

Comparison of Communication Apprehension in Islamic Azad University Tehran Medical Branch Students

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Abstract:

Introduction: For some people the thought of communicating makes anxiety, these people suffering from communication apprehension. Studies showed 1.5persons-20%of all college students is communication apprehensive. Medical group students should be experience communicate but they may experience loss of external control and meet an increase in anxiety. **Method:** Two hundred second

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year female medical and nursing students participated in the study, Data collected in four classrooms. Participants took 15 minutes to complete the Personal Reporting Communication Apprehension (PRCA) 24 items Likert-type and demographic data questioner. **Results:** Results shows 61.5% of all students had average CA ,and no significant difference in mean of PRCA scores between nursing and medical students($t=0.497, p= 0.639$). Also the students that their father's job was military had higher CA ($F=3.748, p=0.006$). Of four subgroups ,the particular interest was father's job demonstrated higher mean score specially in group discussion ($p,0.05$) and the results shows students of townships had more CA($p=0.058$). **Conclusion:** It is apparent that communication apprehension should be considered as an important problem. Important point of the study is students courses are in one filed and also both of them were female who felt same communication apprehension. Those students in military families experiences high rates of mental and related problems. When students separate from their family and go to another city for education and living alone, make themselves anxious. It is well known if health workers have a good communication they will be success in their job, and CA can be an avoiding factor for them.

Key words: Communication apprehension, student.

Introduction

Everyone enjoys a discussion with others but for some people the thought of communicating with other makes anxiety that can significantly harm their life, happiness and self esteem, these people suffering from communication apprehension. Communication apprehension (CA) is the fear or anxiety associated with either real or anticipated communication to another person. Communication-apprehensive people may be labeled shy by others around them. CA is the most common of all other phobias (Morreale, Hugenberg & Worley 2006). CA is the most studied concept in the field of communication studies (McCroskey 2005). Communication apprehension is the term

that refers to an individual's "fear or anxiety associated with either real or anticipated communication with other persons (McCroskey 2001). Communication apprehension is rooted in our minds, if we understand more about the nature of the body's responses to stress; we can better develop mechanisms for managing ourselves to help us cope with fear of social judgment.

Studies showed that 11% of elementary school children suffer from CA, it is estimated that 20% of children suffer from anxiety during their social situations and about one of every five persons-20% of all college students is communication apprehensive (Harris, Sawyer & Behnke 2006). The most obvious effects of communication apprehension are internal discomfort and communication disruption. People experience communication apprehension internally. While some individuals may experience communication apprehension to greater or lesser degrees than other individuals, or only with certain people or in certain situations, the one thing that people share when they agree about communicating is an internally experienced feeling. People tend to differ in individual responses to communication apprehension. Some cope it well and can communicate effectively. However, most people who experience communication apprehension, particularly high levels of it, communication are a problem for them. Three typical response patterns emerge when communication apprehension is experienced, communication avoidance, withdrawal, and disruption (Scott & Timmerman 2005; Sawyer & Behnke 2002). When student is continuously denied the opportunity to speak, it is unfamiliar apprehension that can be seen in all classrooms. CA's Students become shy and unwilling to speak up because the entire experience of speaking in this situation is new. Many college and high school students suffer from CA. This fear can also be triggered when faced with a situation in which a parent was over-dominant or they have a mother or father that never let them speak in social

