

Designing A Training Program For Improving Patient, Student Nurse Communication

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Abstract

Successful communication has three major components: a sender, a receiver, and a message. In nursing practice, we frequently have a great deal of information to send to others in a short period of time. The present study **aimed to** design a training program through assess the factors affecting communication between patients and first year nursing students and to answer the **research question**; what are the factors affecting communication between patients and first year nursing students?**Methods**:the study was conducted at medical and surgical units in Ain Shams, University Hospitals. One hundred nursing students communicated with one hundred patients in the hospital (area of training) have been selected. Data were collected through: (1) patient's opinionair sheet to assess patient's opinion about nursing students communication,(2) student's questionnaire sheet to assess the nursing students' knowledge in relation to communication, and(3) observational checklist to assess the communication skills of nursing students.**Results**of this study, revealed that most of the nursing students had satisfactory knowledge about communication, and most of them had adequate communication skills. More than half of the patients had satisfactory opinionair about communication with nursing students,. **The present study concluded that**, the factors affecting communication were age (of the nursing students and patients), sex of patient, level of knowledge, amount of training, and students' skills .**The study recommended** :increasing theoretical input in relation to interpersonal skills and communication theory ,implementation of training programs to the nursing students about communication, Encouraging seminars and workshops about communication andFurther researches are highly recommended to be carried out in more wider areas about communication.

Key words: Effective communication- Nursing students- Patients, Training program

INTRODUCTION

Communication in nursing profession can be a complicated process, and the possibility of sending or receiving incorrect messages frequently exists. It is essential that we know the key components of the communication process, how to improve our skills, and the potential problems that exist with errors in communication⁽¹⁾.

Successful communication has three major components: a sender, a receiver, and a message. In nursing practice, we frequently have a great deal of information to send to others in a short period of time. To do this effectively, we need to know that there are factors which could influence how our message is interpreted. We must consider the setting in which the communication occurs, the past experiences and personal perceptions of both the sender and receiver, the timing of the message⁽¹⁾.

Communication takes place on many different levels including intrapersonal communication, interpersonal communication, small group communication, organizational communication, collegial communication, therapeutic communication and social communication⁽²⁾

Ineffective communication is reported as a significant contributing factor in medical errors and inadvertent patient harm. In addition to causing physical and emotional harm to patients and their families, adverse events are also financially costly. In Victoria, the direct cost of medical errors in public hospitals is estimated at half a billion dollars annually . Today, healthcare is ever more complex and diverse, and improving communication among healthcare professionals likely to support the safe delivery of patient care⁽³⁾.

Communication is an important aspect in nursing practice since nurses can not practice without communication.

Effective communication is the master key that unlocks such human resources, enabling a nurse to understand, to care and to help another person. Communication can be considered as a personal process that involves the transfer of

information and also involves some behavioral input. Communication is something people do. It does not exist without people taking some form of action⁽²⁵⁾.

There is a growing body of evidence that nursing students are not as effective as they ought to be when interacting with patients and the others in the health care setting and this underlines the importance of teaching these skills⁽⁴⁾.

Aim of the study

This study is aiming to:

- 1-Assess factors affecting communication between patients and first year nursing students.
- 2- Design a training program for effective communication between nursing students and patients.

Research Question:

What are the factors affecting communication between patients and first year nursing students?

Subjects and Methods

Research Design:

The Present study is a descriptive exploratory design .

A. Setting: This study was conducted at Ain Shams University Hospitals as clinical area for training first year nursing students, medical and surgical units.

B. Subjects: A convenience sample from the first year nursing students of the academic year 2011\2012 (n=100), and one hundred patients who communicated with the nursing students at the hospital (area of training) from medical and surgical units were recruited for this study.

C. Tools used for data collection:

- 1- Patient's opinionair sheet to assess patients' opinion about nursing students communicated with them .
- 2- Students questionnaire sheet to assess the nursing students' knowledge in relation to communication .
- 3- Observational checklist to assess the communication skills of nursing students .
- 4- Training program for effective communication.

-Patient's Opinionair sheet:

It was developed to assess patients' opinion about nursing students communication. It was designed and developed by the researcher. It was designed in simple Arabic language to facilitate understanding and to minimize misconception. It consisted of 26 questions modified from (Tawfik, 2004).

