

Improving Communication Skills in Clinical Education of Nursing Students

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ABSTRACT

Background: Effective communication with patients is an essential part of nursing care. However, most researches have reported that communication of nurses with patients is weak. The quality of provided care, especially communication with the patients, is one of the main concerns of nursing education managers. Therefore, we conducted a study with the aim of improving communication skills in clinical education of nursing students.

Methods: This research is a qualitative study, which was conducted in pediatric unit of Hajar Hospital, Shahrekord, Iran. Purposive sampling was used in this study whose participants were 8 nursing students (Sixth-semester) studying in the pediatric ward. Students' experiences with this communication method were analyzed using qualitative content analysis. Data collection continued until that information was repetitive. The data were saturated after 8 participants were interviewed.

Results: Based on the analysis of students' experiences, 3 main categories of unfamiliarity with methods of communicating with patients, appeal of the interviewing method, and obstacles to communication with patients were found.

Conclusion: The results of the study indicate that proper use methods of communication improved nurses' ability to communicate with patients. It is recommended to add communication skills and interview techniques as an applied course in the undergraduate curriculum.

Keywords:

Clinical education, Qualitative content analysis, Communication with patients, Nursing students

1. Background

Effective communication not only address the real need of patients but also is the basis of nurses' task in patient's care. Most studies consider the psychological distance in the nurse-patient relationship as one of the foundations in understanding the patient needs. Accordingly, nurses' ignorance of the values, beliefs, and experiences of the patient and his or her family forms a negative attitude towards the patient's behaviors (Farahani et al. 2006). Communication skills are taught to nurses in educational environments; however, they disregard consistently these skills in clinical settings. Although

learning communication skills is an important part of the students' curriculum, there are many issues over their poor communication. The weakness of medical staff, including nurses, in communication is so prominent that it has become one of the most frequent complaints in health care Department centers of the countries such as England (Heaven et al. 2006). Proper communication not only satisfies an important need of the patient but also is a major aspect of nursing care, which besides informing the patient's illness and its treatment, helps to understand his/her concerns, develops understanding; empathy; psychological support; and leads to recovery from physical, psychological, and behavioral problems; and welfare of the patient (Gibson-Mee et al. 2011).

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Teaching communication skills is one way to improve the quality of care, which through changing the attitude of nurses, improves the clinical condition of the patients and increases their satisfaction (Mullan et al. 2010 & McCaffrey et al. 2010). In recent studies in Iran, only 22% of the nurses were well aware of the communication with patients and merely 43% of the nurses believe that, during busy work hours, patients' requests must be properly and quickly responded to (Moradi 2007). Nurses spend a lot of time with the patients; therefore, establishing efficient communication is of utmost significance (Gámez 2009). In their study, Rostami et al. showed that 36.6% of the nurses had good, 50.8% average, and 12.6% poor nonverbal communication skills. This study reported that only 14.3% of the nurses had good verbal communication skills.

Numerous studies confirm the abovementioned results, indicating that most of the patients' complaints of medical staff are due to their ignorance of the patients' dignity and status (Rostami et al. 2012). A study conducted by Taghizadeh et al. suggests that there is a strong correlation between the patients' satisfaction and healthcare personnel's use of verbal and nonverbal communication skills. In addition, this study showed a positive correlation between midwives' verbal and nonverbal communication skills and the patients' satisfaction (Taghi-Zadeh et al. 2006).

The aim of communication is to enable the nurses to communicate properly with the parents and exchange ideas with them so that they can understand each other. Job description of nurses considers caring for the patients as the main responsibility and treatment aims to restore patients' health. The most important task of the nurses is establishing human relationships. Nurses are the link between parents and doctors and other healthcare staff. Meeting the needs depends on nurse-parents communication as well as information transfer to other healthcare staff (Moradi 2007). Effective communication is an important element of supportive care. If families receive adequate support from health professionals, their stress will reduce. Nurses are important source of information and support for parents in the pediatric unit and communication in nursing is of particular importance (Jones et al. 2007).

Since nurses spend a lot of time with the patients, establishing efficient communication is an essential feature of nursing care. In addition, teaching communication skills enhances the quality of care. Nevertheless, most researches have described nurses' communication with patients as weak and since the quality of provided care,

especially communication with the patients, is one of the main concerns of nursing education managers, we conducted this study with the aim of improving communication skills in clinical education of nursing students.

2. Materials & Methods

This is a qualitative study using conventional content analysis. The research population comprised nursing students in sixth-semester. Purposive sampling was used in this study. This study included 7 steps: 1) Development of research question, 2) Selection of the sample for analysis, 3) Defining the categories used, 4) Determining the process of coding and training the coder, 5) Implementing the coding process, 6) Determining solutions for ensuring the validity and consistency of the study, and finally 7) Analysis of the results of coding process. Qualitative content analysis is often used in studies that are designed to describe a phenomenon and it is suitable when the theories or research papers about a phenomenon are limited (Hsieh et al. 2005).

