

Professional communication competences of nurses

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Abstract

Introduction: Dissonance between the high 'technical' professionalism of nurses and the relatively low level of patient satisfaction with care received is a phenomenon observed in many countries. Many studies show that it occurs in the case of an inadequate interpersonal communication between nurses and patients.

Methods: Three basic scopes of communication competences were involved in the research process: a) motivation, b) knowledge, c) skills, and the following three methods were used: 1) documentation analysis (standards, plans and educational programmes); 2) diagnostic survey concerning professional communication competences of nurses in nursing care – a questionnaire form designed by the authors; 3) self-reported communication skills in nursing care – adjective check list. The study group covered a total number of 108 respondents in the following subgroups: 1) professional nurses who, as a rule, were not trained in interpersonal communication (42 respondents); students of nursing covered by a standard educational programme (46 respondents); 3) students of nursing who, in addition to a standard educational programme, attended extra courses in professional interpersonal communications nursing (20 respondents). The data obtained were subjected to statistical analysis with the use of descriptive statistics and hypothesis testing.

Results: The results of studies indicate poor efficacy of shaping communication competences of nurses based on education in the area of general psychology and general interpersonal communication. Communication competences acquired during undergraduate nursing education, are subject to regression during occupational activity.

Discussion: Methods of evaluating communication competences are useful in constructing group and individual programmes focused on specific communication competences rather than on general communication skills.

Key words

nursing, interpersonal communication, education, patient satisfaction

INTRODUCTION

In our day and age, nursing is understood as care of an individual from conception to dignified death. An important competence of a nurse, apart from performing medical procedures, is the provision of patient care through showing concern, support with a 'good word', i.e. offering another person the things which bring relief in suffering.

Nurses often face the problem of how to serve patients, respect their dignity and rights, while using modern medical technologies which often dehumanize the object of a nurse's actions – making the patient an object of technical medical interventions. Also, approaching the medical sector primarily or exclusively in the market categories, may intensify the phenomenon of patient de-powerment and dehumanization making him/her an object of transaction, i.e. a client. In that context, D. Sturgeon has discussed how the adoption of targets to evaluate care and compassion seems to reflect a market-driven or bureaucratic approach to health care [1]. Despite differences, measurability and outcome are considered the most important indicators of quality [2]. Such a situation negatively affects not only the performance of the profession and fulfilment of the role of a nurse, but

also exerts an unfavourable effect on those who are ill in their fulfilment of the role of patients. Therefore, the construction of procedural (technical) qualifications of nurses must be accompanied by them also developing communication competences indispensable for the construction of adequate, empathic relationships with others [3]. There is a need for empathy, communication skills and non-judgmental patient-centred care: major themes in the new NMC standards [4].

The extent to which this emphatic 'sensitization' exists, and the level of nurses' professionalism is evaluated today by the patients, and the care cannot be considered as being of high quality unless the patient is satisfied [5]. Obviously, it is relatively difficult to define what patient satisfaction is. It is certain that it comes from the realm of subjectivity which, however, does not in any way decrease its importance in the shaping of the professional attitudes of nurses. Considering the communication skills in the work of a nurse, as well as in the education in this profession, facilitates work, and at the same time, elevates the level of both nurse and patient satisfaction which, in turn, affects the level of a patient's activity in the process of treatment and the intensity of cooperation with a nurse. As a result, this all translates into the ultimate effectiveness of a medical intervention [6].

The literature concerning the scope of problems discussed is comprehensive and has been the subject of many reports of a review or meta-analysis character. At the beginning of this century, the impact of training programmes on nursing communication was called into question [7]. *The recent*

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meta-analysis showed a moderate effect of communication skills training (CST) on communication behaviour. Patients might benefit from specifically trained health professionals, but strong studies are lacking. Despite this, applying CST for professionals is a promising approach to change their communication behaviour and attitudes [8, 9]. However, healthcare professionals showed different needs and feelings for communication [10].

It seems that general psychological and communication knowledge, although indispensable for a basic recognition of the scope of communication problems, is poorly occupationally useful for nurses if not accompanied by specially trained professional communication skills. This is the case with respect to the majority of occupationally-active nurses in Poland, as well as new nurses who complete their pre-graduate studies. However, it seems that despite of international and cultural differences, if there is a lack of practical classes in intra-psychological and intra-communication training, the general psychological and communication knowledge imparted alone, may be used improperly.

The primary goal of the presented research was evaluation of the level (study of the state) of professional communication competences of nurses, and determination of the factors on which this level depends. An additional goal was analysis of the needs and educational possibilities within the existing models of education in the area of interpersonal communication provided by higher medical education institutions.

