

**Original article:**

**Quality of Communication skills of nurses worked at the Hospitals Affiliated to Jahrom University of Medical Sciences, Iran**

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**Abstract:**

**Objective:** Communicating with patients is not only among the principles of care, but it is considered as one of the key roles of nurses. As nurses are skilled in other clinical skills, their communication skills should also be adequate. The aim of this study is to determine nurses' communication skills. **Materials and Methods:** This descriptive study was conducted in 2015 in hospitals affiliated to Jahrom University of Medical Sciences. 215 nurses participated in the study using census method. Data was collected using valid and reliable communication skills ( $\alpha=0.885$ ). The quality of communication skills was classified on three levels: poor, average, and good. **Results:** Quality of communication skills of 120 (55.8%) of nurses was weak, 95 (44.2%) moderate, and there was no good evaluation (0%). The communication skills of most nurses were weak in the areas of conscious start (75.8%), verbal and nonverbal communication skills (86.5%), inner and outer harmony (92.6%), respect for the patient (94.4%) and the unconditional acceptance of patient (100%). There was a significant relationship between the nurses' educational level, mean age and work experience with quality of communication skills ( $p < 0.05$ ). **Conclusion:** *The results indicate* the low ability of nurses in terms of communication skills with the patient. It seems that teaching communication skills, as well as the revision of management, description of job responsibilities, increasing job autonomy and decision-making power for nurses can be the effective ways to improve nurse-patient communication which leads to enhancing the quality of care from patients.

**Keywords:** communication; skill; nurses; nursing; hospital

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**Introduction:**

communication is transferring and exchange of feelings and beliefs among two or more people using appropriate signs and symbols to influence, control, and direct each other. Effective communication is to transmit and receive the explicit information content of the message that is consciously and unconsciously created by a person and transferred to a receiver through verbal and nonverbal patterns<sup>1</sup>. In social interaction, individuals build trust over time while interacting with others. However, there are situations where a person is forced to trust a person or people that he does not know or is incidentally familiar with;

one of these situations is the relationship between patient and nurse<sup>2</sup>. Proper communication is a key need for nursing care and it has been repeatedly emphasized, even some experts consider the ability to communicate appropriately as the heart of all nursing cares<sup>3,4</sup>. One of the main reasons for the failure to identify the psychosocial needs of patients is lack of proper communication between patients and clinical staff. Communication with patients has impacts on increasing patient satisfaction. Studies show that most public complaints and incorrect application of directives by patients and health care workers are not the result of incompetence of the staff, but they are

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due to communication problems. Despite adequate facilities, patients complain of not receiving services because of the lack of respect for them by the medical staff<sup>5</sup>. Communication is a service provider for patients that predicts following the instructions useful for treatment, having regimens and clinical outcomes<sup>6</sup>.

As nurses are skilled in the medical skills they should have enough experience for the other skills<sup>7</sup>. Communication skills are defined as one of the most important features for health workers<sup>8</sup>. Communication skills that are important for nurses include providing information, asking questions, and participation, rapport and cooperation<sup>5</sup>. But nurse-patient relationship has been little and nurses have assigned little time to talk with patients<sup>9</sup>. In a study by Macdonald et al. (2013) patients also stated that their contact with nurses is much greater than other medical professionals but the consultation given by nurses is mostly based on their professional plan not what the patients might need<sup>10</sup>. In a study by McCabe on the experiences of patients about nurses, patients emphasized on lack of communication, cooperation, empathy, and nurse-patient relationship<sup>11</sup>. Rostami et al. conducted a study titled "Communication Skills of nurses in the viewpoint of hospitalized patients", and found that the nurses had poor performance at communication skills<sup>12</sup>.

A review of studies show that nurses' communication skills has not been studied widely and few studies have examined this issue; while recognizing the present situation is very important. On the other hand, the used questionnaire assesses the main dimensions of communication skills separately and identifies the strengths and weaknesses of communication skills of nurses. A communication skill is one of the issues that even as a basic principle can cover and compensate a lot of obstacles and other shortcomings. It is therefore expected that nurses have enough communication skills as other clinical skills. Since the researchers have observed and experienced the importance of communication in the treatment and care of patients, they attempted to examine nurses' communication skills based on the views of nurses in order to take necessary actions and address this problem.