The first part included variables pertaining to the demographic characteristics of the study patients such as; name, age, sex, marital state, qualification and job.

The second part contained 18 questions. It included variables related to patients' opinion about nursing students' communication.

This opinionair was constructed in the form of "Yes", "No" and "Sometimes". The total score of patient's opinionair sheet was 18 grades

A score of (1) for positive points (answers with yes and sometimes)

A score of (0) for negative points (answers with No).

Satisfactory > 60%.Unsatisfactory < 60%.

Students questionnaire sheet:

It was directed to nursing students in their class in Faculty of Nursing. It was designed in an Arabic language, to assess the nursing students' knowledge about communication. The questionnaire consisted of (4) items and (28) questions modified from (Farouk, 2004) and constructed by (Abu El-Rous, 2004).It covered the following two main parts:

1-Sociodemographic characteristics of nursing students included in the study which include (name, age, qualification, and marital status).

2-Questions to assess the students' level of knowledge.

The scoring system regarding students' questionnaire:

It included four main questions with sub-questions. Each item was classified into "correct" and "Incorrect", in the form of "Yes" and "No" a score of (1) was assigned for right choice, and a score of (Zero) for a wrong choice. The total score of students' questionnaire sheet was 151 grades distributed as following:

1-Basic knowledge about communication process (24 grades).

2-Ways of communication process (42 grades).

3- Factors that impede communication (24 grades).

4-Methods of caring (61 grades).

Two score levels were considered:> 60% was considered satisfactory.

< 60% was considered unsatisfactory.

An observational checklist:

It was developed to assess the communication skills of nursing students while dealing with the patients. It was designed and developed in an Arabic language .The observational checklist contained (7) items and (60) questions:

The scoring system regarding observational checklist:

The observational checklist constructed in form of "Yes" and "No" answers. A score of (1) for a correct performance, and a score of zero for an incorrect one. The total score of the observational checklist was 54 grades .> 60% was considered satisfactory and < 60% unsatisfactory.

-The training program which is a combination between theoretical education as a teaching strategy of the training. involved computer-assisted instruction consisting of four modules; basic communication skills, breaking bad news, effectively providing information and how to deal with patient's emotions. Each module consisted of video examples of poor and adequate communication, with practice questions about the video and immediate feedback. Each module of this program could be completed within an hour. Followed by real-time training involved in the work place. The median duration of these program will be 18 – 30.5 h (range 105 h). Role-playing exercises with regular feedback would be part of these training program. The group size ranged from three to 15 participants, the latter being quite large^(5,6).

*Pilot study:

A pilot study was conducted on 10 patients and 10 students for testing clarity, relevance and time consuming to fill in the forms. The necessary modifications and adjustments were carried out as revealed from the pilot findings.

Students who shared in the pilot study were excluded from the study sample.

*Content validity:

It was established by a panel of ten expertise who reviewed the instruments for clarity, relevance, comprehensiveness, understanding, applicability and easiness for administration was established, minor modifications were required.

*Fieldwork: The actual fieldwork was carried out at the first week of March 2012 up to the middle of May 2012 for data collection. it was detected that the average time to fill all the tools was 45-55 minutes. The researcher explained the aim of the study to all the students and patients that were included in the study then. The questionnaire was filled by the nursing students in their class at the Faculty of Nursing. The researcher was checking the observation sheet during the period of training. and collected the patients' opinionair through interviews during the 2 days of training.

Administrative Design:

An official permission from the Dean of the Faculty of Nursing, Ain Shams University to the directors of each hospital, and head of the units chosen for conduction of the study.

Statistical Analysis:

It was done using IBM PC. Data entry and analysis were conducted by using a statistical package for social science (SPSS) version 10. Data were presented in tables and charts using number and percentage, range, arithmetic mean \bar{X} , and standard deviation (SD).

Limitations of the study:

-Some of patients refused to participate in the study

-The type of sample (convenience sample) led to inability to generalize the result of the study as there was possibility of bias.

Results

Part I: Socio-demographic Characteristics of Patients and Nursing Students. Table (1): shows that two fifths (40%) of the patients under study were from 40 to less than 60 years old, with mean of 46.08 ± 16.55 . Most of them (76%) were males, the majority of the study group of patients (87%) were employees, (58%) were married, nearly one third of them (33%) were illiterate.

