive cross-sectional, causality couldn't be assessed and the study was limited only to the constituent campuses of the Institute of Medicine, Tribhuvan University.

CONCLUSIONS

This study concluded that nursing students had a stronger positive attitude in learning communication skills. There were significant differences in positive attitude with marital status and living arrangements. Likewise, a statistically significant difference in negative attitude was seen with program of the study. B.Sc. Nursing students had more negative attitude than BNS students. Similarly, there were significant differences in negative attitudes of students with year of study. The students studying in final year had significant differences in negative attitude with that of the first and second year. However, there was no significant difference in negative attitude of first year students with that of the second year. Since communication skill is an essential skill in nursing for clinical work and a requirement of professionalism, it needs to be maintained with high regard. Therefore, positive communication attitude need to be focused through instructional interventions during their studies, fostering effective communication with patients and the healthcare team.

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AUTHORS' CONTRIBUTION

SS contributed to intellectual content, concept design, literature search, data collection, analysis, manuscript preparation, editing, and review; BG prepared intellectual content, data analysis, and manuscript editing and review; SK did data collection, literature search, manuscript review; GP did data collection, literature search, and manuscript review.

REFERENCES

1. Timilsina S, Karki S, Singh JP. Attitudes of recently admitted undergraduate medical students towards learning communication-skills: A cross-sectional study from Chitwan Medical College. *Adv Med Educ Pract.* 2019;10:963–9. DOI: 10.2147/AMEPS229951 PMID: 31814791.
2. Piryani S, Piryani RM, Deo GP. Medical students' attitudes toward communication skills learning in Chitwan Medical College, Nepal. *J BP Koirala Inst Health Sci.* 2020 26;3(1):96–104. DOI: 10.3126/jbpkihs.v3i1.30333
3. Shankar R, Dubey A, Mishra P, Deshpande V, Chandrasekhar T, Shivananda P. Student attitudes towards communication skills training in a medical college in Western Nepal. *Educ Health Change Learn Pract.* 2006;19(1):71–84. DOI: 10.1080/13576280500534693 PMID: 16531304.
4. James JT. A new, evidence-based estimate of patient harms associated with hospital care. *Journal of Patient Safety.* 2013;9(3):122–8. DOI: 10.1097/PTS.0b013e3182948a69 PMID: 23860193.
5. Bramhall E. Effective communication skills in nursing practice. *Nurs Stand.* 2014 3;29(14):53–9. DOI: 10.7748/ns.29.14.53.e9355 PMID: 25467362.
6. Peebles E, Subbe CP, Hughes P, Gemmell L. Timing and teamwork—An observational pilot study of patients referred to a rapid response team with the aim of identifying factors amenable to re-design of a rapid response system. *Resuscitation.* 2012;83(6):782–7. DOI: 10.1016/j.resuscitation.2011.12.019 PMID: 22209834.
7. Aiken LH, Sloane DM, Clarke S, Poghosyan L, Cho E, You L, et al. Importance of work environments on hospital outcomes in nine countries. *International Journal for Quality Health Care.* 2011;23(4):357–64. DOI: 10.1093/intqhc/mzr022 PMID: 21561979.
8. Solomon P, Salfi J. Evaluation of an interprofessional

- education communication skills initiative. *Educ Health*. 2011;24(2):616. DOI: 10.4103/1357-6283.101432 PMID: 22081661.
9. Rees C, Sheard C, Davies S. The development of a scale to measure medical students' attitudes towards communication skills learning: the Communication Skills Attitude Scale (CSAS): *Med Educ*. 2002;36(2):141-7. DOI: 10.1046/j.1365-2923.2002.01072. PMID: 11869441.
10. Škodová Z, Bánovčinová L, Bánovčinová A. Attitudes towards communication skills among nursing students and its association with sense of coherence. *Kontakt*. 2018;20(1):17-22. DOI: 10.1016/j.kontakt.2017.09.01411.
11. Nor NA, Yusof ZY, Shahidan MN. University of Malaya dental students' attitudes towards communication skills learning: implications for dental education. *Journal of dental education*. 2011;75(12):1611-9. PMID: 22184601.
12. Trifkovič KC, Lorber M, Denny M, Denieffe S, Gönc V. Attitudes of nursing students towards learning communication skills. *Teaching and Learning in Nursing*. 2017;17:1-5. DOI: 10.5772/67622
13. Bagle T, Patel T, Baviskar P. Cross sectional evaluation of communication skills attitude in undergraduate medical students. *J Med Allied Sci*. 2021;11(1):45. DOI: 10.5455/jmas.129418
14. Fazel I, Aghamolaei T. Attitudes toward learning communication skills among medical students of a university in Iran. *Acta Med Iran*. 2011;625-9. PMID: 22052150.
15. William RF, Shanmugam J, Durairamy S. Attitude of medical students towards learning communication skills in a medical college in Tamil Nadu. *Int J Community Med Public Health*. 2019;6(11):4834. DOI: 10.18203/2394-6040.ijcmph20195064
16. Marambe K, Edussuriya D, Dayaratne KMPL. Attitudes of Sri Lankan medical students toward learning communication skills. *Educ Health*. 2012;25(3):165. DOI: 10.4103/1357-6283.109796 PMID: 23823636.
17. Morris M. The fall and rise of medical students' attitudes to communication skills learning in Ireland: A longitudinal approach. *Br J Educ Soc Behav Sci*. 2013;3(4):467-77. DOI: 10.9734/BJESBS/2013/4075
18. Panczyk M, Iwanow L, Zarzeka A, Jaworski M, Gotlib J. Communication skills attitude scale: a translation and validation study in a sample of registered nurses in Poland. *BMJ Open*. 2019;9(5):e028691. DOI: 10.1136/bmjopen-2018-028691 PMID: 31072864.