INCORPORATION OF INTEGRATIVE COMMUNICATION SKILLS TRAINING IN GENERAL NURSING CURRICULUM

Sally John[1*],Tripti K Srivastava[2], G K Vankar[3]

1. Associate Professor, Psychiatry Department, 2. Convener, Nodal Centre for Faculty Development, 3. Professor and HOD, Psychiatry Department Jawaharlal Nehru Medical College, DMIMS Sawangi (Meghe), Wardha, Maharashtra, India.

*Corresponding author – **Sally John**

Email id – drsallyjohn@gmail.com

ABSTRACT

Background: Communication is vital for nurses in all areas of patient care. A better communication skill in nurses is associated with higher patient satisfaction and greater treatment adherence. To attain competence in communication skills, nurses need proper training and evaluation which is found to be lacking in the current curriculum in many places. **Objective:** To study the impact of incorporating integrative communication skills training in the curriculum of 2nd year General Nursing students in patient care. **MATERIALS AND METHODS:** It was a hospital based interventional study of 6 months duration, consisted of 24 second year General Nursing and Midwifery students (who completed the initial phase) who were divided into control and intervention groups. Attitude and knowledge were assessed using Communication Skill Attitude Scale. Objective evaluation was done using Mini-Clinical Evaluation Exercise. A didactic lecture on communication skills was given to both groups. Intervention group received additional skill training by role plays, demonstrations and bedside training. Pre and post-test assessments, patient satisfaction and students' satisfaction were obtained using quantitative and qualitative methods. **Results:** Improved scores of attitude and knowledge in positive items in Communication Skill Attitude Scale and overall improvement in communication skills after intervention. Patient and student satisfaction were comparatively better in intervention group. **Conclusion:** Traditional classroom teaching of skills allow less practical application. Our study shows that integrative training and evaluation have better outcome in student perception and patient satisfaction. This study calls for incorporation of communication skills in nursing curriculum with an integrative teaching and evaluation approach.

Keywords: Communication skills, didactic lecture, general nursing students, curriculum, integrative training, patient satisfaction

INTRODUCTION

Communication is most essential in all fields of health care especially in the area of nursing for health promotion, prevention, treatment and rehabilitation **(1)**. Clinical communication skill is defined as ability to interact effectively with patients, family members, and other healthcare team members **(2)**. Nursing professionals should know how to approach the patients, how to listen to them, how to encourage communication through expressions like gazing, gestures and how to make the act of asking questions

easy, honest, show respect and spend the right amount of time with the patients (**3**). Therapeutic communication is a vital aspect in nursing care and the failure of it can cause overall deficiencies in the potential of healthcare teams especially in nurses (**4**). Some of the main problems in communication in nursing profession can be resolved using treatment communication behaviours which include expressing support, feeling empathy, providing information in small portions, giving reasonable hope to patients, and helping them cope with anxiety, denial and loss (**5, 6**).

Nursing communication skills are associated with higher patient satisfaction, better health outcomes, greater adherence to treatment and more active self-management of chronic diseases (**7**). To attain mastery in communication skills, they need training and evaluation in communication and interpersonal skills.

Some of the barriers for effective communication between patients and nurses are language, lack of knowledge and insight, stress, time constraints and personality factors (**8**).

The development of effective communication in the health care setting should begin in the nursing training itself. Research in this area points to the fact that students who underwent training in communication skills had increased level of confidence and their qualitative outcome with regard to productivity was much higher in clinical postings. (**9**). Studies show that classroom-based knowledge from didactic lecture alone is not sufficient and it is difficult to get transferred and efficiently applied in clinical practice (**10**). More objective skill development techniques which are clinically oriented are needed for better quality nursing care. There should be changes in the training methods itself to enhance overall nursing practice. Nursing curricula should be learner-cantered, innovative, and interactive (**11**).

Several studies have used standardized patients and role-play as instructional methods for communication skills, both in nursing and medicine. Many of them show significantly superior communication skills obtained from one to one communication training methods and direct feedback given by patients, care givers and evaluators (**12, 13**).

Above studies highlight the importance of incorporating communication skill training into the nursing curriculum and the use of innovative teaching methods along with timely feedback for better outcome in patient care and satisfaction in both students and patients. The current nursing curriculum is found to be insufficient to address the needs of skill training and evaluation using integrative methods. To date, no integrative communication skills course has been considered during diploma or bachelor's nursing education in most of the institutions in India. Although therapeutic communication skills are part of the curriculum, no effective bedside skill demonstration is done and one to one training and feedback is largely absent in nursing training as the background research showed. Although communication is the most vital element in health care, most nursing students did not learn the skill to communicate properly during their entire clinical postings. Therefore the current study was taken up to use an integrative training method for communication skills and to see its impact on patient care.