Table (2): shows that slightly more than two thirds of the student nurses under study (74%), their age were between 18<20 years old, with a mean of 17.81 ± 0.581 . All of them (100%) were single, while more than half of them (56%) reside rural areas.

Table (3): The table shows also that most of nursing students (99%) mentioned the components of communication. It also clarifies that most of students (99%) answered that modes of communication are verbal, (93%) of them list establish needs between persons and(96%) of students mentioned that these are expressed in facial expression, body motion and space.

Table (4) A: demonstrates that, all of the nursing students (100%) mentioned that respecting and accepting the patient is the principle followed while conversing with the patient, followed by(97%) of them who were using simple and clear language. For the behavioral ways to improve communication,(96%) of students list giving enough time to the patient, followed by(94%) who reported get rid of the noise.

Table (4) B: (Continued): This table reveals that most of the students (97% & 95%) answered that listening and attention are effective communication skills. This table clarifies that(98%) of students answered importance of listening to give the patient feeling of acceptance and respect. Almost two thirds of the students (67%) chose stimulating and orienting the patient.

Table (5): This table shows that (91%)of students mentioned that reduced or impaired patient's ability to talk is a factor that impede communication with patient, and slightly more than one third of them (36%) mentioned increasing patient's needs. As well, this table clarifies that 94% of students reported that socio cultural habits as a factor (affecting communication and 92%) of them mentioned values as a factor affecting communication.

.Table (6): This table indicates that all students (100%) mentioned good listener and the least percentage of them (32%) reported talking in humorous manner too much as a characteristics of good communicator with the patient and (99%) of the study group of the students listed, to be patient, smiley face, appropriate facial expression also use simple easy and clear speech for effective communication.

Table (7): Shows the patient's opinionair about positive communication points, that all the patients (100%) saw that the student has a good appearance, most of patients (99%) told that the student use a suitable and easy language during conversation, while the least percentage of them (28%) said that the student gives the family enough information about his condition and its progress.

Table (8): Shows the patient's opinionair about negative communication points. The majority of patients (75%) do not feel upset when speaking with students for long time, minority of them (7%) want time to pass quickly and (73%) of the patients don't feel that speech with student hasn't importance for listening also don't feel that student avoids dealing with him/her due to his/her appearance.

Table (9): clarifies that, there was a very highly statistically significant difference between the beginning and the end of training period related to talking to the patients. There was also a significant difference related to overall communication skills.

Table (10): Shows that, there were highly statistically significant relations between nursing students' knowledge about basics of communication process, their communication skills related to talking to the patient , environment around patient, and there were statistically significant relations related to overall communication skills and offering nursing care needed for the patient.

Table (11): indicates that, there were highly statistically significant relations between students' knowledge about factors that impede communication and their communication skills related to talking to the patient, environment around the patient and overall communication skills.

Table (12): Shows that, there were highly statistically significant relations between overall nursing students' knowledge and their communication skills related to receiving the patient and environment around the patient. However, there were very highly statistically significant relations related to dealing with the patient listening to the patient, and overall communication skills.

Table (1): Socio-demographic characteristics of patients.

Items	(N=100)	%
Age (years):		
< 20	4	4
20- < 40	32	32
40- < 60	40	40
60+	24	24
Range	16-75	
Mean+SD	46.08+16.55	
Gender:		
Male	76	76
Female	24	24
Job:		
Employee	87	87
Housewife	13	13
Marital status:		
Single	22	22
Married	58	58
Divorced	1	1
Widowed	19	19
Education:		
Illiterate	33	33
Read/write	26	26
Basic	12	12
Intermediate	22	22
High	7	7

Table (2): Socio-demographic characteristics of nursing students.

Items	(N=100)	%
Age (years):		
16< 18	25	25
18<20	74	74
20 +	1	1
Range	16-20	
Mean+SD	17.81+0.581	
Marital status:		
Single	100	100
Residence:		
Urban	44	44
Rural	56	56

Part II: Nursing Students knowledge about communication.

Table (3): Percentage distribution of students as regards their information about basics of communication process.