In order to achieve the presented goals, the following research problems were formulated:

1. What is the level of individual communication competences of nurses (knowledge, motivation and skills).
2. Are there any differences in the level of professional nursing communication competences according to the model of education, i.e.:
 - a. education within the scope of general psychological knowledge;
 - b. education within the scope of general interpersonal communication;
 - c. education within the scope of professional interpersonal communication skills.

Based on earlier own studies, the following research hypotheses were posed:

1. The level of individual communication competences of nurses based on general psychological and communication knowledge is relatively low.
2. There are significant differences in the level of communication competences according to the education model applied in the education of nurses.

METHOD

In the research process, three basic scopes of communication competences were considered: 1) motivation, 2) knowledge, and 3) skills. **Motivations** bias the behaviour of an individual towards the achievement of the specified states of affairs which are important for this individual. The motivation process consists of a set of individual motives. A motive may be termed an experience stimulating an individual to action, or refraining from or hindering its performance

[11]. **Knowledge** of interpersonal communication covers contents concerning what should be said or done in specified situations, and procedures based on which of these contents will be introduced into practice. It is necessary to recognize the complexity of interpersonal contacts; however, only its adequate application in practice makes a person communicatively competent [12, 13]. To communication **skills** contribute, among other things, emotional intelligence, i.e. personal competences of an individual, understood as skills of recognizing own emotional states and the emotional states of others, as well as skills of using own emotions and coping with emotional states of others which, in spite of the common opinion, may be trained and developed [14, 15, 16].

The investigation of these scopes is important from the aspect of understanding the research problems posed and a potential design of their repair programme. In the research process, three methods were used:

1. analysis of documentation (standards, education schedules, curricula and syllabuses);
2. diagnostic survey concerning professional medical communication competences of nurses – self-designed questionnaire;
3. testing of professional self-evaluation from the nursing aspect – the 20 items adjective check list [17].

Analysis of documentation covered an evaluation of official standards of education in nursing currently in effect in Poland, issued by the Minister of Science and Education, reviewed and controlled by the National Council for Medical Education. In Poland, these standards are obligatory. Based on these standards, individual schools engaged in the education of nurses develop their own education schedules, curricula and syllabuses. Curricula and syllabuses were compared in 20 nursing schools in Poland, which were available on the websites of these educational facilities.

The 54 items in the questionnaire and test examine the following:

1) within the scope of motivation:

- a. affective dimension vs. cognitive (shows to what extent communication is motivated by emotions, and to what extent by intentions, if the message is the result of the 'stream' of emotions or the effect of consideration and planning),
- b. positive vs. negative dimension (if the message is useful or harmful, advantageous or disadvantageous for a patient),
- c. directed towards 'Own self' vs. biased towards 'Others' (if the message was generated exclusively for own needs, or it considers others).

2) within the scope of knowledge:

- a. declared dimension, (what to communicate?),
- b. procedural dimension (how to communicate?).

3) within the scope of skills:

- a. dimension of carefulness (skills of showing during an interaction – interest, concern and attention to a patient or patients),
- b. dimension of expressiveness (skills of managing verbal and non-verbal communication),
- c. dimension of coordination (skills of managing the course of interaction),
- d. dimension of self-possession (in interpersonal communication this is a basic requirement of being competent).

The self-designed questionnaire and adjective test were subjected to standardization from the aspect of reliability and validity by means of:

1. pilot studies,
2. competent judges test,
3. Kendall's coefficient of concordance (Kendall's W) examining the degree of conformity assessments of competent judges,
4. test-retest method examining the reliability (stability) of the instrument,
5. t-Student test for paired samples, investigating the significance of the differences between each pair of questions in test and retest.

As a result of pilot studies investigating **face validity**, the contents of one of the questions was changed (the respondents reported the lack of understanding of the concept used), and one item was added as a result of suggestions by the respondents.

Competent judges assessed **content validity** (intrinsic) of the instrument, from the aspect of adequacy of its content with respect to the objective of the study and position in theory, level of difficulty of the contents, correlation between problems, clarity of instructions, as well as the level of acceptance while completing. The group of judges covered 6 specialists representing the following areas of knowledge: 1) medicine/nursing, 2) philosophy/ethics, 3) pedagogy, 4) law, 5) psychology. Table 1 presents the results of examinations of the level of concordance between the judges' opinions.