Participants in this research were 8 sixth-semester nursing students who were pediatric interns. First, during 4 one-hour sessions, the topics of communication, methods of communication and interviewing patients were taught to the students using lecture, question-and-answer and group discussion methods. Next, the students were asked to obtain informed consent from the patients and record their communication with them and their case histories. Also, the students were asked not to refer to the patient's case and use the child's parents as the sole source of case history data. In all cases, the mothers who were the main caregivers were interviewed. Then the students were asked to transcribe the whole interview.

During feedback sessions, each student read his/her interview and listed the communication problems and discussed them with other students and received feedback on his/her performance. The students were asked to solve these problems and, using this new experience, try again to communicate with the patient. Students' experiences with this communication method were analyzed using qualitative content analysis. The data were saturated after 8 participants were interviewed. The average age of students was 24 years. Five students were female and 3 students were male.

An inductive content analysis was used in this study. This process includes open coding, categorization, and abstraction (Elo et al. 2008). The students interested in participating in the study were interviewed after informed

consent was obtained from them. Location of individual interviews was either hospital or college, whichever was convenient for the participants. The average duration of the interviews was 35 minutes. Interviews started with the open question "Please talk about your experiences with the new method of communicating with patients in the pediatric unit". Interview continued with probing questions. Sampling and data collection were continued until the researcher realized that after conducting 8 interviews, data saturation had occurred.

During the interview and in order to obtain more accurate data, the researcher considered the following matters: objective of the interview, giving feedback, gaining the trust, avoiding from the induction of the comments to interviewee, and lack of correction of the interviewee's statements. Data collection, sampling, and interviews continued until the data saturation, which happens when participants do not raise any new issue. Data analysis and implementation of the interviews were conducted simultaneously.

The researcher listened to the tapes a number of times, and then scrutinized the data to gain an overall view of the overviews. All the interviews were transcribed verbatim so as to highlight the words in the text, which contained key concepts and extract the codes. After extracting the concepts and codes from the important sentences and paragraphs, they were categorized based on their similarities and differences and eventually, similar categories were combined into major categories based on their associations (Elo et al. 2008).

To ensure precision, accuracy, and consistency of the data, lengthy interviews and meetings with the participants were conducted, interviews were read repeatedly and the data were scrutinized. During the peer review, the comments and supplementary suggestions of colleagues were used to confirm and correct the accuracy of the extracted codes and categories.

During participants' review, and after coding, a number of the interviews were distributed among the participants to assess the degree of consensus between researchers and participants about the codes. It should be noted that confidentiality of the present research and anonymity of the respondents were ensured and ethical considerations were observed.

3. Results

Based on the analysis of students' experiences, 3 main categories of unfamiliarity with the methods of commu-

nicating with patients, appeal of the interviewing method, and obstacles to communication with patients were obtained, which will be explained in the following sections. Unfamiliarity with the methods of communicating with patients:

This category includes 3 subcategories: lack of knowledge about communication with patients, low self-confidence, and teachers' inattention to communication. All the students stated that in most training courses, the emphasis is on writing patients' case histories, teachers pay no attention to the methods of communication with patients, and students use the content of patients' records. A student said:

"... Most of the teachers emphasize communication with patients but do not explain the methods to us. They just say go ahead and do interview. When we visit patients, we greet them, but we don't know what to do next..." (Nursing student No. 4)

Another participant stated:

"... We lack the self-confidence to do interviews. It is as if we are embarrassed. For convenience sake, we copy the information from patients' records..." (Nursing student No. 2).

Another participant said:

"When I wanted to record my voice, I felt embarrassed. I felt like I was not able to speak. My voice was shaking..." (Nursing student No. 5).

Another student said:

"... In other training courses, one of the items of the logbook was communication with patients, but teachers did not explain methods of communication to us. They just checked on us and asked if we had written the patient's case history. We copied the rest of the information from the patient's records..." (Nursing student No. 7).

Another participant said:

"... In many of the units, the main focus of the teachers is on dressing, medication, and volume expander and little attention is paid on communication with patients. To be honest, we were not that interested in communication with patients either. We did not think of communication as a professional task..." (Nursing student No. 6).

Appeal of the interviewing method

Analysis of participants' interviews indicated that this category includes 3 subcategories: motivation for communication with patients, enhancing self-confidence, and creating a sense of independence.

Although communication with patients, especially children, is one of the main principles in educating students in the clinical environment, all the students stated that in most training courses, the emphasis has been on writing patients' case histories and their main source of information was patients' records rather than patients themselves. Students stated that communication with patients is a professional task. Besides, the new method of communication with patients was very interesting for them and in addition to enhancing their self-confidence; it gave them a sense of independence.

One of the participants said:

"... Until now, communication with patients was a non-professional task for us. We thought it was an ordinary task. When we used the new method in our interviews, after asking a couple of questions, we had no idea what to ask. Then we realized that communication was both a professional task and an art..." (Nursing student No. 3).

