ORAL COMMUNICATION APPREHENSION AMONG FRESHMEN: A CASE IN THE FACULTY OF MEDICINE

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ABSTRACT

It is integral that future medical practitioners are adept with high communicative competence as they will be required to provide high levels of communication services to their profession. There are various factors that influence the development of oral communicative competence. One of the factors that hinder the development is oral communication apprehension (OCA). Although globally there is a wealth of research in the field of OCA, no studies have yet been conducted on the oral communication apprehension of medical undergraduates in the context of Sri Lanka. Therefore, this first ever study in Sri Lanka attempts to identify if oral communication apprehension exists among freshmen in the Faculty of Medicine, University of Jaffna. The study was conducted via a random selection of 24 freshmen (23% of the population) from the Faculty of Medicine. Based on a mixed method approach, a scale- Personal Report of Communication Apprehension (PRCA-24) as well as semi structured interviews were employed to collect data. Findings reveal that OCA exists at a moderate level. Further, the study also indicates that OCA is higher among females in comparison to males and among Tamil L1 participants compared to Sinhala L1 participants. The findings would provide English language instructors with an understanding on how to design the curriculum, develop the freshmen’s confidence in oral communication and reduce their OCA.

KEYWORDS: oral communication apprehension, communicative competence, freshmen, medical undergraduates, pedagogical intervention
1.0 INTRODUCTION

The importance of English as the link language and as the main means of communication has been increasingly felt in almost all the fields of study. Its monumental role is evidenced in the field of medical science where English is the basic tool for communication (Milosavljevic & Antic, 2015). Rodrigo (2015) also asserts that English is acknowledged by scholars as the international language for academic and scientific exchange. As for many non-native English-speaking scholars the act of communicating in English to disseminate knowledge has been a gruesome waddle.

Undergraduates who pass out from universities in different fields are required to be communicatively competent in order to be successful in their workplace tasks. (Charlesworth 2008). Research on communication skills training indicates that a physician with good communication skills is liable to improve physician-patient relationship as well as his professional satisfaction, achievement, and confidence (Lewis et al., 2012) as he would be able to improve his academic performance and professional competence further. At this juncture, it is noteworthy to emphasize on the expectations of employers who price excellent oral communication skills as employees are expected to interact efficiently and productively within, and for organizations. Since this is the global trend today, it is critically important for medical students to be competent in oral communication.

Freshmen who are non-native speakers of English are required to deliver formal morning reports and research presentations besides having to present cases to their supervisors or physicians at the faculty or hospitals and even discuss treatment plans with the patients’ families. Nonetheless, case presentations can be very challenging and complex tasks for the non-native freshmen as they are bound to meet the expectations of the attending physicians (Tipton, 2005). Additionally, developing the oral communicative competence of the freshmen is also an uphill task for the language instructors as various factors hinder the freshmen’s acquisition of oral communication competence. Needless to say it is a fact that various factors, encompassing social and cultural restrictions hinder the acquisition of oral communicative competence.
2.0 LITERATURE REVIEW

Among the many factors that influence the oral communicative competence include shyness, stage fright, reticence, anxiety and apprehension. Zimbardo (1977) who views shyness primarily from a cognitive orientation elaborates that it is a fuzzy concept and a feeling of discomfort in a variety of communicative situations which manifests in oral communication problems and poor verbal skills. Zimbardo adds that some individuals are generally shy whilst some experience situational shyness.

Goldman and Lehrer (1986) resonate that stage fright happens due to fearfulness, poor concentration problems and a judgmental attitude towards problems. It has been suggested that stage fright can be eliminated via practice and preparation. Reticence is a popular term in the scholarly field of interpersonal communication. According to Philips (1980), reticent is a condition when people avoid communication due to their belief that they would lose more when they talk, hence they opt to remain silent. Several reasons that cause students to become reticent include fear of being ridiculed for mistakes made, lack of English proficiency, self-confidence and familiarity with the culture and norms of English conversation.

Petry (2016) stresses that knowledge about anxiety and its manifestation leads to an in-depth and richer understanding of communication apprehension. Anxiety is indeed a complex phenomenon which could be real or imagined when an individual is in danger of being threatened. Its three components include cognitive, physiological and behavioral. Horowitz (2002) adds that the cognitive aspect involves a sense of uneasiness or dread felt due to negative perceptions about events that happen. The physiological response includes changes in the neural chemistry due to a state of shock. As for the behavioral response, it often arises in emergency fight or flight reactions.