Items	Yes		No	
	No	%	No	%
Communication is:				
-Transfer of information, ideas, and feelings between people	92	92	8	8
-Judgment on conversation	40	40	60	60
-Giving advice and helping others	89	89	11	11
-Helping others to communicate	77	77	23	23
Components of communication:				
-Sender and receiver	99	99	1	1
-Message	79	79	21	21
-Evaluation of the conversation	47	47	53	53
-Channel of sending the conversation	46	46	54	54
Modes of communication:				
-Verbal	99	99	1	1
-Written	44	44	56	56
-Non-verbal	57	57	43	43
-Published words (or conversation)	82	82	18	18
Functions of communication:				
-Establish needs between persons	93	93	7	7
-Making relationship between persons	91	91	9	9
-Making an effect between persons	58	58	42	42
-Showing interest between persons	74	74	26	26
Importance of non-verbal communication skills:				
-Express of feeling and emotion..	87	87	13	13
-Validation or contradiction of verbal message				
-Express the opinion in conversation	36	36	64	64
-Testing personality of sender	73	73	27	27
	60	60	40	40
Nonverbal communication is expressed in:				
-Facial expression, body motion and space, appearance and tone of voice	96	96	4	4
-Body space and touching during communication				
-Verbal speech	49	49	51	51
-Writing	34	34	66	66
	46	46	54	54

Table (4) A: Percentage distribution of students as regards their information about communication strategies.

Items	Yes		No	
	No	%	No	%
Principles followed while conversing with the patient:				
Respect and accept the patient.				
Use simple and clear language.	100	100	0	0
Give criticism to the patient's behavior.	97	97	3	3

Communicate in more subjects/topics	49 69	49 69	51 31	51 31
Behavioral ways to improve communication: Sit beside the patient.				
Speak slowly.	38	38	62	62
Ask frequent questions.	56	56	44	44
Use frequent repetitions and clarifications of speech.	15	15	85	85
Communicate in more topics.	91	91	9	9
Make sure of patient's concentration.				
Get rid of the noise.	62	62	38	38
Give enough time to the patient to understand the conversation.	91 94	91 94	9 6	9 6
	96	96	4	4
Communication problems while conversing with the patient: Impaired speech, hearing, and vision.				
Forgetting recent events.	78	78	22	22
Forgetting old events.	57	57	43	43
A lot of question from the patient.	63	63	37	37
Nervousness of the patient.	38	38	62	62
Noise	73	73	27	27
Lack of attention or no attention.	79	79	21	21
Impaired patient facial expression.	75	75	25	25
Patient speaks for long periods.	56 48	56 48	44 52	44 52

Table (4) B: Percentage distribution of students as regards to their information about communication strategies.

Items	Yes		No	
	No	%	No	%
Effective communication skills are:				
Listening skill.	97	97	3	3
Touching skill.	31	31	69	69
Attention.	95	95	5	5
Supporting nervousness of the patient.	13	13	87	87
Observing body motions.	65	65	35	35
Dealing with patient differs according to:				
Age				
Sex	77	77	23	23
Social status	77	77	23	23
Health condition	36	36	64	64
Economic state	82	82	18	18
His way of dealing	24	24	76	76
	62	62	38	38

The importance of listening to patient: Detecting weak points during communication. Giving him a chance to communicate for a long time. Giving him a feeling of acceptance and respect. Giving him a feeling of non interest.	65 85 98 6	65 85 98 6	35 15 2 94	35 15 2 94
Effects of touching skills during conversation: Stimulating and orienting the patient. Clarifying the points of conversation. Speeding communication with patient. Expressing warmth relationship with patient. Expressing upset of communication with patient.	67 47 32 53 17	67 47 32 53 17	33 53 68 47 83	33 53 68 47 83

Table (5): Percentage distribution of students as regards to their information about factors impeding communication.