Table 1. Kendall's test of the level of concordance of competent judges

Characteristics of the instrument	w	p	\bar{r}_i	$(\bar{r}_i)^2$
Adequacy to the problem	0.86	<0.01	0.83	69%
Easiness of completing	0.87	<0.01	0.84	71%
Clarity of instructions	0.86	<0.01	0.83	69%
Level of contents acceptance	0.88	<0.01	0.86	73%
Level of contents difficulty	0.88	<0.01	0.86	73%
Correlation of problems	0.91	<0.01	0.90	81%

W – Kendall's W;

p – significance;

\bar{r}_i – mean correlation of evaluations;

$(\bar{r}_i)^2$ – percentage of variance of general concordance of evaluations.

Reliability was investigated by means of the 'test-retest' method, by examining the same group twice, every 2 weeks. The results were calculated in a logic test (1 – concordance, 2 – lack of concordance). The mean concordance was 85%.

The last method applied for the standardization of the instrument was t-Student test investigating, with a significantly positive correlation between every pair of the questionnaire items (from test and retest), the presence of statistically significant differences. Out of 54 pairs of questions, statistical differences were observed only in two pairs.

During the studies the following conditions of objectivity were preserved:

1. independence of the respondents (without unconscious pressure, e.g. resulting from subordination, when the surveyor is a lecturer or supervisor, and the respondents are his/her students or subordinates);
2. all respondents expressed informed consent to participate in the studies;

3. conditions of conducting the studies were standardized for all groups examined;
4. the questionnaire form included a precise and clear instruction;

In a pilot study, in order to standardize the research instrument, a total number of 30 respondents were examined, who were students of various specialties at the institutions educating medical professionals in Lublin (Poland), and occupationally-active medical professionals. The respondents participating in the pilot study were not enrolled into the main study.

The presented research was carried out as part of a many-year programme of monitoring and evaluation of the education of medical professionals in interpersonal communication, including nurses, conducted from 2007 at the institutions educating medical professionals in Lublin.

The study group covered a total number of 108 respondents in the following sub-groups:

1. occupationally-active nurses (42 respondents) of various specialties, employed in outpatient departments and hospitals, who were covered by a pre-graduate standard educational programme and not trained in interpersonal communication skills as part of their continuing education;
2. students of nursing covered by a standard educational programme (46 respondents);
3. students of nursing who, in addition to a standard educational programme, attended extra courses in nursing professional interpersonal communications, as part of the pilot educational programme (20 respondents).

The data obtained were subjected to statistical analysis by means of SPSS statistical software with the use of descriptive statistics and hypothesis testing. The presence of the differences between qualitative variables were investigated by means of Pearson's chi-square test, whereas the significance of quantitative variables was examined with the use of single-factor analysis of variance (ANOVA). The p values < 0.05 were considered statistically significant.

RESULTS

Analysis of documentation

Analysis of the documentation showed that the official standards of education for the first-degree studies (Bachelor's Degree) in nursing currently in effect in Poland assume that the graduate should be prepared, among others, for the following:

- provision of services in the area of health promotion, health maintenance, and prevention of diseases;
- exercising a general and individualized patient care of the disabled, and end of life care of patients;
- communication with the surroundings at the workplace;
- establishment of co-operational relationships in health care teams.

The above-mentioned competences are based on interpersonal individual and team communication, and should be the result of education within the scope of general psychology (60 didactic hours). The imparted contents within the scope of communication cover: theories, models and concepts of interpersonal communication, styles of communication, imparting and receiving information.

Graduates of second-degree studies (Master's Degree) within the classes in psychotherapy (30 didactic hours) acquire the following knowledge: types, goals and stages, and psychotherapeutic methods; psychotherapy and psychological assistance, basic therapeutic interventions, therapeutic relationship in nursing care.

The 20 curricula and syllabuses of schools educating nurses in Poland contained the above-described educational contents in accordance with the obligatory standard, but did not contain separate classes for training skills in nursing professional interpersonal communication.

Diagnostic survey testing of professional self-evaluation

Tables 2 present the comparison of selected results of the diagnostic survey concerning professional communication competences of nurses in the area of motivation, knowledge and skills, in the groups compared. The mean value of motivation, knowledge and skills indices which, theoretically, remain within the range from 0 to 1, was lower in the group of occupationally active nurses in the study than the value of these indices in the remaining groups – students of nursing who had undergone extra training in

professional communication and those who participated in the standard course in general interpersonal communication. The differences with respect to motivation ($p < 0.017$) and knowledge ($p < 0.012$), were statistically significant and in the case of skills – highly statistically significant ($p < 0.0001$).