The type of anxiety that are related to communication apprehension include state anxiety and trait anxiety. State anxiety is experienced by an individual in any or all the cognitive, physiological or behavioral anxiety components. For example, state anxiety is experienced during public speaking or certain conversations or performances. Trait anxiety includes an individual’s typical level of anxiety which is experienced internally irrespective of threatening environments.
2.1 Oral Communication Apprehension

McCroskey (1970) who is known as the father of communication apprehension introduced OCA in 1970 as a broadly based anxiety related to oral communication. Later, he modified the definition of communication apprehension as an individual’s level of fear or anxiety associated with either real or anticipated communication with another person or persons. Then, Horowitz (2002) expanded McCroskey’s definition of communication apprehension as anxiety or fear faced by an individual while communicating in a group or person and that affects the individual’s oral communication, social skills and self-esteem.

OCA consists of four different subcategories that include trait-like, context-based, audience-based and situational CA (McCroskey & Richmond, 1995). The Personal Report of Communication Apprehension (PRCA-24) of McCroskey and Richmond (1995) is frequently used by researchers to measure the Trait-like CA which is synonymous with personality and its variables hardly change. Context-based CA which is an enduring personality-type is in fact orientated towards communication in a specific context (McCroskey and Richmond, 1995). This type of CA differs according to the context and an individual who has high context-based CA in the classroom may end up having low context-based CA in the playground while he is mingling with his peers. McCroskey and Richmond (1995) state that this CA may be as high as 70 percent.

McCroskey and Richmond (1995) express that audience-based CA is also an enduring type of CA which is orientated towards communication with a specific individual or a group of individuals. To explain further, in the Tamil culture in Sri Lanka, for a daughter-in-law, the audience-based CA is higher when she speaks to her father-in-law in comparison to her mother-in-law. Hence, the audience-based CA is not personality based, but rather a response to situational constraints created by the other person or group. McCroskey and Richmond (1995) further elaborate that situational CA is a transitory orientation towards communication with a specific individual or a group of individuals. It is further explained that this kind of apprehension is a passing sensation that arises based on the combinations of people (or groups of people) available and situations that arise. Like context-based CA and audience-based CA, situational CA is also not personality based.
2.2 Impacts of OCA

CA affects the performance of students and teachers as well. A general decision that can be made from the above discussion is that CA affects the communicative ability of the learners. However, there are other impacts of CA. Students with a high CA will try to avoid communicative situations or may either give minimal response and may even choose to withdraw from communicating altogether.

2.3 Previous studies on OCA

A dearth of studies have been conducted in the past about OCA among learners, especially L2 learners and the issues in relation to it. Frantz et al. (2005) examined the differences in OCA in terms of learners’ gender. In this study, the PRCA completed by the learners reveals that females have a statistically significant higher level of OCA. Recent studies, example by Nayeem et al. (2015) who analyzed OCA among learners in different years of pharmacy also reveals that female students have a higher degree of OCA in comparison to male students. Besides gender, Nayeem et al. (2015) study also implies that factors like age and year of study contributes to OCA.

Liu (2006) conducted a study on anxiety in Chinese undergraduate non-English majors at three different proficiency levels employing different methods such as survey, observations, reflective journals, and interviews. The findings of this study reveals that there is a negative correlation between anxiety and proficiency. In contrary to Liu’s study, Shameem Rafik-Galea and Siti Yasmin (2006) reveal in their study that more than half of their subjects had anxiety in relation to the use of English as a result of poor proficiency. This study also indicates that personality trait is one of the main factors of OCA.

Indra Devi and Feroz (2008) conducted a study with 32 Special Semester undergraduates of the Electrical Engineering Faculty in UTeM in Malaysia to find out if communication apprehension existed among electrical engineering students, and the correlation between communication apprehension and performance in the oral presentation skills. They found that the participants had a moderate amount of communication apprehension and students who were more confident of their communicative competence revealed lower levels of OCA, and hence performed better in class presentations.
Amogne and Yigzaw (2012) investigated if OCA existed among maritime engineering trainees in Bahir Dar University, Ethiopia. In this study, the students indicated that they were generally apprehensive in EFL oral communication. The participants showed the highest apprehension to public speaking. It was also found that communication apprehension was negatively correlated with performance.

A research by Patil and Tripti (2012) on 100 engineering students at the Faculty of Engineering in Western Maharashtra indicates that majority of the learners who participated in the study perceived themselves to have high communication apprehension and only 9% perceived to have low communication apprehension while communicating in English. 43% students had moderate communication apprehension. It is also indicated that they were more apprehensive during oral presentations and speech in comparison to group discussion.

All the studies above draw attention to the factors that influence the levels of OCA among learners in various fields. Hence, the present study investigates on the issue of OCA among freshmen at the Faculty of Medicine.

2.4 **Objectives of the Study**

The aim of the study is to:

1. To identify whether oral communication apprehension exists among freshmen of the Faculty of Medicine, its level and whether it differs in terms of gender and participants with different first language (L1).

