

ORIGINAL ARTICLE

ISOLATION OF MEDICAL STUDENTS: COMMUNICATION BARRIER AND ITS EFFECT ON CAREER

Mahwish Gul, Ahsan Rasool, Laiba Binte Khalid, Maleeha Rasool, Farmanullah Khan*, Muhammad Ayub**, Salim Marwat***

Medical Students, Ayub Medical College, Abbottabad, *House Officer, Khyber Teaching Hospital, Peshawar, **Department of Physiology, ***Pathology, Ayub Medical College, Abbottabad, Pakistan

Background: Communication barriers affect student-student interaction and student-patient interaction. This study is aimed at exploring the social, cultural and academic spheres where medical students feel getting isolated. **Method:** Questionnaire based cross-sectional survey was undertaken at Ayub Medical College, Abbottabad in the month of July, 2013. Cluster sampling technique was employed. **Results:** Linguistic problems in the college greatly affected medical students. Female medical student are comparatively more affected. These problems were less common in 1st year and most common in 3rd year where clinical classes are started. There are distinct gender based problems in communicating among male and female student with as many as 37.2% reported feeling difficulty in communicating with students of opposite gender. However this difficulty in communication gradually faded on proceeding from 1st year towards final year. About frank interaction with opposite gender, 65.9% students felt that society had negative impact upon it. While communicating with patients of opposite gender, almost a quarter of students (27.3%) reported facing difficulties, 56.9% students reported to have abject apathy towards the colleagues of opposite gender. **Conclusion:** Linguistic issues, gender discrimination, negative impact of society and lack of concern for fellow colleagues is affecting student-student interaction and student-patient interaction. There is need to create student friendly environment.

Keywords: Linguistic issues, gender discrimination, medical students

INTRODUCTION

All medical fields are interlinked with each other in an intricate manner. Medicine requires expanded multidisciplinary problem-solving approach in order to deliver cost-effective quality health care. Yet medical students remain in relative isolation with little interaction or understanding of other health care professionals.¹

Effective communication among medical students has a vital role in gaining professional competence and for the provision of quality health care to their patients. For a successful physician, effective communication is basic skill required for case diagnosis and delivery of efficient care to his patient.² Communication barriers among physicians can lead to misdiagnosis of disease and thus creating havoc for patient. Even treatment lines can be ineffective in case of misdiagnosis. Thus establishing good communication between health care providers is essential for provision of high quality health care in diagnosis and treatment of patient.³

Successful doctor is one who knows how well to communicate with his patient. Lack of effective communication has led to dissatisfaction among people for the health care system among people around the world. This dissatisfaction has been documented by many studies and poor communication among health care providers is one of preliminary causes.^{4,5} It is lack of effective communication that people feel more comfortable while discussing their problems with a folk

practitioner rather than a modern say medical practitioner.⁶ Even doctors themselves feel that quality of health care provided by the hospital now a day has deteriorated greatly as compared to care and concern provided to the patients few years back.⁷

Problems in communication among medical students are diverse. Cultural background and gender differences play important role in their perception of various issues regarding medical education, inter-profession communication and their dealing with patients.⁸ The difference of female and male student in the domains of professional commitment, resistance to stress and emotional well-being^{9,10} has an obvious role in interaction among them.

Medical college is cradle for nurturing the professional capabilities of medial students. Creating student friendly environment within ethical bindings adds professionalism in the students. Ayub medical college is a second largest medical college in the province. Students enrolled here belong to very diverse cultural, social ethnic backgrounds. These differences play cardinal role in affecting the students' behaviour and academic achievements. Interaction among male and female students themselves and with their patients is greatly affected by these differences creating a communication barrier between them. However no study has yet been published revealing this issue in Pakistan. This study is aimed at exploring the social, cultural and

academic spheres where medical students feel getting isolated.

The objectives of this study were to assess level of interaction among medical students, reveal communication barriers between students and patients, assess mutual respect and concern among students for each other, and to assess gender based linguistic problems.