### **Materials and Methods:**

This descriptive study was conducted in 2015 in hospitals of Jahrom University of Medical Sciences. The research was done at Peymanieh and Motahari hospitals which are affiliated to Jahrom University of Medical Sciences in Fars province in Jahrom city, Iran.

The study population included all nurses working in Peymaniyeh and Motahari hospitals (250 nurses). Nurses were enrolled in the study using census method and participated in the study with informed consent. The questionnaires which were partially completed were eliminated, and finally 215 questionnaires were analyzed (the Response rate was 86%).

Data were gathered using a questionnaire by Javaher et al. including 28 items on skills of communication with patients<sup>13</sup>. This questionnaire has 5 domains "conscious start" (3 items), "verbal and non-verbal communication skills" (9 items), "internal and external coordination" (6 items), "respect for the patient" (5 items), and "unconditional acceptance of patient" (5 items). Responding to the question was based on a Likert scale (always, usually, sometimes, often, rarely, never) with score from 5 to 1. The level of communication skills is specified based on the score obtained, i.e. less than 50% of total score (score less than or equal to 56) was considered as poor communication skills, between 50 and 75% (score 57-84) as average, and more than 75 percent (85-112) as good communication skills.

The psychometric analysis of questionnaires was done through all stages of formal validity (qualitative and quantitative), qualitative and quantitative content validity by measurement of CVR and CVI. Internal consistency have been confirmed with Cronbach's alpha reliability test ( $\alpha = 0.885$ ) and split-half method ( $r = 0.73$ )<sup>13</sup>.

Institutional review board (IRB) authorization was gained from the Human Subjects Committee at the Jahrom University of Medical Sciences in Iran. After approval of the research project and receive Ethics Committee code, letters from IRB of Jahrom University of Medical Sciences were presented to relevant officials at the hospitals. Then, the questionnaires were distributed and completed at the presence of researcher assistant in different working shifts of the nurses. Researcher assistant distributed the whole questionnaires and nurses filled them without the supervision of researcher.

Upon completion of sampling and data collection, data were imported to SPSS.v.16 and descriptive statistical tests like frequency, percentage, mean, standard deviation and analytical tests such as t-test, analysis of variance (Anova) were run to analyze the data.

**Results:** The mean age and work experience of nurses were  $7.02 \pm 31.95$  and  $6.21 \pm 7.68$ , respectively. Most of nurses were female (59.5%) and undergraduates (80.5%). (Table 1)

**Table 1. Demographic characteristics of nurses**

N(%)	Variables	
87(40.5)	Male	Gender
128(59.5)	Female	
70(32.6)	Internal	Ward of work
75(34.9)	Surgical	
39(18.1)	Emergency	
31(14.4)	Critical care	
6(2.8)	Diploma and Associate Diploma	Level of Education
173(80.5)	Bachelor of Science	
36(16.7)	Master of Science	

Quality of communication skills of 120 (55.8%) of nurses was weak, 95 (44.2%) moderate, and there was no good evaluation (0%). The communication skills of most nurses were weak in the areas of conscious start (75.8%), verbal and nonverbal communication skills (86.5%), internal and external coordination (92.6%), respect for the patient (94.4%) and the unconditional acceptance of patient (100%). (Table 2)

**Table 2. Nurses' viewpoints on the quality of nurses' communication skills**

Poor N(%)	Average N(%)	Good N(%)	Communication skills questionnaire
<b>120(55.8)</b>	<b>95(44.2)</b>	<b>0(0)</b>	<b>Total communication skill</b>
163(75.8)	49(22.8)	3(1.4)	Area of conscious start
186(86.5)	29(13.5)	0(0)	Area of verbal and non-verbal skills
199(92.6)	16(7.4)	0(0)	Area of internal and external coordination
203(94.4)	12(5.6)	0(0)	Area of respect for the patient
215(100.0)	0(0)	0(0)	Area of unconditional acceptance of patient

Spearman test showed that the mean age of patients and the work experience of nurses had a significant inverse correlation with nurses' communication skills and the areas of conscious start, and internal and external coordination ( $p < 0.05$ ). (Table 3)

**Table 3. The relationship between the quality of nurses' communication skills with age and work experience**

Age		Work experience		Demographic variables
r	p-value	r	p-value	
-0.192	0.005	-0.184	0.007	Communication skills
-0.242	$P < 0.001$	-0.227	0.001	Total communication skill
-0.131	0.055	-0.120	0.08	Area of conscious start
-0.172	0.012	-0.164	0.016	Area of verbal and non-verbal skills
-0.032	0.642	-0.041	0.545	Area of internal and external coordination
-0.125	0.068	-0.123	0.071	Area of respect for the patient
				Area of unconditional acceptance of patient