2. To determine if there is a correlation between the freshmen’s oral communication apprehension and their performance in the oral examination.
3.0 METHODOLOGY

A mixed method approach was employed where both qualitative and quantitative methods of analyses were done. For quantitative data collection McCroskey’s (1984) Personal Report of Communication Apprehension (PRCA 24) which has been used by researchers to measure communication apprehension in an individual, was used and for qualitative data semi structured interviews were employed.

Twenty four freshmen from the Faculty of Medicine took part in the study. Of the 24, 15 were females and 9 were males. 50% of the participants had Tamil as their L1 and the other half Sinhala. All the participants are of the same age. McCroskey’s (1984) Personal Report of Communication Apprehension (PRCA 24) which was used to measure students’ oral communication apprehension comprise 24 items measuring oral communication apprehension. This instrument is the latest version for assessing Personal Report of Communication Apprehension (PRCA-24) (McCroskey, 1984). The items are statements aiming to assess a person’s reactions to communicating in four different settings (dyad, group, meeting and public speaking) and this instrument has been validated to have a high level of reliability (Cronbach alpha > 0.90).

The PRCA-24 contains 24 items designed to assess an individual’s level of apprehension regarding communication in four speaking contexts – dyad, small group, meeting, and public– and is a Likert-type self-report measure. The PRCA-24 offers various advantages in terms of ease of use and low cost. Besides its high reliability, it is also handy in assessing anxiety response across various communication contexts. The PRCA-24 was selected because it is one of the most widely used measures of communication apprehension and due to its well established reliability and validity rates. Semi-structured interviews were conducted with a limited number of 11 participants. The PRCA results were compared with the grades obtained in the oral examination.
4.0 FINDINGS AND DISCUSSION

The results were quantified as per McCroskey’s and analysed to calculate the OCA for each of the components: dyad, small group, meeting, and public speaking. Further, the overall OCA for all participants and for gender-wise and L1-wise OCA was also calculated. Table 1 below summarizes the results.

<table>
<thead>
<tr>
<th>Type of oral communication</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCA in dyadic conversation</td>
<td>24</td>
<td>7</td>
<td>23</td>
<td>14.13</td>
<td>4.10</td>
</tr>
<tr>
<td>OCA in small group discussion</td>
<td>24</td>
<td>8</td>
<td>23</td>
<td>15.61</td>
<td>5.26</td>
</tr>
<tr>
<td>OCA in meeting</td>
<td>24</td>
<td>9</td>
<td>23</td>
<td>16.74</td>
<td>5.67</td>
</tr>
<tr>
<td>OCA in public speaking</td>
<td>24</td>
<td>10</td>
<td>23</td>
<td>17.01</td>
<td>5.92</td>
</tr>
<tr>
<td>Overall OCA level Females</td>
<td>15</td>
<td>31</td>
<td>94</td>
<td>69.3</td>
<td>12.34</td>
</tr>
<tr>
<td>Overall OCA level Males</td>
<td>9</td>
<td>27</td>
<td>81</td>
<td>57.06</td>
<td>11.07</td>
</tr>
<tr>
<td>Overall OCA level Tamil L1</td>
<td>12</td>
<td>32</td>
<td>96</td>
<td>71.34</td>
<td>13.04</td>
</tr>
<tr>
<td>Overall OCA level Sinhala L1</td>
<td>12</td>
<td>27</td>
<td>79</td>
<td>56.32</td>
<td>11.46</td>
</tr>
<tr>
<td>Overall OCA level All Participants</td>
<td>24</td>
<td>27</td>
<td>81</td>
<td>61.92</td>
<td>13.06</td>
</tr>
</tbody>
</table>

Table 1 shows that the mean OCA of all the participants for dyadic conversation, small group discussion, meeting and public speaking as 14.13, 15.61, 16.74, 17.01 respectively. It also shows that the mean overall OCA level of females and that of males are 69.3 and 57.06 respectively, whereas the mean overall OCA level based on the L1 are 71.34 and 56.32 for Tamil and Sinhala L1 respectively. The overall mean OCA of all the participants is 61.92.
Table 2: Results of Independent Samples t-tests

<table>
<thead>
<tr>
<th></th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pair 1 Males/Females</td>
<td>.028*</td>
</tr>
<tr>
<td>Pair 2 Tamil L1/Sinhala L1</td>
<td>.013*</td>
</tr>
</tbody>
</table>

* at p< .05

Based on the results of the interview, it is evident that 90.9% of the participants could not speak well due to fear, while 45.45% of the participants indicate that the evaluative classroom setting was stressful. Irregular grammar rules and vocabulary and pronunciation were mentioned by 72.72% whereas 54.55% stated poor educational and economic background and limited exposure to L2 as reasons for OCA. Fear was brought in different ways as one of the factors that contribute to the OCA. 63.63% said their vision became blurred and they trembled while 54.63% mentioned the presence of even a few people made them tremble. 90.9% of the interviewees said that their hearts beat fast, hands sweat and shook and they felt falling sick. 81.81% of the participants revealed that they were alright until the previous day but on the day of presentation they began to shake. 63.63% revealed that they got upset and afraid once they were required to stand up in front of the examiners. These students said that they would have done better if the same lecturer who had taught them was included in the panel of examiners.

