

A study to determine students' study habits, clinical experiences, and attitudes related to their knowledge and behaviour intentions in the healthcare profession.

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ABSTRACT

Study habits and attitudes are thought to have a significant impact on students' academic performance, and it is assumed that "excellent" study habits will result in "good" academic results. As medical students prepare to become physicians, having the right attitudes can have an influence on the standard of care they provide to their patients. Few longitudinal research studies have examined the degree to which the attitude of pupil's ratings change as they progress through medical school. This study looked at how a large student cohort's attitude ratings changed as they advanced through medical school. It was also looked into whether student gender affected attitude change. This research included medical trainees from three successive classes (1999-2001). The Medical Skills Questionnaire, an internal tool, and the Attitudes Toward Social Issues in Medicine (ATSIM) survey were both completed by students. Total and subscale attitudinal score reliability estimations fell within a reasonable range. A sustained reduction in various attitude scores was seen as pupils moved through means of the medical education programme, based on multivariate studies of the variation of the mean attitudinal ratings. Compared to men, women scored better on attitudes. As a consequence, as medical school students progress, their attitude ratings decline. Although the causes of the change in terms of attitude are not entirely evident, they may be related to a ceiling of excellent attitude ratings upon admission, a decline in idealism, and the effects of the unanticipated curriculum. More research is needed to determine how medical education affects students' opinions.

Keywords: Study Habits, Attitudes, Medical skills, Multivariate analyses, Cohort study

INTRODUCTION

Students have pre-existing beliefs about medical practise and health care when they enrol in medical school. Students who are regarded to have the proper attitudes by medical school admission committees are presumably those who are granted entrance to medical school programmes [1]. Many

medical schools have added specialised courses and experiences to their curricula in an effort to make it easier to maintain and grow professional and personal attitudes important to healthcare. Attitudes matter because they possess a considerable impact upon how a doctor actually performs in practice since they are considered to

balance the link between clinical competence and clinical performance. As a result, some recent assessments of changes to the medical school curriculum have incorporated attitudinal outcome measures, while others have looked at how different curricula affect students' attitudes [2].

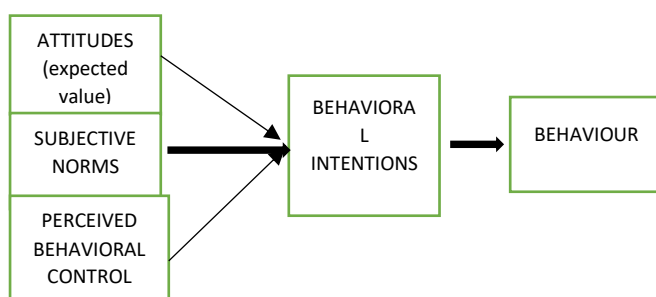
It has been observed that as medical school continues, many students get more pessimistic. This is likely because current medical education places a strong focus on detachment and emotive distance in order to achieve clinical neutrality. This study uses a novel, reliable psychometric instrument created expressly to evaluate affection in medical care circumstances to give empirical evidence that empathy reduces in medical school. To ascertain if the changes are gradual and systematic, it is important to consider how compassion has eroded (as a sign of pessimism) during the duration of graduate and undergraduate medical education. [3].

As soon as a candidate enrolls in medical school, their attitude evaluations start to decrease across a variety of dimensions. While some preclinical years have a decrease in attitude ratings, others see a decline throughout the clerkship. Compared to male students, female students consistently score higher on attitudes. The change in attitude scores may be attributable to arriving students' already favourable views, to the decline of optimism combined with the acceptance of a more realistic perspective on medicine, or to the effects of the unanticipated curriculum [4].