Another participant commented:

"In my opinion, in the pediatric unit, communication with patients is of particular importance. When I communicated well, I realized that in establishing a good communication, we would have less problem in giving them medication. However, at first, they were afraid of us in our white uniforms, but when we sat next to their mothers and talked to them, they were no longer afraid. Their mothers responded to our questions very well..." (Nursing student No. 8).

Another student stated:

"... Now I really like to do interviews using this new method, because I know that families (parents) are the main source of information, if we communicate effectively." (Nursing student No. 1).

Another participant commented:

"... Using this new method, I felt like I had learned something new. My self-confidence has improved. I am no longer ashamed. When I listened to my own voice, I

noticed what my problem was and realized that I had to try harder..." (Nursing student No. 8).

Another participant said:

"When I communicated with children's parents using the new method, I felt like I had learned many things and had become independent..." (Nursing student No. 4).

Obstacles to communication with patients

Analysis of the data obtained from the interviews indicated that the main category of obstacles to communication with patients includes 3 subcategories: crowdedness of the unit, disregard for patient's privacy, and unsuitable environment of the unit.

The pediatric unit is often crowded due to hospitalization of the children, numerous admissions, shortage of hospital beds, and presence of various students. Most of the students stated that crowded rooms of the unit, presence of many students, disregarding patient's privacy, unsuitable environment of the unit and shortage of hospital beds are obstacles to communication with the patients. Some of the students claimed that they even had not been able to hear parents' voices.

A student stated:

"When I visited a patient for the first time, I couldn't even hear his voice. When I listened to the recordings, my voice was not clear at all due to the loud sound of moving tables..." (Nursing student No. 5).

Another participant commented:

"We were engaged in a conversation with the parents when an intern entered into the room without even knocking the door. Later, when we started the interview, other residents and students came into the room." (Nursing student No. 1).

Another student said:

"The environment of the unit is not suitable for communication. The mother can find no suitable place to sit down. And when we want to talk to her, the loud noises disturb us..." (Nursing student No. 6).

Another participant said:

"The unit was so crowded that our patient was hospitalized in the lounge. Doctors, students, personnel, all the noises, staff cleaning, patients' family members coming

and going, all these prevent us from communicating efficiently with the patients.” (Nursing student No. 2).

4. Discussion

Based on the analysis of students' experiences, 3 main categories of unfamiliarity with the methods of communicating with patients, appeal of the interviewing method, and obstacles to communication with patients were obtained. One of the results of our study was unfamiliarity with methods of communicating with the patients, which was one of the reasons for inefficient communication with the patients as all the students stated that the reason for unsuitable communication was their unfamiliarity with the methods of communication and teachers' inattention to methods of communication with patients. Results of other studies also confirmed this finding. The results of a study conducted in 2007 by Nasirian et al. suggested that the reason for hospital personnel's inappropriate communication with the patients was their lack of knowledge (Nasirani et al. 2007). Also in 2012, Khosravi et al. argued that a clinical professor must have up-to-date information and skills so that he/she may teach students properly (Khosravi et al. 2012).

According to the results of the present study, appeal of the interviewing method was found to enhance self-confidence in the students. Results of other studies also confirmed the finding that, using proper educational methods, clinical instructors play a crucial role in educating students. In 2007, Mitchel et al. suggested that clinical instructors play a crucial role in educating students. Through proper education, they can enhance students' self-confidence in clinical situations (Mitchell et al. 2012). Also in 2005, Hadizadeh argued that employing effective and efficient instructors helps decrease the problems of clinical education (Hadi-Zadeh et al. 2005).

Findings of the present study indicated that crowdedness and unsuitable environment of the unit are some of the obstacles to communication with patients. Other studies also confirmed this finding. In 2010, Mobaraki et al. suggested that the high volume of work, shortage of welfare facilities for nurses and lack of teaching communication skills at university are the major obstacles to efficient nurse-patient communication (Mobaraki et al. 2010).

Also, according to the findings of the study conducted by Anousheh et al. in 2009, the high volume of work, difficult job conditions, and shortage of welfare facilities were the major obstacles to efficient communication from the viewpoint of nurses (Anousheh et al. 2009).

Based on the findings of Fakhrmovahedi et al. in 2011, management structure is one of the factors inhibiting nurse-patient communication (Fakhr-Movahedi et al. 2011). Also, the results of a study conducted by Mohamamdizadeh in 2007 indicated that one of the obstacles to communication is crowdedness of the unit (Mohammadzadeh et al. 2007).

Teaching communication skills is one way to improve the quality of healthcare, which through changing the attitude, leads to the improvement of clinical condition and increases patients' satisfaction. The results of this study indicated that correcting nursing interns' method of communication with patients improved their ability to communicate with the patients. It is recommended that communication skills and interview techniques be included as an applied course in the undergraduate curriculum of nursing students.

Conflict of interest

The authors declare that they have no conflict of interests.

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