MATERIAL AND METHODS

A cross-sectional survey was undertaken at Ayub Medical College, Abbottabad in the month of July, 2013. Cluster sampling technique was employed. Self-administered questionnaire was used. The questionnaire was later amended to meet the needs of medical college based on pre-testing report. The institutional ethics committee of AMC approved this study.

Each class in the college except fourth year and final year was divided into four batches with 60 to 65 students in each batch. In order to get response of 1/4th students of every class, researchers randomly went to one batch in each class and surveyed all the present students. For fourth year and final year, students of 4 hospital batches from each class were included. Researcher surveyed every fourth batch starting from 1st batch. Each hospital batch had on average 17 students. This strategy gave us a sample size of 250. All other students were excluded from the study.

The participants were assured of confidentiality of the information provided and had an option of refusal to participate in the survey. The questionnaire was distributed amongst students during breaks from their teaching schedule. Students were asked to report the difficulty in interacting with each other, their experience about communicating with patient and mutual concern for each other. The researchers collected the completed questionnaires. The data were analysed using SPSS-16.

RESULTS

Study included 214 medical students with male students accounting for 50% (n=107) of total. Respondents included 19.6% from 1st year, 13.6% from 2nd year and 23.4%, 13.6% and 29.9% from 3rd, 4th and final year respectively. 37.7% (n=80) students hailed from rural areas out of these 82.5% (n=66) had receiving their preliminary education from rural areas.

Linguistic problems in the college greatly affected female students. These problems were less common in 1st year and most common in 3rd year where clinical classes are started. 85.71% females of 3rd year reported about linguistic problems, compared with 41.66% male of 3rd year reporting such problems. In 4th year 54.54% females compared to 44.45% male reported such problems. In final year 55.56% female compared to 50% males reported the problem (figure 1).

The results showed a distinct gender based problems in communicating with each other. 37.2% reported feeling difficulty in communicating with students of opposite gender. This gender based difference was more common among girls of 1st year, 2nd year, 3rd year and 4th year (Table-1). However, in general, this difficulty in communication gradually faded on proceeding from 1st year towards final year; 73.5% students of final year students did not face any inter-gender communication problems.

This communication barrier still prevailed among medical students while dealing with patients of opposite gender. Almost a quarter of students (27.3%) reported facing such difficulties in dealing with patients. This difficulty in interaction kept increasing while proceeding from 3rd year to final year particularly among male students. With 32.0% and 33.3% male students of 3rd year and 4th year respectively, and 50% male and 28.5% female students of final year reported that gender is a barrier in communicating with their patients. This barrier also prevailed among students themselves (Figure-2).

Many students showed no concern towards activates of other gender, 56.9% students reported to have abject apathy towards the colleagues of opposite gender with highest percentage of students in 3rd year. However this lack of concern considerably decreases in 4th year and final year projecting mutual respect for each other (Figure-3).

About frank interaction with opposite gender, 65.9% students felt that society had negative impact and this will raise concerns in the society, 64.4% male and 67.3% females believed so. However there was change of response while proceeding towards higher classes with 24%, 44.4% and 44.4% male students of 3rd year, 4th year and final year disagreed that society had a negative impact. Response of female was more constant with about 2/3rd majority of all classes feeling the negative impact.

Table-1: Students not feeling comfortable interacting with colleagues

Class	Male	Female
1 st Year	52.60%	52.17%
2 nd Year	20%	57.14%
3 rd Year	10%	34.82%
4 th Year	27.70%	54.54%