Chi-square test showed that the nurses' level of education and quality of communication skills (poor, average, good) had a significant relationship ( $p < 0.05$ ). (Table 4)

**Table 4. The relationship between the quality of nurses' communication skills and the variables of gender, educational level, and ward of work**

Sex			Ward of work			Educational level			Demographic variables
p-value	df	value	p-value	df	value	p-value	df	value	
<b>0.663</b>	<b>1</b>	<b>0.190</b>	<b>0.110</b>	<b>3</b>	<b>6.035</b>	<b>0.008</b>	<b>3</b>	<b>11.904</b>	Communication skills
0.663	2	0.913	0.376	6	6.436	0.538	6	50.047	Total communication skill
0.480	1	0.498	0.498	3	2.379	0.315	3	3.542	Area of conscious start
0.435	1	0.609	0.367	3	3.162	0.481	3	2.468	Area of verbal and non-verbal skills
0.489	1	0.480	0.113	3	5.965	0.780	3	1.090	Area of inner and outer harmony
-	-	-	-	-	-	-	-	-	Area of respect for the patient
-	-	-	-	-	-	-	-	-	Area of unconditional acceptance of patient

**Discussion:**

this study was conducted from the perspective of nurses in which the quality of nurses' communication skills was reported as average and poor and not good at all. However, nurses working in intensive care units of Urumia hospitals evaluated their communication with patients as good. The majority of nurses had good level of performance in verbal and nonverbal communication and, there was no statistically significant difference between educational and non-educational hospitals. The researcher has pointed that the ideal situation may be because the number of patients in intensive care units is less than the public ward and nurses have more time to communicate with their patients<sup>1</sup>. In this study, only 14% of nurses were working at intensive care unit.

The results found by Neishaboori et al., showed that the quality of nursing care in the communicative aspect was good in the view of 56.8% of nurses, but 24.7% of patients have reported the situation as favorable; hence, there was a statistically significant difference between nurses and patients views<sup>14</sup>. In other studies that assessed the quality of nurse's communication skills according to the patients, the situation is not favorable<sup>12,15</sup>. Macdonald et al. showed that although the initial consultation with nurses was routinely done more than consulting with other health professionals, but it was performed largely based on the clinical agenda of nurses than what patients tended to know more. In such a situation, although the organization's objectives may be met but patients feel that their priority is not given much importance. And both nurses and patients feel overwhelmed by the volume of information associated with a mismatch in expectations report<sup>10</sup>. In fact, the principles of effective communication

and close nurse-patient relationship is based on the assumption that nurses can understand the patient's desires and personal experiences and be aware of it, and only through proper and effective communication with patients can give them the opportunity for asking their questions, speaking their concerns and desires to the nurses. In addition, a warm behavior with empathy can give the patients energy and decrease concerns about a patient's tolerance, anxiety, pain and suffering<sup>12</sup>.

In this study, most nurses have poor quality communication skills in five areas of the conscious, verbal and non-verbal skills, internal and external coordination, respect for the patient and the unconditional acceptance of patient. The results indicated that patients rarely expressed their concerns and feelings directly and spontaneously, but instead they indirectly speak of the signs that makes them worried. This suggests that patients who are most in need of emotional support, does not explicitly refer to this need, but imply it through the expression of symptoms. One of the core skills of nurses is to recognize the symptoms which are clinically associated with the disease in patients but are not expressed directly by patients<sup>16</sup>.

Sorting the patients' symptoms may lead to the identification of patients who are in need of emotional support. On the other hand, ignoring such symptoms may prevent them from receiving necessary care. In most cases, it is observed that nurses neglected the social and emotional needs of patients<sup>17,18</sup>. However, due to having a close contact with patients and the scientific medical and practical skills and knowledge, through proper communication with the patient and his/her family, nurses can play an important role in changing patients' views toward the disease and self-care<sup>19</sup>.

Based on the results of McCabe, nurses can maintain good communication with patients through a Patient-Centered approach not a function-oriented one<sup>11</sup>. The job overload and lack of time are often cited as the reasons for not establishing a patient-centered communication. But patient-centered communication is not time-consuming and its most important principle indicates that nurses should be willing to listen to patients rather than provide solutions for them<sup>20</sup>.