Figure 1: The fundamental connections between the major drivers of behavioural intents, behavioural intentions, and behaviour

Investigations into the attitudes of medical students have produced mixed results. The medical education process can have a detrimental influence on students' attitudes, according to a review of early research on the subject, while other writers have since indicated that good attitudes are retained throughout medical school [5]. Due to the predominance of men in entering courses, there hasn't been much research done on gender variations in attitudes. Though it is now conceivable to compare genders owing to a recent demographic transition in medical schools. For instance, while other researchers who looked into patient-centeredness discovered the opposite—that in terms of attitudes toward patient-centeredness, females reported considerably higher ratings than males—a Dutch school's pilot study on professional attitudes claimed regarding views toward patient-centeredness, gender had no bearing [5].

According to the National Centre for Injury Prevention and Control, intimate partner violence (IPV) is defined as violence that takes place in a close relationship between two individuals (including partners in an erstwhile spouses and current relationships), and it can take four different forms: threats of physical or sexual assault, mental abuse, and sexual assault are all



forms of violence [6]. Students' understanding of intimate partner violence (IPV) may be longitudinally followed after this curriculum inclusion, allowing us to examine how this information is transferred into future practise and/or advancements in theoretical research. The IPV training and instruction provided to nursing students at all educational levels will ultimately prepare them to enter the profession with the skills necessary to stress, put into practise, and spread policies in their academic or clinical workplace contexts. Additionally, this expanded capability will enable better detection and preventive methods, policies, techniques, and strategies, all of which will directly affect the IPV victims' care and treatment [6].

Investigators that have studied study habits commonly utilized self-rating surveys with a diversity of study questions and tended to emphasize on a number of variables considered to be crucial in determining appropriate analysis strategies [7]. For instance, it is asserted that students who are extremely driven to succeed in their studies, possess disciplined study habits, and have a concise action plan typically score well on exams. Individual student's various times of the day to study, but it is generally believed that the Students who plan their work and stay up late tend to perform better academically; they frequently have no trouble focusing for extended amounts of time and prefer a calm and serene study atmosphere [7].

An additional factor that has been researched is exam preparation. Although it is asserted that most students seem to put off revising until the very last minute, individuals that revise at various points during their course perform better

academically. The best pupils are those that understand questions and can complete assignments on time and with effective test strategies. Research studies have demonstrated a very substantial relationship between personality and academic achievement [8]. It has been said that introverts often perform better academically than extroverts. This is typically explained by the fact that extraverts are more inclined to become involved in social activities whereas introverts prefer books to people [8].

The way a student handles challenges including emotional, social, intellectual, and financial difficulties, which have been shown to have an adverse influence on study performance, also depends on his personality. Because studying is the method by which information is learned, as we have already seen, educators frequently view students' study behaviours and attitudes as significant factors in determining whether or not they will succeed or fail in school. As a result, during the past 50 years, research has been done on both the methods and attitudes that students use when approaching their academics [9].

Academic achievement is an important component of the constellation of variables influencing student success. It also has a huge impact on education, especially by serving as a practical method to gauge students' learning progress. Psychologists and academics have employed numerous personality, attitudinal, cognitive styles, and ability measurements to try to understand how pupils differ in how they absorb, retain, and retrieve learning material. Doing their homework, participating fully in class, managing their time, remaining focused, and working hard

are all examples of strong study habits that have a major beneficial impact on students' academic achievement [9].

The main goal of the Medical Skills course is to train doctors who have empathy and are committed to strengthening each patient's physical, mental, emotional, and social well-being. The medical skills course became the first to deliberately educate children to critical attitude issues, such as communication, self-awareness and self-care, relationships between doctors and patients, medical ethics, plus self-care. The clerkship year did not include the Medical Skills course [9].

The relationship between behaviours and attitudes has been attempted to be established. For instance, Novack and colleagues assert that cultivating an optimistic perspective on one's own well-being and self-care will increase a physician's successfulness, and other researchers have offered proof that cultivating a positive outlook on the psycho-social aspects of medicine is capable of connecting to augmented doctor-student information exchange and humanistic during clinical rotations [9].

Further research should follow the same set of students through medical school to further explore whether attitudes may be altered by medical education. This study's objective was to assess how a particular cohort of students' opinions evolved as they moved through medical school. This study examined how attitude scores changed by measuring attitudes at certain training stages (entry, end of preclinical training and end of clerkship). It was intriguing to observe how student gender affected changes in attitude [10].