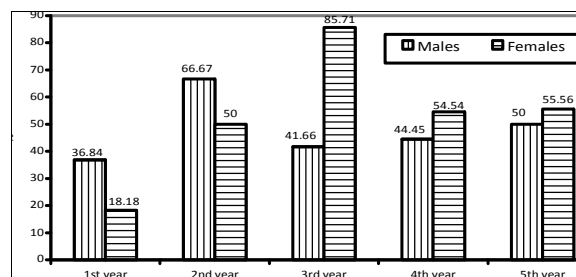


Figure-1: Reported linguistic problems

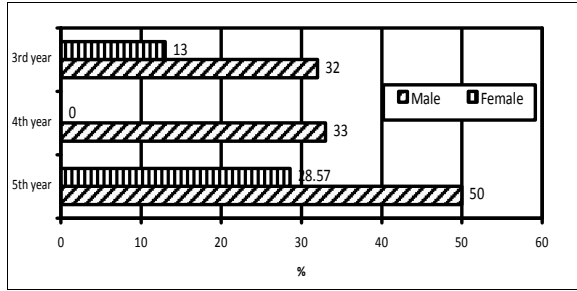


Figure-2: Communication barrier between students and patients

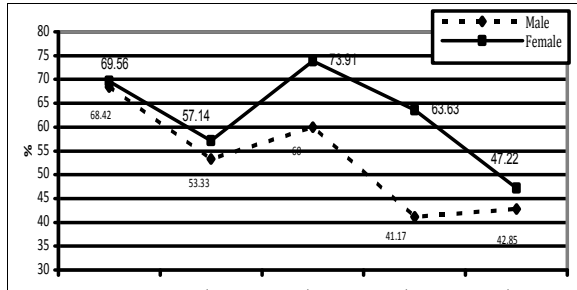


Figure-3: Lack of concern for each other

DISCUSSION

Being isolated within a specific parameter in so called global village is just not acceptable. However in this part of world medical students are getting isolated by new emerging boundaries of social values, gender discrimination and language bias. This is effecting the student-student interaction as well as student-patient relationship. Our study elaborated few problems medical student face. Considering linguistic issues, female students faced more problems and the extent of problems kept accelerating with advancing academic levels. Pololi LH¹¹ also elaborated that female medical students are being affected by more intensely as compared to male counterparts.

Need for communication among students arises while discussing case report, scenario and while taking effective history from patient. As need for this effective communication gradually increases from 1st year to final year, linguistic problems among female student also increase correspondingly. These problems were most common in 3rd year female student when clinical classes are started. The cross cultural issues are greatly affecting medical students.¹² One of the factors behind these problems is lack of understanding for various languages spoken by other students.

Many students reported that they had problems interacting with patients. Interaction with patients starts in 3rd year with history taking and gradually increases to level of diagnosis, treatment and patient care in final year. Thus minimum communication occurs in 3rd year and maximum communication in final year. Our results show that magnitude of linguistic problems faced by students in interacting with students kept increasing.

Comparatively more percentage of male students reported having problems in interacting with patient of opposite gender. This can be related to social norms that hamper asking female patients about the illness in detail. Language difference also has a great role in student-patient interaction.¹³

As many as 50% male students and 28.57% female students reported facing problems in communicating with their patient. This gender difference among students and patients and its impact on student-patient is consistent with results of Akkad A *et al.*¹⁴

Our study showed that majority of students showed lack of concern for their fellow colleagues. However with increasing academic level (from 1st year toward final year) concern in male students reported having fine regards for their fellow female students. However according to Pololi LH¹¹, medical schools have failed to create and sustain an environment where women feel fully accepted and supported to succeed. This increasing regard in male students as depicted by this study was unique.

Our study also showed that the concern and mutual respect was least among students of first year and greatest among final year students. Similar results were reported by female students with decreasing lack concern towards male student from 68.42% in first year to 42.85% in final year. However these data report by students of both genders towards each other can be related to negative psychology as well.

In first year the lack of concern and general negative psychology among students has direct relationship with general discontent among first year students. Cultural differences, background of student and bullying by senior colleagues create discontent among new medical student. This is consistent with study of Ahmer S *et al.*¹⁵ reporting that male students and those who felt that adequate support was not in place at their medical college for bullied individuals, were significantly more likely to have experienced bullying creating discontent amongst this lot.

Our results showed that such apathy was limited to lower classes only. Majority of final year students reported having finest regards and mutual respect for fellow colleagues. This can be related to the gradual concern developed in fellow colleagues with passage of time and with attaining maturity of thought with each passing year.