Out of the Sinhala L1 interviewees, it was evident that 75% were apprehensive whereas it was 85.71% among the Tamil L1 interviewees. The interview also revealed that 83.33% of the females and 60% of the males were apprehensive. The Pearson’s correlation coefficient between the overall OCA level of all participants and the grades achieved by the participants was - .361 (r = - .361).

As we can see from Table 1 the mean OCA increases when students move from dyadic through small group and meeting to public speaking. The overall mean OCA of all the participants is 61.92 which is medium in McCroskey’s terms (<55=low; 55-83= medium; >83=high). The overall mean OCA of all the female participants is also medium (69.3) and the overall mean OCA of all the male participants is also medium (57.06). The results of the t-test reveals that the difference between the male and the female is statistically significant .028 at P<.05 (Table 2). A similar tendency is revealed between the overall mean OCA of all the Tamil L1 participants (71.34) and the Sinhala L1 (56.32) participants.
The t-test result indicate the difference as .013 at P<.05 which is statistically significant too.

In relation to Research Objective 1, the study reveals that OCA does exist among the freshmen of the Faculty of Medicine and at a moderate level. It is medium in McCroskey’s terms. It is also indicated that there is difference between the OCA of males and females and the difference is statistically significant as shown by the results of the t-test. Next, the findings indicate that there is a difference between the OCA of Tamil L1 participants and Sinhala L1 participants and the difference is statistically significant too.

The qualitative data also reveals that OCA does exist among the participants and it is higher in female participants in comparison to males. The findings of the quantitative analysis that OCA is higher in females and Tamil L1 participants were also confirmed through the triangulation of qualitative data.

The Pearson's correlation between the overall OCA level of all participants and the grades achieved by the participants was (r = .361). This is indicative of the fact that there is a relation between the OCA and the performance of the participants in the oral examinations. However, the relationship is negatively correlated, meaning that the higher the OCA, the lower the grade attained in the oral examination. This implies that the presence of OCA results in a negative impact as it reduces the performance of the learners.

5.0 CONCLUSION AND RECOMMENDATION

As the present study reveals that OCA exists moderately among the freshmen of the Medical Faculty, it is vital to note that appropriate measures need to be taken to reduce OCA problems right from the initial stages. Tom et al. (2013) who conducted a study on OCA among pre-university students too advocate that this issue need to be addressed at the beginner level of English language classes with training on basic presentation skills, verbal and non-verbal communication skills as well as fun-speaking activities which would reduce the levels of OCA.

Besides, the present study reveals that female students have a higher level of OCA in comparison to their male counterparts. This finding concurs with
Nayeem et al. (2015) and Shaharuddin et al. (2015) whose studies advocate that females are prone to a higher degree of OCA. This could be due to differences in women's brain chemistry and hormonal fluctuations as elucidated by Remes (2016) who stresses that women suffer twice more than men in terms of anxiety. This factor should be taken into consideration by language instructors and thus female students could be given additional attention and consideration when they are required to communicate publicly.

Most importantly, Tamil L1 learners should be given extra care to overcome their OCA. Their higher levels of OCA could be due to their cultural background as the Tamils who comprise of both Muslim and Tamil ethnicities use Tamil as their medium of communication and according to Wijeratne and Pilimatalawwa (2015), they do exhibit fear in terms of integrating and assimilating themselves with the L2. This is also consistent with Khan et al. (2009) who tout that apart from the learner, cultural or social factors do influence the OCA in a learner.

The above-mentioned issues could be handled via pedagogical interventions. Instructors could conduct skills training and actual public speaking sessions in classes. Providing learning that supports a positive environment is also important in handling OCA. This can be done by providing a rich context which supports interpersonal dyadic conversation, group discussion, and simulations of public speaking, as well as by rewarding students for even small improvements. Besides, classroom pedagogy should be centered on learners as agents in their own learning process. This calls for the inclusion of new communication technologies which would enable learners to explore various modes to make meanings. According to Indra Devi et al. (2014), this kind of learning environment would address the needs of the L2 wired generation of learners and at the same time, such non-threatening environment will keep them engaged in oral communication. In essence, it is on the onus of the instructor to design less stressful activities for the learners in order to help them overcome OCA and to develop their English communicative competence.

This study hence calls for future in-depth research on the influence of gender and cultural identities on OCA levels as such studies are indeed scarce in the literature.
REFERENCES


