



The effect of workshop education on nurses' professional communication effectiveness related to clients' health

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Journal of Research & Health
Social Development & Health Promotion
Research Center
Vol. 6, No. 2, May & Jun 2016
Pages: 256-262
Original Article

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Received: 19 Nov 2013

Accepted: 15 Feb 2014

How to cite this article: Mansoorian MR, Mohammadi F, Khosravan Sh, Alami A. The effect of workshop education on nurses' professional communication effectiveness related to clients' health. *J Research & Health* 2016; 6(2): 256-262.

Introduction

Patients have the right to receive high-quality care and are more satisfied when healthcare providers address their sociological and emotional needs rather than technical aspects of care [1,2] as a way of assessing the quality of care. Satisfying patients as much as possible besides encouraging them to perform therapeutic instructions properly and timely accelerates the course of treatment and achieving the main goal: patient's treatment [3,4]. In this regard,

Abstract

Ability for effective communication is one of the most essential skills for health system staff, especially nurses, as parts of their roles takes place only through effective communication with clients. The purpose of this study was to determine the effect of education on effectiveness of nurses' professional communication related to clients' health. The participants in this study were 50 nurses who were selected by convenience sampling method. Data collection tool was the questionnaire consisting of two parts; the first part contains 8 questions about personal information and work nurses and the second part contains Sussman and Krivonos's Identify communication questionnaire. The intervention included effective communication training workshop for nurses. 70 percent of participants were female. The mean age and work experience of participants respectively were 30.58 ± 5.68 years and 10.42 ± 6.42 years. the mean of samples' communication score increased after intervention in three subgroups including, subordinates 11.62, superiors 8.87 and colleagues 6.04, which these changes were significant in the three subgroups. the results show the effect of education on nurses' professional communication related to clients' health.

Keywords: Education, Health, Nurse, Professional

interpersonal communication between healthcare providers and patients is the most important determinant of patients' satisfaction with the healthcare system [5].

Effective communication skills are integral parts of medical teams, socially nurses because they are in touch with patients and their family day and night and they can do their job only through efficient communication with patients [6]. Nurses' communication skills are

among the most important factors increasing patients' satisfaction and improving results of treatments [7]. Effective communication increases awareness of patients' problems [8], improves the process of making decisions about discharge or transfer of patients [9], predisposes appropriate health-related solutions for improvement of the quality of patient care, and increases the right of participating in the medical team [10]. Some nursing experts introduce appropriate communication, which has received attention as a requirement in patient-centered approaches, as the heart of all nursing care practices [11,12].

Taghizadeh et al.'s study on the use of communication skills by midwives and their relationship with patients' satisfaction showed an increase in patients' satisfaction with verbal and non-verbal communication [13]. Results of a study performed by Farmahini and Mehmet showed that the increased communication skills of nurses can satisfy patients and increase the respect between nurses and patients [14,15]. Moreover, numerous studies, including those of Arans [16] and Koneno [17], have shown a significant correlation between communication and occupational satisfaction in nursing.

One of the most important reasons for the failure to identify patients' sociological needs is the failure to communicate properly [18]. Studies show that most patients' complaints and dissatisfactions arise from miscommunications between patients and medical teams, and according to patients, quality of care services is manifested by appropriate communication [19]. In this respect, nurses should know how to communicate with patients efficiently besides their professional knowledge; otherwise, patients less comply with therapeutic and care instructions; thus, nurses should have adequate skills for establishing verbal and non-verbal communication while providing services to patients [20].

Most studies have reported poor nurse-patient communication and inadequate communication skills in nurses [21-23]. However, use of communication skills not only changes nurses' behavior but also develops some positive changes in patients' clinical condition [24,25].

Given that communication is necessary in nursing to the extent that the improved communication significantly affects nurses' occupational satisfaction and quality of patient care [26-29], nurses' poor communication with patients and other members of the medical team is considered a common problem [21-23,30], and training can improve nurses' knowledge and skills, this study was conducted to determine the effect of workshop education on nurses' professional communication effectiveness related to clients' health.

Method

This quasi-experimental study was performed in Gonabad, Iran in 2013. The study population included nurses working in medical centers and hospitals in Gonabad and was determined based on the sample size formula, confidence interval of 95%, test power of 80%, $Z_{1-\alpha/2}$ of 1.96, $Z_{1-\beta}$ of 0.84, and P_1 of 0.32 because previous studies reported nurses' communication skills as 32% on average [14,31,32]. Moreover, it was predicted that the training of nurses would promote nurses' professional communication by 60% ($P_2=0.60$) because previous studies showed an increment of 65% in communication skills following training [32]. Therefore, the sample size was determined as 50 participants.