situations (McCroskey 1982). A bad relationship, poor self image, history of abuse, stress and many other factors can change someone overall attitude towards life which may directly impede her/his overall performance. Such tendencies are deep-rooted in mind and nurtured by excessive negative emotions (McCroskey, Gudykunst & Nishida 1999). The communication apprehension among students are increasingly reported, some studies show that medical students face unique academic challenges that make them more vulnerable to fear and apprehension than other students (McCroskey 1982; McCroskey & McCroskey 2002). The challenges of medical group students include hardness of educational program interaction with patients, dying and other bad experience .A medical doctor student and a nurse student should be experience communicate. Interaction with others is an important communication's skills, a doctor and a nurse even when she/he is student must know many things about effective communication and they should be able to communicate in public context like education, counseling, meeting and etc (Stucky et al. 2009). During the transition from university to the hospital the students may experience a loss of external control and meet an increase in anxiety and apprehension signs and symptoms. Evidence of this apprehension isn't only present in student's oral communication but also in their knowledge, attitudes, behaviors and capacity or learning (Zhang 2005; Ahmadi et al. 2008). Researcher found that as an employee's level of CA rose, their level of job satisfaction fell, also as an employee's level of CA went up, so did their level of situational apprehension (Leininger 2004). Also many students have CA in classroom, they have fear in only of performance event like public speaking, an event where they will be judged and evaluated (Addison et al. 2003).Freiermuth & Jarrell (2006) found that there are a linear relationship between students self perceived communication competence and lecturer's evaluation meaning when they are more confidence on their competence,

their performance in the presentation is better (Williams et al 2001). Kollburan (2010) found the Students of education and medicine faculties had higher levels of CA from public and private universities (Williams et al. 2001). In short, as in the school setting and social environments, life at work seems much more difficult for persons with CA than others that they have less communication apprehension.

Method

Two hundred full-time undergraduate students from Medical Branch of Azad University participated in the study, all of them were female in two groups. 100(50%) were from medical university and 100(50%) were from nursing university, all samples were second year students.

Data were collected of communication course at two universities, the course emphasized on all kinds of communication skills necessary in the field of medical and nursing. The students do lectures, group discussion ,oral presentation, participate in interpersonal conversations and speaking in public groups for education. Data collection occurred in four classrooms in middle of term to allow stabilization in class. Participants took approximately 15 minutes to complete Personal Reporting Communication Apprehension and demographic data questioner. Participants who didn't complete questioner were excluded from study .Questioners were conducted by approval of the university ethical committee.

The measures for this study were two survey instruments, first the personal report of communication apprehension (PRCA) was used to assess participant CA .The PRCA uses 24 items Likert-type questions to measure CA in group discussion, public speaking, meeting and interpersonal communication contexts. The four subscales of the PRCA can be used independently, however PRCA can also be used as

summative measure.

Scores on the PRCA 24 scale should range between 24 and 120. The higher a person score on the PRCA (80-120), more apprehension that person generally feels about communicating, scores range from 50-80 called the normal range of CA. The scores between 24-50 means the person is among those people who experience the least communication apprehension. The Cranach's α coefficient value of this research instrument was 0.87. Second questioner determined factors that affect on CA, it was containing several questions such as educational course, family live place, mother and father's job.

Data were computed by using SPSS version 18. and the differences and associations of dependent variables (overall PRCA and its sub-groups) with dependents variables (educational course, family live place, mother's job and father's job) were analyzed by student's t-test, one-way ANOVA, chi-square and Leven's test.

Results

Two hundred female students participated in this study, 100(50%) were from nursing university, and 100(50%) students were from medical university. The average age was 20.23 ± 2.38 years, 11.5% married and only 8.0% of them had job. Data obtained were initially analyzed and with smaller values than 0.005 were identified of dependent variables. The study respondents constitute nursing and medical students, regarding student's demographic results vary across the studies. Table 1 shows the descriptive presentation of study. The principle goal of this descriptive analytic study was to determine which educational course experience more communication apprehension. Results shows no statistically significant difference in the mean of PRCA scores between nursing and medical students ($t=0.497$, $p= 0.639$). The data indicate CA in both students is the same. Williams et al (2001) found medical

students to be more willing to communicate and less anxious about communication than other college students ($p=0.01$) (Williams et al. 2001). Ahmed (2009) found there was a significant result in anxiety among medical students, also Medical students and practicing physicians, in comparison with the general population and that of other professions, are exposed to academic and professional apprehension and stress (Ahmed, Banu, Al-Fageer, Al-Suwaidi 2009). Elgliany et al (2008) showed medical students significantly less stressed and anxious than law students ($p<0.001$) (El-Gilany 2008).