Table 3 presents a comparison of the selected communication competences possessed between the group of occupationally active nurses and both groups of student nurses. The comparison showed that occupationally active nurses show the greatest shortages with respect to the following:

- lack of perception of limitation in work with patients (81.0%);
- knowledge of the role of active listening (47.6%);
- tolerance with respect to patients and their significant others (71.4%);
- needs within the scope of communication knowledge (57.1%);
- needs within the scope of communication skills (52.4%)

Student nurses who participated in the extra training in nursing professional interpersonal communication showed the least shortcomings within the scope of the communication

Table 2. Comparison of indices of communication skills in the observed groups

Scope	Group	N	Mean	Standard deviation	Standard error	Minimum	Maximum	F	p
Motivation	Occupationally active nurses	42	0.5103	0.09865	0.01522	0.23	0.73	4.227	0.017
	Students of nursing covered by standard educational programme	46	0.5430	0.10133	0.01494	0.34	0.80		
	Student nurse who participated in an extra communication course	20	0.5864	0.08427	0.01884	0.39	0.70		
	Total	108	0.5383	0.10028	0.00965	0.23	0.80		
Knowledge	Occupationally active nurses	42	0.4952	0.09647	0.01489	0.27	0.68	4.643	0.012
	Students of nursing covered by standard educational programme	46	0.5033	0.09826	0.01449	0.30	0.73		
	Student nurse who participated in an extra communication course	20	0.5713	0.08895	0.01989	0.40	0.75		
	Total	108	0.5127	0.09915	0.00954	0.27	0.75		
Skills	Occupationally active nurses	42	0.4152	0.11312	0.01745	0.20	0.72	10.589	0.000
	Students of nursing covered by standard educational programme	46	0.4722	0.09107	0.01343	0.32	0.68		
	Student nurse who completed an extra communication course	20	0.5460	0.12124	0.02711	0.36	0.80		
	Total	108	0.4637	0.11498	0.01106	0.20	0.80		

Table 3. Presence or absence of selected skills in the groups examined

Evaluated skill	Results	Group			Chi ²	p
		Occupationally active nurses	Students of nursing covered by standard educational programme	Student nurse who participated in an extra communication course		
Perception of limitations in work with patients	absent	81.0% (34)	60.9% (28)	55.0% (11)	5.819	0.054
	present	19.0% (8)	39.1% (18)	45.0% (9)		
Knowledge of the role of active listening	absent	47.6% (20)	23.9% (11)	15.0% (3)	8.811	0.012
	present	52.4% (22)	76.1% (35)	85.0% (17)		
Knowledge of resistance mechanisms	absent	90.5% (38)	93.5% (43)	45.0% (9)	26.112	0.000
	present	9.5% (4)	6.5% (3)	55.0% (11)		
Tolerance towards patients and their significant others	absent	71.4% (30)	39.1% (18)	40.0% (8)	10.555	0.005
	present	28.6% (12)	60.9% (28)	60.0% (12)		
Needs within the scope of communication knowledge	absent	57.1% (24)	21.7% (10)	15.0% (3)	16.261	0.000
	present	42.9% (18)	78.3% (36)	85.0% (17)		
Needs within the scope of communication skills	absent	52.4% (22)	19.6% (9)	10.0% (2)	16.030	0.000
	present	47.6% (20)	80.4% (37)	90.0% (18)		

competences evaluated. The relationships described above were significant or highly significant statistically. Only in the case of knowledge concerning psychological resistance mechanisms, were greater shortcomings observed among student nurses who had undergone a general interpersonal communication course (93.5%), although, also in this case, the shortcomings noted among occupationally active nurses was very high (90.5%).

DISCUSSION

Effective communication is a vital component of nursing care; however, nurses often lack the skills to communicate with patients and other health care professionals. Communication skills training programs are frequently used to develop these skills. However, there is a paucity of data on how best to evaluate such courses [18, 19].

A number of recent developments in medical and nursing education have highlighted the importance of communication and consultation skills (CCS). Although such skills are taught in all medical and nursing undergraduate curricula, there is no comprehensive screening or assessment program of CCS [20]. For nursing educators, the utility of development of instruments to measure the effectiveness of teaching strategies and pedagogy for empathy enhancement in practice is important [21]. Some authors use the Empathic Communication Skills Scale (ECSS) and the Empathic Tendency Scale (ETS) to evaluate the empathic skills and the empathetic tendency of nursing students [22].