A thorough examination of study techniques and attitudes is necessary due to the intricacy of study behaviour. It has been established that a variety of factors combine to determine the strategies pupils employ and the attitudes they acquire. The amount of time spent studying was once thought to be one such factor. It was believed that the lengthier a pupil studied, the better his chances of doing well on a test would be [10].

Academic success among pupils is improved by study habits and psychosocial variables. In order to ascertain whether psycho-social factors, such as self-concept, anxiety, home environment, occupational desire, and socio-economic status, have any effects on higher secondary students' study habits and academic performance, the researcher also tries to ascertain whether and to what extent they do [11].

Researchers have shown that a student's motivation level surely affects his study habits and outlook, which in turn affects how well he does academically. It is possible to speculate that students who have well established educational goals would do better in their coursework, according to Weitz, Clarke, and Jones (1955), albeit they did not make the same claim for female students. Weitz and Colver later corroborated this (1959). Hopkins, Malleson, and Sarnoff (1958) found that more unsuccessful children chose their university degrees under parental pressure as contrasted to out of legitimate requirement or aptitude. They discovered that failing pupils often made job selections sooner in life compared to successful students [16].

Many researchers have found the effect of the peer group on different facets of a

person's manner of life to be a relevant research topic, and this is also true of the impact of a student's peer group on his or her study habits and academic achievement. However, a review of the literature reveals that the peer group topic has so many dimensions that there is need for more inquiry, particularly in our own nation where this specific field of study is still very much in its infancy [13]. High achievers are said to study more well when there are no outside distractions; they are the pupils that appreciate solitude and independence in their educational environment. McMullen (1967) looked into the secondary education study environments in several nations and commented on the paramount significance of the independence element. The teacher was simply one of the learning tools available in this instance; intrinsic motivation among the students would result in more fruitful study sessions. It was believed that this method of instruction was superior for students to the pedagogical approach, where the teacher-directed learning environment can become restrictive [14].

Although there is agreement among medical educators on the benefits of empathy in medical-patient interactions and patient outcomes, there is disagreement among them over what exactly constitutes empathy in patient care scenarios. In the arena of health care, empathy is characterized as a psychological trait that encompasses an appreciation of the patient's thoughts and feelings and points of view as a distinctive personality, as well as the capacity to communicate this knowledge to the patient. Empathy is described elsewhere as conceptually complex and multidimensional [15]. Lack of conceptual clarity and an operational

strategy to test the theory in patient care circumstances are obstacles to empirical research on empathy among medical students and professionals. In response to this need, a study approach for evaluating empathy in medical students and practitioners with sufficient psychometric support was developed [16].

The influence of the student's personality on his attitude toward learning and subsequent academic accomplishment is a crucial question that needs to be investigated in this research field. In the literature that has so far been analysed, contributions to this component have already been made, either directly or indirectly. It should go without saying that the qualities of the pupils significantly influenced the conclusions reached in relation to the aforementioned components [5].

IMPACT OF PSYCHO-SOCIAL FACTORS ON RESEARCH TECHNIQUES AND ACADEMIC SUCCESS OF STUDENTS [2]:

- *Influence*: It is the impact of psycho-social elements on higher secondary pupils' study habits and academic performance.
- *Psycho-Social Characters*: Self-concept, anxiety, the family environment, career goals, and socioeconomic position have all been chosen as psycho-social variables in this study.
- *Study habits*: The investigator defines study habits as the tendency of history and vocational group higher secondary students to learn their courses in an organised and effective manner.

- *Academic achievement*: In this study, it refers to the total marks obtained by students during the academic year.