The second goal of study was to determine influence's of father's job in student's CA. The students that their father's job was military had higher communication apprehension levels than others ($F=3.748$, $p=0.006$). Many researches showed the people with military job have protective family and students from protective and laissez-faire families have higher level of CA than those from other families (Huang, Yuan 2010; Huang 1999). The result of this research is in agreement with El-Gilany et al (2008) who indicated that many environmental problems like father independent protective and low family income are influences factors in students' apprehension (El-Gilany 2008). Abdulghani (2010) found main sources of stress were studied followed by home environment ($p<0.001$) (Abdulghani 2008). Research shows that Military children are very resilient, however at times; even the most resilient child may need some help. In a recent study at the Uniformed Services University of the Health Sciences the study found children of active-duty military personnel make 18 percent more trips to the doctor for behavioral problems and 19 percent more visits for stress disorders (Alley-Young 2005). Students of military families were found to have a higher prevalence of emotional and behavioral difficulties than others in the general population (Kim 2008).

Of the four subgroups, the particular interest was father's job demonstrated a higher mean score specially in

group discussion in students with father's military job (p,0.05),these scores consisted of group discussion 18.84,meeting 18.68,interpersonal 18.21 and public speaking 17.47 in students with father's military job (Figure 1),on the other hand students with unemployed 's father held lower mean score in all CA subgroup, these scores included in group discussion 13.29, meeting 13.29, interpersonal 13.41 and public speaking 13.65. Leven's test shows variances are equal and analyze variance test shows overall score in subgroups are significant (F=3.748, p<0.01), for determination of differences we used Sheffe test (table 2). Nieni et al. in his study found one of the parents of students had overly critical behavior and 48%indicated that they hadn't lacked for good public speaking models (p=0.05) (Nani and Sylvia 2004).

Also, regarding student's demographic information the results show no statistically significant difference in the mean PRCA scores between students family live place (t=-2.44,p=0.240)but Leven's test shows that the students of townships had more CA (p=0.058),on the other hand we can say the students that live in Tehran experience less communication apprehension (Table 3).The result of this research is in agreement with Harmer (1991) who indicated the effect of place of living variable(p=0.05),on the other hand this result isn't in agreement with Thaher (2004) who shows that there aren't significant difference in the students response's toward communication apprehension in students classroom due to live place variable(0=0.001) (Harmer 1991; Thaher 2004).

Communication context	Mean ± SD
Overall PRCA Score	60.59 ± 16.74
Level of PRCA(%)	
a-Low CA	53(26.5%)
b-Average CA	123(61.5%)
c-High CA	24(12%)

Characteristics	Overall PRCA Score		Sig
	Mean Score		
Educational course			
a-Nursing	61.18±16.99		
b-Medical	60.00±16.55	t=0.497	0.639
Father's Job			
a-Worker	60.73±15.99		
b-Employee	59.48±15.60		
c-Unemployed	53.64±15.38	f=3.748	0.006
d-Military	73.21±21.03		
e-Doctor	60.06±16.39		
Family live place			
a-Tehran(capital city)	59.05±16.97	t=2.44	0.240
b-Other cities	65.88±14.92		
PRCA			
a-Group Discussion	15.27±4.57	t=47.246	0.001
b-Meeting	15.14±4.86	t=44.059	0.001
c-Interpersonal	14.84±4.55	t=46.133	0.001
d-Public Speaking	15.30±5.19	t=41.676	0.001