Items	Yes		No	
	No	%	No	%
Factors that impede communication with patient: Increasing patient's needs. Patient's conversation about remote events. Speaking in more than one topic. Insufficient time to make feedback. Speaking in one topic. Repeating conversation points. Ignorance of patient's emotion. Disharmony between verbal and nonverbal messages.	36 38 49 57 60 64 65 67	36 38 49 57 60 64 65 67	64 62 51 43 40 36 35 33	64 62 51 43 40 36 35 33
Insufficient time to receive message. A lot of questions to the patient. Advertising patient's secrets to others. Interrupting the patient during conversation. Dealing with patients when busy. Difficulty to clear and send the message. Speaking with the patient in a way he/she didn't understand. Conversation that let the patient feel boring. Social withdrawal of patient and unacceptance to communicate. Reduced or impaired patient ability to talk.	71 71 79 80 81 82 83 87 88 91	71 71 79 80 81 82 83 87 88 91	29 29 21 20 19 18 17 13 12 9	29 29 21 20 19 18 17 13 12 9
Factors affecting communication include: Age Sex (male/female) Language Perception	81 82 84 89	81 82 84 89	19 18 16 11	19 18 16 11

Values	92	92	8	8
Socio cultural habits	94	94	6	6

Table (6): Percentage distribution of students as regards their information about effective communication.

Items	Yes		No	
	No	%	No	%
Characteristics of good communicator with patient: Be patient and tolerate all patient's behaviors. Complete awareness of patient's status. Has smiley face.	99	99	1	1
Be good listener. Has appropriate facial expressions.	96	96	4	4
Speaking in a simple way. Decrease tension and be calm.	99	99	1	1
Talk in humorous manner too much. Use simple, easy and clear speech.	100	100	0	0
Not being affected by patient's speech. Has complete awareness of different ways of communication and their application methods.	99	99	1	1
	33	33	67	67
	94	94	6	6

Part III: Patient's opinionair about Nursing Students Communication:

Table (7): Patient's opinionair about positive communication points performed by nursing students.

Items	Yes		No		Sometimes	
	No	%	No	%	No	%
Prefer that the topic of conversation to be from patients side. Keep his privacy.	50	50	39	39	11	11
Accept any words that he/she says. Empathy with his condition.	82	82	7	7	11	11
Help him in making things can't make it alone without shaming. Feel that the time he/she spent with the students was important.	61	61	8	8	31	31
Feel that the student is	94	94	1	1	5	5
	69	69	5	5	26	26

patient.	79	79	7	7	14	14
See that the student has a good appearance.						
See that the student facilitates a suitable environment during conversation.	95	95	0	0	5	5
See that the student uses a suitable and easy language during conversation.	100	100	0	0	0	0
See that the student gives enough information about his condition and its progress.	64	64	5	5	31	31
See that the student gives the family enough information about his condition and its progress.	99	99	0	0	1	1
	45	45	28	28	27	27
	28	28	44	44	28	28

Table (8): Patient's opinionair about negative communication points.

Items	Yes		No		Sometimes	
	No	%	No	%	No	%
Feel upset when speaking with the student for long time.	16	16	75	75	9	9
Want time to pass quickly.	7	7	69	69	24	24

Feel that speech with student hasn't importance for listening.	12	12	73	73	15	15
Feel that student avoids dealing with him/her due to his/her appearance.	10	10	73	73	17	17
Feel that student avoids dealing with him/her due to his/her illness.	11	11	72	72	17	17

Table (9): Difference between communication skills of nursing students at the beginning and end of training period.

Items	At beginning		At the end		X	P-Value
	No	%	No	%		
Receiving patient: Inadequate Adequate	21 79	21 79	6 94	6 94	8.39	0.004 (HS)
Dealing with patient's anxiety Inadequate Adequate	48 52	48 52	27 73	27 73	9.408	0.002 (HS)
Dealing with the patient Inadequate Adequate	1 99	1 99	0 100	0 100	Fisher	0.5 (NS)
Talking to the patient Inadequate Adequate	48 52	48 52	8 92	8 92	37.72	0.000 (VHS)
Listening to the patient Inadequate Adequate	2 98	2 98	4 96	4 96	Fisher	0.34 (NS)
Offering nursing care needed for the patient Inadequate						

Adequate	38 62	38 62	17 83	17 83	10.03	0.002 (HS)
Environment around the patient						
Inadequate					6.84	0.009 (HS)
Adequate	48 52	48 52	29 71	29 71		
Overall communication skills						
Inadequate					4.08	0.043 (S)
Adequate	4 96	4 96	0 100	0 100		

Table (10): Relation between nursing students' knowledge about basics of communication process and their communication skill.