The participants were selected through convenience sampling and based on the following criteria: having minimum educational degree of bachelor's in nursing, not having any obvious physical-mental diseases (such as hearing impairment, speaking disorders, etc.) for the purpose of preventing any disturbance in their performance, not being under medical treatment, and not participating in any classes and training workshops on nursing communication in the past 6 months. The required data were collected based on objectives of the study and using an inventory in 2 sections: the first section includes 8 items about nurses' personal and occupational information, and the second section includes Sussman, Krinovos communication questionnaire

[33]. The questionnaire has been translated into Persian, and Moshrefi has confirmed its validity and reliability through expert review and test-retest with correlation coefficient of 0.81 [34].

The inventory determines communication with 3 groups, including supervisors, subordinates, and colleagues, and each of these parts consists of 15 items within 7 states (1 to 7), as states 1 and 7 are respectively assigned minimum and maximum points. If the total score of each subgroup is 15-36, 37-58, 59-80, and 81-105, level of communication in the studied participant highly inefficient, inefficient, efficient, and highly efficient, respectively.

First, the inventory was given to the participants, and personnel's needs were identified once the inventory was completed, and the data were collected. Then, a one-day workshop on efficient communication was held for the participants. The workshop covered the following subjects: the importance of communication in nursing, barriers to efficient communication, nurse-patient

communication, and strategies for establishing efficient communication. During the workshop, participants were taught how to establish efficient communication through participating in team work and answering questions related to scenarios on communication in nursing. The second phase of data collection was performed 1 month after the workshop through having the participants complete the communication scale again. The data were analyzed using descriptive statistics, paired t test, and Chi-square test in SPSS-20 software. This study was approved by Research Deputy of Gonabad University of Medical Sciences taking into account ethics.

Results

The results showed that 70% of the participants were female with mean age and years of service were respectively 30.58 ± 5.68 years and 10.42 ± 4.32 years, and 52% working in rotating shifts. Table 1 provides other demographic specifications.

Table 1 Frequency distribution of demographic characteristics of the subjects ($n=50$)

Demographic Characteristics	N	%	
Sex	Female	35	70
	Male	15	30
Marital Status	Single	5	10
	Married	45	90
Educational Level	BS	43	86
	MSc	7	14
Employment Type	Official	25	50
	Contractual	24	48
	Etc	1	2
Responsibility	Nurse	41	82
	Head nurse	4	8
	Supervisor	3	6
	Manager of nursing	2	4
Dominant Shift	Morning	15	30
	Evening	2	4
	Night	7	14
	Rotary	26	52

Table 2 shows frequency distribution of communication with the 3 subgroups (supervisors, subordinates, colleagues). Given that there were few participants in the 4 groups (highly inefficient, inefficient, efficient, and highly efficient), comparisons were performed within efficient and inefficient groups. The results showed that 70% of participants had inefficient communication, and 30%

had efficient communication; however, these rates significantly changed after the workshop ($p=0.015$). The results of Chi-square test showed a significant difference in communication with subordinates before and after the intervention ($p=0.001$). Moreover, there was a significant difference in communication with supervisors before and after the intervention ($p=0.204$).

Table 2 Frequency distribution of the communication level subjects before and after the educational intervention by Chi-squared test

Communication level	Before		After		Chi-square
	Effective	Ineffective	Effective	Ineffective	
Sub group	n (%)	n (%)	n (%)	n (%)	p-value
Subordinates	40 (80)	10 (20)	16 (32)	34 (68)	0.001
Superiors	34 (68)	16 (32)	22 (44)	28 (56)	0.034
Peers	29 (58)	21 (42)	24 (48)	26 (52)	0.204
Total communication	35 (70)	15 (30)	15 (30)	35 (70)	0.015

Table 3 shows the comparison of mean score of communication before and after the intervention. Mean score of communication with subordinates, supervisors, and colleagues

increased after the intervention respectively by 11.62 ($p=0.020$), 8.78 ($p=0.002$), and 6.04 ($p=0.006$), which were significant in all 3 subgroups.