Table 1: Study's Variables

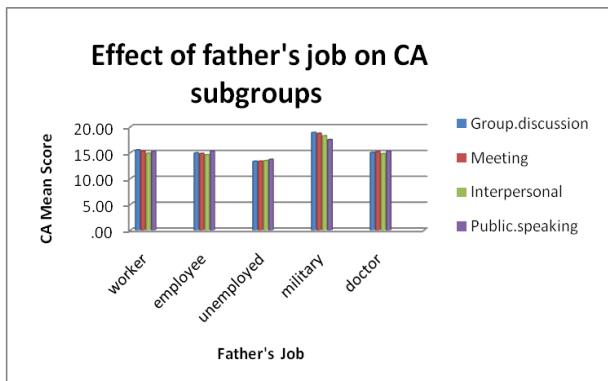


Figure1. Father's job and CA subgroups

	Employee	Unemployed	Military	Doctor
Employee	_____	5.83	13.72*	0.5
Unemployed		_____	19.6*	6.4
Military			_____	13.14
Doctor				_____

Table2. Father’s job

Family live place (Tehran, other cities)	Group. discussion	Meeting	Interpersonal	Public. speaking
Tehran	Mean	15.08	14.77	14.41
	Std.	4.690	5.070	4.247
	Deviation			
Other cities	Mean	15.93	16.42	16.49
	Std.	4.114	3.841	5.242
	Deviation			
Total	Mean	15.27	15.15	14.88
	Std.	4.571	4.861	4.560
	Deviation			

Table 3: Family live places and CA subgroups

Discussion and Conclusion

The result of this study has shown that PRCA are important predictor of communication apprehension in nursing and medical university students and subgroup of PRCA total scores confirms the expectation that it is a natural predictor of CA in students, which is a specific kind of general communication apprehension .It is apparent from the findings of this study (mean PRCA score, 60.59±16.74) and related studies, that communication apprehension should be considered as an important problem ,the study suggests that 61.5% of all students of this study had average communication apprehension ,Thus as the results shows CA does exist among the students but at moderate level. The result of this research is in agreement with P’Rayan et al. (2008) who indicated that

most of students in his study (44%) had moderate CA (P'Rayan & Shetty 2008). Our results support those of Sarriff et al. study that indicate most students (73.1%) had moderate communication apprehension. Between 60 - 70 percent of all persons who have completed PRCA scale have scores ranging from 50 to 80 (Sarriff and Gillani 2011). This is called the "normal" range and that person's level of communication apprehension is similar to that of most people (Wrench, Brogan, McCroskey, & Jowi 2005). People in the "normal" range tend to respond quite differently in different situations. They may be very tense in one situation, but quite comfort in another situation (McCroskey 2005). Also the data indicated 12%of students had high CA and 26.5%of all students had low communication apprehension, if one's score is between 24 and 50, that person is among those people who experience the least communication apprehension. This individual is suitable to be higher talkers and may actively seek out opportunities to interact. Very few, if any, communication situations cause this person to be apprehensive or anxious (Wrench, Brogan, McCroskey, & Jowi 2005).

If the score falls between 80 and 120, person is among those who experience most communication apprehension. This person is likely a low talker, one who actively avoids many communication situations because he or she feels much anxiety and tension in those situations (Yang 2008).

Individuals with scores in "low" (below 50) and "high" (above 80) ranges tend to respond to most communication situations in same way. Researchers consider both extremes to be abnormal. The "low" communication-apprehensive person is considered abnormal because this person is unlikely to feel any fear or anxiety about communicating, even in situations in which he or she should be anxious (e.g. for the first job interview). Although it is often an advantage, person who experiences no fear usually makes poor decisions about when to communicate and when not to communicate. The "high"

communication-apprehensive person is considered abnormal because they usually experiences fear and anxiety about communicating. Such people are likely to avoid communication in many, even most, situations. A common example is student who never participates in class discussion even when participation is criterion for a higher grade (Stucky et al. 2009).

The principle goal of this descriptive analytic study was to determine which educational course experience more communication apprehension .Results shows no significant difference in the mean of PRCA scores between nursing and medical students($t=0.497$, $p=0.639$). The data indicate CA in both students is same. The results are in disagreement with those of Lang et al(1998) study, in that, they found medical students to be more willing to communicate and less anxious about communication than other college students($p=0.01$) (Lang 1998). Also our finding don't support Ahmed (2009) study that found a significant result in anxiety and apprehension among medical students and practicing physicians, in comparison with general population and that of other professions, are exposed to academic and professional apprehension and stress(Ahmed et al 2009). Also our results provide no evidence for those like El-Gliany et al (2008)that showed medical students significantly less apprehensive and anxious than law students($p<0.001$) (El-Gilany 2008). One possible explanation for this discrepancy is that both courses are in one filed and also this difference may be due to fact that both students were female who felt same communication apprehension.

