A Descriptive Study to Assess the Knowledge of Patient Communication Skills among Nurses in Selected Hospitals, Chennai

Grace Pal

Department of Medical-Surgical Nursing, Chettinad College of Nursing, Chettinad Academy of Research and Education, Kelambakkam, Chengalpattu, Tamil Nadu, India.

Abstract

Aim: This study aimed to assess the knowledge of nurses regarding patient communication.

Introduction: The present study was undertaken during the year 2021. The objectives of the study were to assess the level of knowledge of patient communication skills among nurses in selected hospitals and to determine the association between the level of knowledge of patient communication skills with the demographic variables of nurses.

Materials and Methods: A quantitative approach and descriptive design were adopted for the study. The study was conducted in selected hospitals. The sample size for the present study was 100 nurses aged between 18 and 32 years. Non-probability convenient sampling technique was adopted to select the samples for the study. The tool used for the data collection was the Likert scale to assess nurse-patient communication.

Results: The present study findings revealed that of most of the nurses 63% had inadequate knowledge, 18% had moderately adequate knowledge, and 19% had adequate knowledge. There was a significant association between the level of knowledge and demographic variables such as age, gender, religion, level of education, clinical experience in years, shift worked, and received any additional training in patient communication. Moreover, there was no association between marital status, working unit, and designation with nurses knowledge regarding patient communication skills.

Conclusion: The results reflect that most of the nurses had inadequate knowledge and the level of knowledge depended on the level of experience and education.

Keywords: Assess, knowledge, patient communication skills, nurses, association

INTRODUCTION

A profession is another term for an occupation that is recognized after special educational training. As per the Cambridge dictionary, a profession is any type of job that involves special training or a particular talent and is often respected because it requires a high level of education. Kourkouta (2016)[1] stated that for an occupation to be categorized as a profession, it should meet criteria, such as providing essential social services, having a clearly defined membership of a particular group to protect the profession's interests, demanding possession of a particular group to secure the profession's interests, needing continuous in-service training of its members, involving a code of ethics, and creating its professional organization. According to Mills (2021),[2] when it comes to nursing, excellent communication is critical to a patient's overall health-care experience. Nurses must also be straightforward, even when

Address for Correspondence:
Grace Pal, Department of Medical-Surgical Nursing, Chettinad College of Nursing, Chettinad Academy of Research and Education, Kelambakkam, Chengalpattu, Tamil Nadu, India. E-mail: gracepal1993@gmail.com

they are under a lot of stress, to maintain their professionalism. Nurses spend the majority of their time with patients during their hospital stay, and they must be able to communicate well to provide complete care.

Nurses must examine where and when to speak with patients to optimize their communication patterns. Moreover, nurses must be patient and allow enough time for each patient engagement because rushed communication makes patients uncomfortable and inhibits the nurse's ability to develop an open dialogue with patients.[1]

According to the Joint Commission of India (2017),[3] there are 70 occasions in which communication errors are identified. Medical errors can arise as a result of a breakdown in communication between a physician, a nurse, a member of the health-care team, and a patient. Information flow is crucial in healthcare settings, and insufficient information flow occurs when the nurse-patient communication pattern is not followed effectively. Gluyas (2015)[4] stated that patient-related concerns such as incorrect patient identification, inadequate patient assessment, inability to get consent, and insufficient patient education can all be caused by a lack of communication. Investigators discovered links between greater nurse-patient communication and more positive patient outcomes, such as increased patient satisfaction. Jacqueline (2015)[5] stated that nursing requires all nurses and nursing students to display care, compassion, and good communication. The first essential skills cluster, which specifies critical abilities and behaviors that must be proven to achieve the standards for registration with the Nursing and Midwifery Council, is based on these prerequisites.[4]

Kwame (2020)[6] revealed that nurses can be located almost wherever in a health-care facility, including patient screenings, nursing stations, and, most importantly, with the patient in the exam room or at the bedside. Nurse-patient communication is a key to a pleasant patient experience since nurses are on the front lines of patient care.

D'emeh (2007)[7] highlighted that nurse-patient communication is crucial on a practical level because it is one of the fundamental domains on which Consumer Assessment of Healthcare Providers and Systems surveys are scored. Patients are asked whether the nurse treated them with civility and respect, listened attentively, and clearly explained topics.

Pehrson et al. (2020)[8] developed a model of empathic communication with patients based on the experiences of cancer ward nurses. Identifying or evoking a patient's empathic opportunity, working toward a shared understanding of the patient's emotion/experience, empathically reacting to the emotion/experience, and enabling coping and connecting to social support were all tactics used in this paradigm.

Merriam-Webster (2014)[9] in her study stated that to be authentic means to be genuine, to exhibit devotion means to show that you genuinely care about someone, and to be sincere means to be free of deception. In their interactions with

patients, the nurse should exhibit all of these attributes, since if the patient believes the nurse is genuine, devoted, and sincere, they will be more likely to engage with them.