Items	Students knowledge				X	P-Value
	Unsatisfactory (n=33)		Satisfactory (n=67)			
	No	%	No	%		
Receiving patient:					Fisher	0.608 (NS)
Inadequate	8	24.2	13	19.4		
Adequate	25	75.8	54	80.6		
Dealing with patient's anxiety					1.809	0.179 (NS)
Inadequate	19	57.6	29	43.3		
Adequate	14	42.4	38	56.7		
Dealing with patient					1.628	0.202 (NS)
Inadequate	1	3	0	0		
Adequate	32	97	67	100		
Talking to patient					6.23	0.013 (HS)
Inadequate	20	60.6	23	34.3		
Adequate	13	39.4	44	65.7		
Listening to patient					1.628	0.202 (NS)
Inadequate	2	6	0	0		
Adequate	31	94	67	100		
Offering nursing care needed for patient.					5.723	0.017 (S)
Inadequate	18	54.5	20	29.9		
Adequate	15	45.5	47	70.1		

Environment around patient						
Inadequate	22	66.7	26	38.8	6.88	0.009 (HS)
Adequate	11	33.3	41	61.2		
Overall communication skills						
Inadequate	4	12.1	0	0	5.6	0.018 (S)
Adequate	29	87.9	67	100		

Table (11): Relation between nursing students' knowledge about factors that impede communication and their communication skills.

Items	Students knowledge				X	P-Value
	Unsatisfactory (n=21)		Satisfactory (n=79)			
	No	%	No	%		
Receiving patient.						
Inadequate	9	42.9	12	15.2	6.08	0.014 (S)
Adequate	12	57.1	67	84.8		
Dealing with patient's anxiety.						
Inadequate	11	52.4	37	46.6	Fisher	0.807 (NS)
Adequate	10	47.6	42	53.2		
Dealing with patient						
Inadequate	1	4.8	0	0	3.587	0.058 (NS)
Adequate	20	95.2	79	100		
Talking to patient						
Inadequate	20	71.4	28	35.4	8.765	0.003 (HS)
Adequate	1	28.6	51	64.5		
Listening to patient						
Inadequate	2	9.6	0	0	3.59	0.058 (NS)
Adequate	19	90.5	79	100		
Offering nursing care needed for patient.						
Inadequate	11	52.4	27	34.2	2.33	0.127 (NS)
Adequate	10	47.6	52	65.8		
Environment around patient.						
					8.464	0.004

Inadequate	16	76.2	32	40.5		(HS)
Adequate	5	23.8	47	59.5		
Overall communication skills.					11.107	0.001 (HS)
Inadequate	4	19	0	0		
Adequate	17	81	79	100		

Table (12): Relation between overall nursing students' knowledge and their communication skills.

Items	Students knowledge				X	P-Value
	Unsatisfactory (n=8)		Satisfactory (n=92)			
	No	%	No	%		
Receiving patient						
Inadequate	6	75	15	16.3	11.95	0.001 (HS)
Adequate	2	25	77	83.7		
Dealing with patient's anxiety.						
Inadequate	5	62.5	43	46.7	Fisher	0.475 (NS)
Adequate	3	37.5	49	53.3		
Dealing with patient						
Inadequate	1	12.5	0	0	12.44	0.0001 (VHS)
Adequate	7	87.5	92	100		
Talking to patient						
Inadequate	6	75	42	40.2	2.35	0.125 (NS)
Adequate	2	25	50	59.8		
Listening to patient						
Inadequate	2	25	0	0	12.44	0.0001 (VHS)
Adequate	6	75	92	100		
Offering nursing care needed for patient						
Inadequate	6	75	32	34.8	3.49	0.062 (NS)
Adequate	2	25	60	65.2		
Environment around patient						
Inadequate	8	100	40	43.5	7.292	0.007 (HS)
Adequate	0	0	52	56.5		

Overall communication skills.						
Inadequate	4	50	0	0	35.78	0.0001
Adequate	4	50	92	100		(VHS)

Discussion

Communication is one of the most important aspects of nursing care. Good communication skills are essential whether the nurse is gathering admission information for taking a health history, teaching, or implementing care. It is a process that requires interpretation, sensitivity, imagination, and active participation, and it is used to establish and maintain relationships with others (Perry,2006).