In this regard, Talseth et al., acknowledge that nurses accept patients in vulnerable situations with their perceptions, fears and concerns without judging them<sup>21</sup>. In a study by Sadala et al., titled as "understanding the hemodialysis patients in a nurse-patient relationship during hemodialysis", findings suggest that the effective communication and development of a mutual relationship with patients is very important in working with patients. Improving nurses' communication with the aim of adapting to the characteristics, constraints and specific needs of each patient is significant to achieve better results<sup>22</sup>. However, it seems that in the past few decades, the organization's strategy in nursing perpetuated the notion that patient-centered communication is not supported by managers and should be avoided to prevent stress<sup>11</sup>.

The findings of Khatib Zanjani and Moharreri's study showed that 64% of nurses admitted to have poor knowledge of oral communication skills, 36% average, and none evaluated themselves as strong. It shows that even many educated nurses with bachelor's and master's degrees have weakness and lack of confidence in relation to effective communication skills<sup>23</sup>. In another study, most of the subjects (75.7%) reported lack of the skills and knowledge of nurses as the most important barriers to effective communication with patients<sup>24</sup>. The results show that physicians also need to learn the basic fundamental skills like interpersonal skills of doctors and patients (including greeting, active listening, empathy, respect) and advanced skills of communication<sup>25</sup>.

However, it should be noted that effective communication is achieved when the treatment team obtains communication skills and more importantly, uses these skills in practice, i.e. having the knowledge of how to communicate is not enough<sup>19</sup>.

Rask et al., in a study tried to determine the effect of educational intervention on promoting skills of nurse-patient relationship by holding a two-day program (33 hours) in cancer clinic. Training

communication skills to nurses was not effective on the promotion of patient-nurse communication processes<sup>26</sup>. But the results of Roter et al., showed a significant correlation between communication skills training courses for the medical staff and increased communication skills among them; these skills were also effective in increasing patient satisfaction<sup>27</sup>. Hop's study supported and confirmed the feasibility, functionality, and the effectiveness of communication skills multi-level trainings and speech language pathology of nurses working in intensive care units<sup>28</sup>. Hence, the type of training has an impact on the outcome, including increased communication skills and patient satisfaction. In some cases nurses have good communication skills with patients, but due to lack of organizational support and no encouragement do not adopt it and prefer task-oriented procedures as a protective mechanism against emotional aspects or supportive of their work<sup>11</sup>.

Among nurses, there was a significant relationship between education level and quality of communication skills (poor, average, good). But in the study of Urumia there is no significant relationship between verbal and nonverbal communication of nurses with their educational level<sup>1</sup>.

In this study, the age and quality of nursing care had a statistically significant inverse relationship with communication skills. Barati et al., also found that age was one of the factors related to communication skills, i.e. the level of communication skills declined with increasing age<sup>29</sup> that is consistent with the present study. But in the study by Hemmati Maslakpak et al.,<sup>1</sup> and Khatib Zanjani et al.,<sup>23</sup> there was no significant relationship between communication skills with age and experience. It is expected that with increasing age and more experience that one acquires in dealing with different patients, the communication skills are improved.

Among the limitations of this study was evaluating the communication skills of nurses only from the perspective of nurses, while other assessment methods, such as assessments by supervisors, co-workers and patients has not been used. The use of other methods of evaluation and comparison of their results with each other is recommended. Samples were also limited to the two hospitals; hence, one should be cautious in generalizing the results. Another is non-random sampling and cross-sectional data.

These findings provide an opportunity for nurses to reflect on their everyday work, develop ways in which patients might be approached differently and allow

them to communicate more properly with patients. It can be used by the clinical nursing managers to improve the quality of nursing communication skills. Future research should identify interventions and training methods to improve communication skills.

**Conclusion:** The results indicate the low ability of nurses in terms of communication skills with the patient. It seems that teaching communication skills, as well as the revision of management, description of job responsibilities, increasing job autonomy and decision-making power for nurses can be the effective ways to improve nurse-patient communication which leads to enhancing the quality of care from patients. It also seems essential that the authorities and nursing

educators also change the existing programs and put more emphasis on improving the communication skills of nursing students in the academic and clinical areas in an objective way, as to take effective steps to improve the communication skills of future nurses.

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