According to Pauline et al. (2018),[10] effective communication between the patient and the nurse necessitates some nursing skills. These abilities are rarely discussed in nursing school and even less frequently performed. They're just as important as being able to keep a sterile field, interpret laboratory results, or read an EKG. When speaking with a patient or family, the nurse should pay attention to how they respond to them. Eman et al. (2018)[11] highlighted that every patient or family relationship is unique, and there is no such thing as a "one-size-fits-all" solution. There are, however, some ways for nurses to respond to patients that demonstrate that their concerns are real and that they are being heard.

Need for the study
Good communication and compassion, according to the journal of compassionate health care (2016),[5] can help patients recover from acute illness. To provide compassionate nursing care, one must first grasp the patient's requirements and expectations. Always putting the patient first, practicing active listening, and communicating with the heart are the three foundations for improving communication skills with patients. According to the research, communication and nurse-patient rapport are important. Interpersonal communication, qualities of a competent conversationalist, and the nurse-patient interaction are the three crucial components of the study for staff education. Patient-centered communication, according to the researchers, actively encourages the patient to participate in a dialogue, as well as the nurses' capacity to listen, friendliness, and ability to provide time and be present at the bedside.[2]

Communication with patients necessitates education. Building meaningful relationships between patients and nurses require a good communication pattern. Megan (2016)[12] nurse communication entails more than merely conversing with the patient.

Nurses are on the front lines of communication, and getting it right may benefit the entire patient.[5]

Following the study of nurse communication hurdles, the investigator intended to measure nurses' understanding of patient communication abilities.

Objectives
The objectives of the study were as follows:
1. To assess the level of knowledge of patient communication skills among nurses in selected hospitals.
2. To determine the association between the level of knowledge of patient communication skills with the demographic variables of nurses.

Operational definitions
Assess
It is defined as the determination of the importance, size, or value of something, in this study, it refers to the determination of patient communication skills among nurses in selected hospitals.

Knowledge

It is information acquired through education, in this study, it refers to knowledge regarding patient communication skills among nurses in selected hospitals.

Patient communication skills

It is defined as the ability to convey information; in this study, it refers to skills required for communicating with the patient.

Nurses

A nurse is a licensed health-care professional who practices independently or is supervised by a physician, surgeon, or dentist who is skilled in promoting and maintaining health. This study refers to staff as well as student nurses who are working in selected hospitals.

Hypothesis

1. There will be adequate knowledge regarding patient communication skills among nurses
2. There will be an association between knowledge of patients communication skills with demographic variables of nurses.

MATERIALS AND METHODS

A quantitative approach was used for this study. The study was confined to 100 nurses with the age group of 18–32 years who fulfilled the inclusion criteria. Non-probability convenient sampling technique was used to select samples for this study.

Sampling criteria
Inclusion criteria

The study includes the nurses who:
- Can able to understand Tamil and English.
- Staff nurses as well as student nurses
- Are willing to participate in the study.

Exclusion criteria

The study excludes the nurses who are:
- Nurse educators
- Nursing faculty
- Are not able to understand Tamil and English
- Not available at the time of the study
- Feeling physically and mentally ill.

Description of tool

A standardized scale to determine the knowledge regarding nurses communication skills was used for this study. It consists of two sections which are as follows:

Section A

It consists of demographic data which include age, gender, religion, marital status, level of education, no. of clinical experience in years, working unit, designation, shift worked, and received any additional training in patient communication.

Section B

It consists of a Likert scale to assess patient communication, it comprises 25 statements.

Data collection procedure

The investigator collected the data for 1 week. Formal approval was obtained from the college. The investigator introduced herself to the participants and the purpose of the study was explained. The data were collected through a mailed questionnaire. The sample collected per day was 20. The investigator used demographic data and the Likert scale to assess the knowledge regarding patient communication among nurses.

Statistical analysis

The collected data were analyzed by descriptive and inferential statistics. The descriptive statistics included frequency, percentage, and the mean and standard deviation were used to assess the knowledge regarding patient communication skills. Chi-square was used to find out the association between the level of knowledge of patient communication skills with the demographic variables of nurses.

RESULTS

Table 1 shows the distribution of nurses based on knowledge regarding patient communication skills.

Table 2 shows mean and standard deviation scores of the level of knowledge regarding patient communication skills.

Table 3 shows the association of demographic variables with the level of knowledge regarding patient communication.