RESEARCH METHODOLOGY

- The Medical Skills course's well doctor component was inspired by the Council of the College of Physicians and Surgeons, Province of Alberta, which had declared a few years before that it would tolerate no patient sexual assault. Professional difficulties were being highlighted by the national and international medical education groups throughout the research.
- *Instruments*: Two instruments were used in the study: The Medical Skills Questionnaire (MSQ), an internal survey, and the Attitudes Toward Social Issues in Medicine (ATSIM) (MSQ). In research on medical education, the ATSIM instrument, created by Parlow and Rothman, is frequently employed as an indicator of attitudes. The 63-item instrument has 7 subscales, although this study particularly focused on 5.
- Students used a 5-point scale to indicate their degree of agreement with various propositions (strongly disagree, disagree, doubtful, strongly agree, and agree). Some things were tallied backwards.
- Three examinations were conducted on a prospectively chosen student cohort (classes 1999–2001): during medical school orientation week, to mark the end of Year 2 and the conclusion of the preclinical component, and once again at the

conclusion of clerkship. The study tried to monitor student perspectives throughout medical school, and it was made clear to the participants that their participation in the study was completely optional. Students were given the choice of adopting a number coding technique that would maintain confidentiality in order to track people's attitude ratings over time.

- Within the first year of the programme, students' attitude scores (the dependent variable) were pooled to create a single cohort. An independent variable was the academic year (entrance, Year 2's end, and the end of the clerkship). A 2-factor analysis of variance (ANOVA) was used to analyse mean total scores, and a multivariate analysis of variance (MANOVA) was used to analyse mean subscale scores. The data from each instrument was analysed independently.
- In order to assess students' knowledge of and attitudes toward IPV as well as the volume, quality, and adequacy of IPV training they had received both before and throughout graduate school, the IPV survey was carried out for the health care students project. The survey also included a category for IPV experience to assess prevalence and acquire baseline data on how much this experience changed students' IPV behaviour or research techniques.

RESULTS

- The two instruments' total data collections from the cohort, including the student gender, varied substantially. The total response rate for the cohort to the ATSIM instrument at the beginning of medical school was 78.1%, 88.4% at the end of Year 2, and 52.5% at the end of clerkship.
- The instrument dependability was evaluated using Cronbach's alpha. Nine total times were spent using the two instruments (3 times in each class). Over the course of the nine administrations, the ATSIM total scores were consistently reliable.
- Females had a greater overall mean than males, according to the gender's main impact.
- The Analysis of Variance of the total mean ATSIM scores showed that both the programme year and gender had a significant main influence. There was no interaction effect.
- Significant findings were observed by using a univariate test on the programme year. Although the ethics, subscales for culture, health, and wellness all had as much as score of 50, there were no discrepancies in the means for the communication and well doctor subscales. The Scheffe' follow-up exam revealed that the mean communication subscale scores at the beginning and end of Year 2 were both considerably higher than the mean score at the conclusion of the clerkship.
- Many graduate nursing students reported having direct knowledge

with IPV. The nursing students acknowledged having been the victim of intimate partner violence, including physical assault, sexual abuse, intimidation, and threats of violence.

Table 1: Male and female Attitudes Toward Social Issues in Medicine subscale mean scores and standard errors

| Gender | Social influence* | Partnership Parameter* | Preventative medicine † | Doctor – patient relations* | Social desirability* |
|--------|-------------------|------------------------|-------------------------|-----------------------------|----------------------|
| Male | 30.43(0.28) | 27.76(0.25) | 32.99(0.27) | 32.42(0.23) | 29.65(0.32) |
| Female | 31.94(0.26) | 29.77(0.23) | 33.94(0.24) | 34.35(0.24) | 31.67(0.25) |

CONCLUSION

It is thus concluded that this cohort research on medical student attitude change found indication of a decrease in attitude ratings as medical students advanced through the program. The conclusion of preclinical training indicated a substantial fall on three attitude subscales, the conclusion of the scores on three more subscales were considerably lower throughout the clerkship related to attitude. This research also found that female students' attitude scores were considerably higher than male

students' on all measures. Also, the students' academic performance and study habits are influenced by their socioeconomic level. The pupils should receive psychological counselling and treatment in order to get over their inferiority complex concerning their socioeconomic level.

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