Table 3 Comparing the average score communications before and after the educational intervention by Paired t-test

	Before	After	p-value*
	Mean (SD)	Mean (SD)	
Subordinates	53.46 (8.55)	65.08 (10.94)	0.020
Superiors	53.94 (8.37)	62.72 (10.06)	0.002
Peers	56.92 (13.32)	62.96 (10.96)	0.006
Total communication	54.77 (8.12)	63.59 (8.71)	0.030

*Paired t-test

Discussion

The results showed that nurses' communication with subordinates, supervisors, and colleagues before the intervention was 20%, 32%, and 42%, respectively. In general, only 30% of nurses communicated efficiently; however, mean score of communication in all 3 subgroups and total mean score of communication significantly increased after the intervention. Numerous studies have reported poor communication between nurses

and patients, which conforms to results of this study [21-23]. Research has shown that follow-ups of patients in intensive care units represent poor nurse-patient communication, and nurses of many wards limit their communication with patients, which results in patient dissatisfaction [35]. Results of Abedi et al. study also showed a decline in nurse-patient communication that can be promoted using training programs [22]. The

above results also conform to the results of this study because they also showed unfavorable nurse-patient communication.

In this study, 68% of nurses did not efficiently communicate with their supervisors. Results of other studies show that factors, such as efficient communication with supervisors in the workplace, are important in personnel's professional commitment and satisfaction. Results of Azimi Lulati *et al.* [36] study introduced inappropriate methods of management as the cause of unsuccessful communication at workplace and indicated that the efficient communication of senior nurses with their supervisors led to favorable effects on nurses' workplace [36]. Another study showed inefficient communication of supervisors and the supportive behavior of managers as determinants of nurses' satisfaction [37]. Results of the above studies agree with those of this study. Similar results might be due to effectiveness of intervention in communication in these studies because the present study focused directly on promotion of communication in participants.

Professional nurse-physician communication is essential and unavoidable regarding the complementary role of these two professions in medicine. In this study, 58% of nurses did not efficiently communicate with physicians as their colleagues in the medical team, and this agrees with results of Rostami *et al.*'s study [32]. Rostami *et al.* also showed that 80.4% of nurses moderately communicated with physicians, and that communication was favorable only from the perspective of 13.4% of nurses. Similar results of these two studies might be related to nurses' self-report about communication. Many studies have been performed in other countries in this regard; studies performed in Australia, Canada, and England reveal physicians' ignorance of nurses' ideas, which has disturbed professional nurse-physician communication [38]. Results of above studies conform to those of the present study, and this similarity might be due to the unfavorable quality of nurse-physician relations in these studies.

Teaching efficient communication to nurses in this study significantly increased mean score of nurses' communication with subordinates. In Farahmini Farahani [14] *et al.* study, teaching communication skills to nurses increased patients' satisfaction, and training workshop was held within 1 day similar to that in this study [14]. Roter [39] showed that training of communication principles enhanced the communication and concluded that there was a significant correlation between training programs and increased communication skills [39]. Results of the above two studies agree with those of the present study might be attributed to the same manner of intervention (holding training workshops).

In this study, nurses with higher management experience and higher educational level were also not much strong in establishment of efficient communication. Khatib Zanjani's [40] study also showed that even educated nurses had poor knowledge of communication skills probably due to the lack of an independent course in this regard in the curriculum of nursing bachelor's degree [40]. Communication skills should be taught given that skills in communicating properly with patients increases nurses' capabilities and self-confidence and results in awareness of patients' problems [8], improving the process of making decisions about discharge or transfer of patient, providing appropriate health-related solutions, and improving the quality of patient care [9].

In this study, 70% of participants inefficiently communicated although communication is of special importance in development of positive attitude toward medical team and important in diagnosis, treatment, and patient care; thus, nurses should acquire and apply skills of efficient communication [32]. The level of efficient communication can be promoted through culturalization and training.

A limitation of this study was the use of self-report method for measurement of communication in nurses.

Conclusion

The results showed that training workshops improve efficient communication in nurses in relation to patients' health. Given that the ability to establish efficient communication can improve the quality of nursing care and patients' satisfaction, it is recommended to plan and hold workshops on communication in in-service training programs, especially for nurses, and to take them into account in evaluation of professional nursing practice. Moreover, other researchers are recommended to perform similar studies with both intervention and control groups. Results of this study can raise awareness in members of medical teams and increase the perceived importance of nurse-patient communication as an important factor for improving the quality of care, and nursing managers can take steps to improve the quality of care through holding continuing education courses with the aim to improve communication for nurses.

Acknowledgements

This research is the result of Master's thesis corresponding author. The authors would like to appreciate the cooperation and assistance of nurses, managers and staff of Gonabad University of Medical Sciences and others who participated in this research.

Contribution

Study design: MRM, FM, AA, ShKh
Data collection and analysis: FM, AA
Manuscript preparation: MRM, FM, ShKh, AA

Conflict of Interest

"The authors declare that they have no competing interests."

Funding

The author (s) received no financial support for the research, authorship and/or publication of this article.

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