One interesting finding was that the student's communication apprehension with military fathers was more than others .This may be defined by the fact that the students in military families experiences high rates of mental and related problems. Military life can be a source of psychological stress for children and also the students in military families experience worrying, hiding emotions, feeling sense of loss and symptoms consistent with depression and apprehension.

Children of military parents are at risk for range of adverse mood and behavioral changes like anger, apathy, anxiety, depression, withdrawal, decline in school performance, lose of interest in normal activities and social isolation (Huang 1999; Huang, Yuan 2010; Laurilla 2007).

Another purpose of the study was to determine differences of CA in the Tehran and other cities. The results show that students of townships had more CA; on the other hand we can say students that live in Tehran experience less communication apprehension.

The findings provide more evidence for the other studies like Harmer (1991) research who indicated the effect of place of living variable on CA($p=0.05$) (Harmer 1991). Yet, our results provide no evidence for those of who shows that there aren't significant difference in the students response's toward communication apprehension in students classroom due to live place variable (Thaher, Muna 2004). On the other hand which has also been observed in the previous studies there is significant difference between at risk students and unusually high fear of communication (Spiegel, 2011). One possible explanation for this discrepancy is that when students separate from their family and go to another city for education and living alone, make themselves anxious (Frantz, Marlow, Wathen 2005).

Despite the encouraging findings, this study does have some limitations that include the samples; they were females, so results are just for females. Another limitation of the research is the narrow population sampled, participants were undergraduate students our suggestion is that the other researcher select graduated students. Also we use the students that they were second year, we recommend future studies using a larger sample to investigate the differences between juniors and seniors. Also variables like type of university, being student from nursing and medical university, age of students were the study limitations.

The effective communicator is one who knows when to talk, when to be silent, and what are appropriate responses to communications from others. Although some individuals desire to communicate and see importance of doing so, they may be impeded by their fear, apprehension or anxiety. People who do not have and don't know appropriate communication skills may also develop their communication apprehension. For medicines and nurses affective communication skills are the most important part of their job and their life and also they always interact with patients and others. It is well known if health workers have good communication they will be success in their job and CA can be an avoiding factor for them.

This study draws into the communication apprehension in nursing and medical students and hence point out to four general finding. First, it is determine which educational course experience more communication apprehension. Results shows no significant difference between nursing and medical students. Lang et al. (1998) and Elgliany et al. (2008) showed medical students were less stressed and anxious than other students (Lang 1998; El-Gilany 2008).

The second finding shows that CA in students with father's military job is more than others. Many researches showed the person with military job have a higher level of CA than those others (Huang 2010). The result of this research is in agreement with Elgilang et al. (2008) and Abdulghani (2008) who indicated that many environmental problems like father independent protective and home environment are influences factors in students apprehension and students of military families were found to have higher prevalence of emotional and behavioral difficulties than others in general population (Abdulghani 2008; Ahmed et al. 2009).

The third finding based on the father's job demonstrated a higher mean score especially in group discussion in students with father's military job. Nieni (2009) in his study found, one of the parents of students had overly critical behavior and

48% indicated that they hadn't lacked for good public speaking models. This may be defined by the fact that the students in military, families experience high level of stress, depression and apprehension and they are social isolation (Leininger 2004).

It is evident from the fourth finding that the students of townships had more communication apprehension and we can say the students that live in capital city of Iran with their family experience less communication apprehension. The result is in agreement with Harmer (1991) research that indicated the effect of place of living variable on CA (Harmer 1991). And the result isn't in agreement with Thaher (2004) study that communication apprehension in students had no significant difference with family live place (Thaher 2004).

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