Section I

- According to the age of the participants, maximum (63%) belongs to the 24–26 age group.
- Based on the gender, 87% were female and 13% were male.
- Based on the level of education, 44% were student nurses, 22% were undergraduate nurses, and 34% were diploma nurses
- Based on the level of clinical experience in years, most of the nurses (62%) had experience of over 3–4 years, 33% had the experience of over 1–2 years, and 5% had the experience of over 4–5 years
- Most of the nurses worked in the wards (87%)

Table 1: Distribution of nurses based on knowledge regarding patient communication skills

Serial number	Level of knowledge	Frequency	Percentage
1	Adequate knowledge	19	19
2	Moderately adequate knowledge	18	18
3	Inadequate knowledge	63	63

Table 2: Mean and standard deviation scores of the level of knowledge regarding patient communication skills

Serial number	Level of knowledge	Mean	SD
1	Adequate knowledge	85	7.1
2	Moderately adequate knowledge	59	6.3
3	Inadequate knowledge	31	10.2

SD: Standard deviation

Table 3: Association of demographic variables with the level of knowledge regarding patient communication

Serial number	Demographic variable	Adequate knowledge	Moderately adequate knowledge	Inadeuqate knowledge	P
	Level of knowledge				
	Age				
1	18–20	2	10	20	0.0026*
2	21–23	10	2	19	Significant at P<0.05
3	24–26	11	2	9	
4	27–29	6	1	4	
5	30–32	1	2	1	
	Gender				
1	Male	4	16	28	0.012*
2	Female	12	24	16	Significant at P<0.05
	Religion				
1	Hindu	1	15	34	0.036*
2	Christian	4	5	28	Significant at P <0.05
3	Muslim	3	4	6	
	Level of education				
1	Student nurse	16	4	32	0.00006* Significant at
2	Undergraduation	18	10	4	P<0.05
3	Diploma in nursing	9	4	3	
	Number of clinical experience in years				
1	Fresher	1	4	54	<0.00001* Significant
2	1–2 years	9	4	10	at P<0.05
3	3–4 years	4	9	1	
4	4–5 years	2	1	1	
	Shift worked				
1	7 am–7 pm	12	1	58	<0.00001* Significant
2	7 pm–7 am	10	9	10	at P<0.05
	Received any additional training in patient communication				
1	Yes	22	9	4	0.02131* Significant at
2	No	39	6	20	P<0.05

The chi-square statistics is 23.593. The P value is .002681. The result is significant at p<.05

- Most of the nurses (79%) worked between the 7 am and 7 pm shift
- Most of the nurses (83%) did not receive any additional training in patient communication
- The knowledge mean score was 47%.

Section II

About 19% ($n = 19$) of participants had adequate knowledge, 18% ($n = 18$) of participants had moderately adequate knowledge, and 63% ($n = 63$) of participants had inadequate knowledge [Table 1].

The mean value of adequate knowledge was 85 with an SD of 7.1, and for moderately adequate knowledge, mean value was 59 with an SD of 6.3; the mean and SD scores for inadequate knowledge were 31 and 10.2, respectively [Table 2].

DISCUSSION

One of the most important tools nurses have for establishing rapport and trust is therapeutic communication. The nurse is able to deliver reversal care because of this trust. This means that the nurse makes the patient feel safe enough to express his or her emotions, frustrations, pain, happiness, or progress. Therapeutic communication provides nurses with clues or forewarnings about any aggravation of the patient's condition, as well as any growing disease. Therapeutic communication is essential in nursing for both the patient's progress and the nurse's professional development.[5]

In nursing, therapeutic communication allows the patient and family to feel as if someone is truly concerned about them in their time of need. This can make all the difference in a patient's recovery or death. Modern health-care systems are attempting to embrace a more client-centered approach to health-care delivery. Patient happiness and quality of life are becoming increasingly essential in the monitoring and evaluation of health-care delivery under this system, as opposed to more typical clinic outcomes.[2]

Maureen *et al*. (2017)[6] stated that strong interpersonal relationships serve as a foundation for nurse-patient communication. Meaningful relationships will make it easier for nurses to do their professional duties while keeping patients involved in their care.

According to Edhy (2020),[13] making simple modifications to nursing workflow can help you form meaningful nurse-patient interactions.

Sitting next to a patient and interacting with them, even for a short time, can assist increase patient satisfaction rates. According to a 2017 study, nurses who requested to sit next to their patients while conversing raised hospital patient satisfaction from the 9th to the 43rd percentile.

The last objective of the study was to determine the association of selected demographic variables with knowledge scores regarding patient communication

A statistically significant association was found between age, gender, religion, level of education, clinical experience in years, shift worked, whether received any additional training in patient communication, and knowledge scores regarding patient communication at a 5% level of significance ($P < 0.05$). The other variables (marital status, working unit, and designation) were not associated with knowledge scores regarding patient communication [Table 3]. The findings were similar to the study conducted by Rauseo (2016), Effective Communication in Nursing: Is it Necessary to know your own sociological bias? Which showed an association between age, gender, religion, shift worked, and any additional training in patient communication; the study clearly mentioned that nurses communication depends on the experience and nurses personalities.

CONCLUSION

To provide a great patient experience and ensure patient safety, nurses must be able to communicate effectively. Nurses must engage patients in meaningful conversations to educate them about their health and treatment, as well as to ensure that they adhere to their treatment plan once they are discharged.

Communication between nurses and patients improves and strengthens mutual understanding, trust, and support in the nurse-patient relationship. Nurses can also speak with patients to recognize and satisfy the demands of the patient's negative feelings, thus good communication increases the quality of treatment and acts as a catalyst.

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CONFLICTS OF INTEREST

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