Measuring patient-centred communication is notoriously difficult. There is need for several measures as proxies for patient centeredness: empathetic behaviours, 'reciprocity', decreased biomedical talk, 'appropriate responses' and length of uninterrupted patient talk. Using real patients and assessing their satisfaction with communication may be the ideal method [23, 24].

The presented research instrument provides a possibility to diagnose educational needs in the area of professional interpersonal communication, and may be useful in constructing group and individual educational programmes. The purposefulness of using such instruments is confirmed by other studies which indicate that the proper approach is to focus on specific communication skills rather than a full suite of skills [25].

Many methods of discovering and developing communication motivations among pre-graduate and post-graduate students of nursing are described in literature [26, 27, 28, 29, 30, 31, 32].

The communication skills and art associated with nursing services are neither innate nor automatic. Communication skills are acquired and refined only through practice [3]. Some results suggest that the communication skills training programme could be valuable for reinforcing basic/intuitive communication strategies, assisting in the acquisition of new skills, and ensuring communication supply availability [18].

The results of the research confirm the reports by other researchers that communication competences are not required 'spontaneously' during occupational activity, based on theoretical knowledge in the area of general psychology [22, 23, 33].

In addition, the presented results indicate that communication competences acquired during undergraduate

nursing education are subject to regression while performing the occupation, and are replaced by defence mechanisms, such as psychological resistance or withdrawal.

The results of the presented study indicate that over 80% of occupationally active nurses did not perceive communication limitations while working with patients, and simultaneously, over 42% of them expressed needs within the scope of communication knowledge, and more than 47% – needs within the scope of communication skills (Tab. 1). The research, which was conducted to gain insight into the role of European haematology nurses and identify their learning needs, indicates the lack of coherence in the sphere of interpersonal communication. The respondents believed that they were well trained, possessed good communication skills. However, a significant number of nurses (42%), indicated that they had a limited role to play in patient education and only 38% agreed that they played an important role in facilitating patient choice [23].

The need for a systematic supplementation and renewal of communication competences concerns especially psychiatric, oncologic and terminal care nursing where a psycho-education method can decrease the occupational stress and confidence in dealing with patient depression [34, 35, 36, 37, 38, 39, 40, 41, 42].

Own studies showed that in the group of occupationally active nurses, the mean values of motivation, knowledge and skills indices were lower than the mean values in both groups of student nurses. Among student nurses these indices were lower in the group provided with a standard education – only within the range of general interpersonal communication. In our study, occupationally active nurses showed the greatest shortcomings with respect to the five of six scopes examined. On the one hand, this denies the thesis that the professional practice itself develops communication competences; however, on the other hand, it reflects the lack of continuing education within the scope of interpersonal communication among occupationally active nurses. Regardless of the nursing specialty, published studies have shown that continuing skills training courses can improve the self-efficacy and has shown a significant increase patient and family members satisfaction [43, 44, 45].

LIMITATIONS

The presented results concern the current situation in Poland, where the official standards of the education of nurses places more emphasis on general psychology and general interpersonal communication than on nursing professional communication training. One should be aware of the systemic and cultural differences which may considerably limit the scope of experience exchange in such a sphere so sensitive to cultural factors as interpersonal communication. However, it seems that despite of international and cultural differences, if there is a lack of practical classes in intra-psychological and intra-communication training, the general psychological and communication knowledge imparted alone, may be used improperly.

CONCLUSION

Results of own studies indicate that the efficiency of shaping communication competences among students of nursing, based on education within the scope of general psychology and communication only, is relatively low. That kind of knowledge is not spontaneously translated into the anticipated communication competences while practicing the nursing. Moreover, certain communication competences acquired during undergraduate nursing education are subject to regression during occupational activity, and due to occupational stress are replaced by undesired defence mechanisms, such as psychological resistance or withdrawal.

The method of evaluation of communication competences designed by the authors provides a possibility to diagnose educational needs of occupationally active nurses in the area of professional interpersonal communication, and may be helpful in constructing group and individual educational programmes. The purposefulness of such instruments is confirmed by other studies indicating that the proper approach is to focus on specific communication skills rather than a general or full suite of skills.

Concluding, a reasonable approach is to focus on specific nursing communication skills rather than on a general or 'full suite' of communication competences. It is necessary to develop methods of evaluation of communication competences, which diagnose educational needs of occupationally active nurses, and may be useful in constructing group and individual continuing educational programmes. An optimum approach is diagnosing the scope and level of the lack of communication competence, and on this basis, the development of adequate training courses which focus on specific nursing communication skills.

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