Society greatly influences the way we interact with other people. Majority of students felt that society had negative impact in frank interaction among male and female students, hampering interaction at almost every level. A consistent number of female students (2/3rd majority) felt this way, while views of male students were changing from class 1st year towards final year. As many as 44.4% male students from each class

of 4th year and final year disagreed with negative impact of society upon student-student interaction. This depicts a change in views of male students towards female student while opinion of female students remained consistent. This is in contrast to the report Pololi LH¹¹ indicating that male counterparts remain oppressive towards their female colleagues affecting their true abilities. Our results show that lack of

CONCLUSION

Students are being affected by linguistic problems in interacting with each other and with the patients. Concern and regard for opposite gender is very less and female students show more apathy. There is dire need to create student friendly environment by eradicating communication barriers based on linguistic and gender-discrimination basis.

REFERENCES

1. Heuer AJ, Geisler SL, Kamienski M, Langevin D, O'Sullivan M. Introducing medical students to the interdisciplinary health care team: piloting a case-based approach. *J Allied Health* 2010;39(2):76-80.
2. Feltz-Cornelis VD, Christina M, Hoedeman R, Keuter EJW, Swinkels JA. Presentation of the Multidisciplinary Guideline Medically Unexplained Physical Symptoms (MUPS) and Somatoform Disorder in the Netherlands: disease management according to risk profiles. *J Psychosomat Res* 2012;72(2):168-9.
3. Verhovsek EL, Byington RL, Deshkulkarni SQ. Perceptions of Interprofessional Communication: Impact on Patient Care, Occupational Stress, And Job Satisfaction. *Internet J Radiol* 2010;12(2):1.
4. Blendon RJ, Brodle J, Benson JM, Altman DE, Buhr T. Americans' views of health care costs, access, and quality. *Milbank Q* 2006;84(4):623-57.
5. Newcomb PA, McGrath KW, Covington JK, Lazarus SC, Janson SL. Barriers to patient-clinician collaboration in asthma management: the patient experience. *J Asthma* 2010;47(2):192-7.
6. Mahmud A. Doctor-patient relationship. *Pulse* 2009;3.1:12-4.
7. Erlic EB, Shortell SM. Improving the quality of health care in the United Kingdom and the United States: A framework for change. *Milbank Q* 2001;27:281-315.
8. Crump JA, Sugarman J. Ethics and best practice guidelines for training experiences in global health. *Am J Trop Med Hyg* 2010;83(6):1178-82.
9. Hojat M, Glaser K, Xu G, Veloski JJ, Christian EB. Gender comparisons of medical students' psychosocial profiles. *Med Educ* 1999;33:342-8.
10. Voltmer E, Kieschke U, Schwappach DL, Wirsching M, Spahn C. Psychosocial health risk factors and resources of medical students and physicians: a cross-sectional study. *BMC Med Educ* 2008;8:46.
11. Pololi LH, Civian JT, Brennan RT, Dottolo AL, Krupat E. Experiencing the culture of academic medicine: gender matters, a national study. *J Gen Int Med* 2013;28(2):201-7.
12. Florea M. Cross-Cultural Issues in Academic Palliative Medicine. In: Chang E, Johnson A. (Eds). *Contemporary and innovative practice in palliative care, Rijeka Croatia: InTech; 2012.*
13. Lee J. Stress and coping experiences of international students with language barriers during the acculturation process (Doctoral dissertation, University of Florida). 2008.
14. Akkad A, Bonas S, Stark, P. Gender differences in final year medical students' experience of teaching of intimate examinations: a questionnaire study. *BJOG* 2008;115:625-32.
15. Ahmer S, Yousafzai, AW, Bhutto N, Alam S, Sarangzai AK, et al. Bullying of medical students in Pakistan: a cross-sectional questionnaire survey. *PLoS One* 2008;3(12):e3889.

Address for Correspondence:

Ahsan Rasool, 3rd year MBBS, Ayub Medical College, Abbottabad, Pakistan. **Cell:** +92-301-5251690

Email: ahsanrasool.dr@gmail.com