Socio-demographic Characteristics of Patients and Nursing Students.

Finding of the present study revealed that, two fifths of patients under study were from 40 to less than 60 years old.

Regarding to marital status, the study findings showed that more than half of patients were married, this might be due to that more than two-thirds of patients were aged over forty years.

In relation to the education of the patients, the results of the present study revealed that approximately one-third of them were illiterate. White (2005), who stated that education has a strong influence on communication.

As regards residence, results indicated that slightly less than two thirds of patients were from urban areas, which have their own standards of communication, especially with regard to non verbal behavior.

The finding of the present study revealed that approximately two-thirds of the students' age was eighteen years, it might be due to that students' were in their first year, and this is the suitable age for this year.

As regards residence, results indicated that more half of the students were from rural areas.

Nursing Students' Knowledge About Communication:

This study clarified that the majority of the students defined communication as a transfer of information, ideas, and feeling between people. This definition is consistent with white (2005), who stated that communication is the process by which information is exchanged between the sender and receiver. As well, perry (2006) stated that communication is the process involving sending, receiving messages, actions, feeling, behavior and words.

As regards the nursing student's knowledge about components of communication, it has been found that the majority of them considered components of communication as sender, receiver and message. This could be due to the fact that most people and students define communication simply as the transfer of information or meaning from one human being to another. This is consistent with (Hegner& Caldwell, 2004) who explained that communication occurs as a sequence of events process that involve message, sender, receiver, feedback and context.

This study revealed that more than four-fifth of the students knew the importance of non-verbal communication skills in expressing feeling and emotions. This might be due to that feeling are believed to be most honestly expressed nonverbally because there is little conscious control over non-verbal communication. This study findings is consistent with Mohr (2003) and Sears (2004), who pointed out that nonverbal communication is a learned behavior and is generally unconscious. Clients are particularly sensitive to non-verbal messages and seen to believe them.

The present study showed that, all of the students consider that the principles followed while conversation with the patient are respecting and accepting the patient, that she respects the patient because he/she is a human being and has emotions and feeling, and accepting him/her fosters the relationship between them. This study findings agrees with Abd El-Salam (2004), who explained that acceptance conveys a willingness to hear a message or to acknowledge feeling ad respect for others, so "patients" will help the nurse to be more successful in establishing relationships.

On the other hand, this study revealed that the majority of the students considered that the behavioral ways to improve communication is giving enough time to the patient to understand the conversation. This study finding agrees with Boscart (2006), who explained that the nurse must allow the patient to share relevant information and also gives the patient an opportunity to consider what is being said, weight alternatives, and formulate an answer.

On the other hand, this study articulated that, the majority of the students' mentioned that a factor that impedes communication with patient is reduced or impaired patients ability to talk, which can lead to frustration to both the patient and the nurse and make communication more difficult. This study result conforms with Adel and Rafat (2004), who explained that patients with sensory and motor impairments require individualized approaches and

special communication techniques for successful nurse-patient interaction and the nurse will have more work to communicate.

The majority of the students in the current study considered social withdrawal of patients and unacceptance to communicate as factors that impede communication with patient and the nurse must respect the patient and ask another nurse to deal with him/her. This study agrees with Jones (2003) who revealed that the nurse must know that patients would choose to form a deeper relationship with some of them.

Regarding to student's knowledge about communication with patients, the study finding clarified that the majority of the students had satisfactory knowledge about communication during care and overall knowledge about communication, and that minority of them had satisfactory knowledge about basic knowledge communication process.

Communication Skill of Nursing Student's while Dealing with Patients:

This study confirms with Jones (2003); Abd El-Salam (2004) & Moore (2005), and who confirmed that, in order to be effective communicators, nurses require an appropriate interaction techniques or skills.

At the same time, this study revealed that slightly more than two thirds of student nurses don't instruct the patient about his condition and how to deal with it. This will not relieve the patient's anxiety and also can't help the patient to become cooperative with them to carry out needed care. This study finding disagrees with Farouk (2004), who pointed out that the majority of patients are wishing to know as much as possible about their illness, its causes, treatment, and its outcomes. Whereas, White (2005) pointed out that clarification is a critical step to understanding important practice concepts.

Whereas, this study showed that, more than half of the students move from one topic to another one without finishing it, which means that conversation is interrupted and shows a lack of empathy to the patient, this study confirms with Doane and Varcoe (2006); Dowling (2006), and who clarified that changing the subject stalls off progress of a therapeutic communication. The person's thoughts and spontaneity are interrupted, ideas become tangled, and the information provided may be inadequate.

This study indicated that while listening to the patient, all the students were sitting in front of the patient and also were maintaining a suitable space between them and the patient during conversation, because listening requires attention and concentration in what the patient says and lets the patient feel with comfort during conversation. This study confirms with Abd El-Salam (2004); Tawfik (2004) and Foster (2005), who explained that listening is the most important communication technique that involves both hearing and interpreting what the other says. They suggested not to cross arms or legs because body language conveys a message of being close to the patients comments.

On the other hand, this study revealed that the majority of the students kept patient's privacy which means that the patient knows that the students respect him/her. This study confirms with Berlo (2002) and Moore (2005), who found that patients who are in a private setting, where they will feel comfortable, will ask questions and express their feelings.

Interestingly, this study mentioned that the majority of patients see that the student shows empathy with his/her condition to establish successful helping relationships. This study agrees with Lee (2004), who emphasized that an empathic nurse is sensitive to the patient's feelings and problems.

Factors Affecting Communication of Nursing Students while Communicating with Patients:

In relation to difference between communication skills of nursing students at the beginning and end of training period, results showed that about four-fifths of the students had adequate communication skills while receiving the patient at the beginning of training, and most of them had adequate skills, at the end of training period. When dealing with the patient's anxiety and environment around that patient at the beginning of training, more than half of the students had adequate skills and at the end period, about three quarters of them had adequate dealing with the patient's anxiety and environment around the patient. This finding was parallel with Acello (2005), who stated that, when the period of experience increased, nurses have to learn more to improve their knowledge and skills for patient's care.

As regards talking to the patient, findings in this study revealed that, more than half of the students were adequate at beginning while most of them were adequate at adequate at the end. Concerning nursing care needed for the patient, about two thirds of students were adequate at the beginning and at the end period more than four fifths of them were adequate when the period of training increased. The researcher attributes this finding to that the student with time becomes more oriented and active, having good background about dealing and interacting with the patient. This

result is in agreement with Perry (2006), who mentioned that the new nurses had unsatisfactory theoretical and practical background and after a period they become well experienced.

As regards the relation between nursing students' knowledge about basis of communication process and their communication skills, results of this study showed that less than two thirds of the students had satisfactory knowledge and more than half of them had adequate communication skills while talking to the patient, offering nursing care needed for the patient and environment around patient. This study agrees with Mohamed (2006), who reported that basics of communication process provide the nurse with the guidance and direction needed to communicate with patients effectively.

It is important that the student nurse must have knowledge about strategies of communication in order to apply it practically. In this respect, Abd El-Salam (2004), explained that the therapeutic use of communication requires knowledge and practice that makes the nurse to be perfect.

Regarding to the relation between nursing students' age and their communication skills, the study findings revealed that more than two-thirds of the students had eighteen years old and most of them had adequate skills while dealing with the patient, listening to the patient and overall communication skills. However, more than half of them had adequate skills while dealing with the patient's anxiety and environment around the patient. These results agreed with Lois (2005), who explained that the age of patients and nurses can affect communication and interaction between them.

Conclusion:

The present study concluded that:

*Nursing students have satisfactory level of knowledge about communication.

*In relation to students performance, they have adequate level of communication skills.

*There were statistically significant differences in nursing students performance at the beginning and at the end of training period.

*Patients have satisfactory level as regards the overall opinionair about communication with nursing students.

*Factors affecting communication between patients and first year nursing students were age of the patients and the students, sex of the patient, knowledge level, amount of training.

Recommendations:

Based on the results of the present study, the following recommendations are suggested:

1-Implementing of training programs to the nursing students about communication.

2-Encouraging seminars and workshops about communication.

3-Further researches are recommended to be carried out in more wider areas about communication.

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