AIM AND OBJECTIVES

Aim:

To study the impact of incorporating integrative communication skills training in the curriculum of 2nd year General Nursing students for patient care and satisfaction.

Objectives

To assess impact of inculcation of integrative training and evaluation of communication skills in the curriculum of 2nd year general nursing and midwifery students.

To assess patient satisfaction, obtain the student satisfaction using mixed methods of qualitative and quantitative assessment tools.

METHODOLOGY

It was a hospital based interventional study. Study population was 2nd year General Nursing students (initial intake 30, completed 24) completed in 6 months (from April 2018 to September 2018). Any student unwilling to participate in full study or not giving consent was excluded from the study. The study group was divided into intervention and control group, each consisting of 12 students. Both groups were assessed before intervention using Communication Skills Attitude Scale as well Mini-CEX. Both were given a didactic lecture on communication skills. The intervention group received

skill training by role plays and bedside demonstration in real time patients. They were given chances to interact with patients under supervision and learn by corrections and modification of skills. The control group were advised to do self-leaning with the help of books and videos on communication skills. Both groups were then evaluated after three months using the same tools. Students feedback and satisfaction on the type of learning were scored by Mini-CEX. The tool also had provision for assessing the satisfaction of the teacher. Patients' satisfaction was assessed using modified Patient Satisfaction Questionnaire. The feedback from students and patients also was taken qualitatively using an interview guide.

Tools

1. **The Communication Skills Attitude Scale (CSAS) (14).**

   (For pre and post assessment of knowledge and attitude to communication skills.)

   Attitudes towards learning communication skills were measured with the Communication Skills Attitude Scale (CSAS). It is a widely used instrument for measuring communication skills among the health care professionals. The questionnaire comprises 26 statements, divided into two scales. The Positive Attitude Scale (PAS) shows students ability to appreciate communication skills as an academic subject, and their knowledge with regard to respecting the rights of patients' and about the importance of communication with patients and colleagues. It contains 13 items. The Negative Attitude Scale (NAS) comprises 13 items that refer to negative aspects of communication skills instruction. Responses are recorded on a five-point Likert scale and ranges from 1 (strongly disagree) to 5 (strongly agree).

2. **Mini-Clinical Evaluation Exercise (Mini-CEX) (15, 16).**

   (Objective clinical Communication skills assessment was done using Mini-CEX.)

   Mini-CEX is an objective evaluation tool in which one faculty member examines a student during a 15- to 20-minute encounter with one patient. Multiple such assessments are conducted through the year as part of periodic appraisal. The

encounters in differing settings like ambulatory, emergency department, and inpatient allow the residents to be evaluated by different faculty members as they interact with patients who pose a wider range of problems. In comparison to other methods of evaluation such as using standardized patients, the Mini-CEX has higher fidelity and permits evaluation on a much broader set of clinical settings. It also has advantages like addresses larger set of patient problems and is less expensive. The timely feedback which is part of the scale is found to be effective in sustaining the improvement.

3. Pre-prepared didactic lecture on communication skills to both groups and an additional skill demonstration by role play and bed side skill demonstration only to intervention group. Control group was instructed to do video assisted self-study.

4. Patient Satisfaction Assessment using a modification of questionnaire developed by Hill J in 1997 and also qualitatively recording responses using an interview guide (**17**).

5. Students' satisfaction assessment and feedback done by Mini-CEX and Interview guide

Statistical Analysis:

Statistical analysis was done using SPSS 17 Version. Mean and SD were calculated for all quantitative measures. The Intervention and the control groups were compared on Mini-CEX Scores, Pre and Post intervention using t test. Both the groups were also compared on individual subscales of Mini-CEX, Pre and post intervention using t test. For both the groups patient satisfaction subscales ratings were compared using $\chi 2$ test. Statistical significance was defined as a $p < 0.05$.

Ethical clearance was obtained from the hospital Ethical Clearance Committee. Written informed consent was taken from all participants.

RESULTS

Subjects: Total numbers of students were 30. After pretest assessment and input, 6 of them dropped out. So 24 of them completed the study who was 12 each in control and intervention groups. They all belonged to 2nd year General Nursing and Midwifery course and were in the age range of 18-22 years. 5 of them

were male and the rest female students. The other socio-demographic details were not assessed.

Comparison of intervention group and control group on subjective assessment of Communication skills using CSAS Questionnaire showed that there is significant difference in the positive items scores between the groups. The difference although present was not found to be statistically significant in negative item scores. (Student's paired t test was used)(Table 1)

Comparison of intervention group and control group on Objective assessment of clinical Communication skills on Mini-CEX Subscales before intervention showed no significant difference between both groups. (Table 2)

Comparison of intervention group and control group on clinical Communication skills on Mini-CEX Subscale showed statistically significant difference in most items like rapport building, genuineness, active listening. Evaluator satisfaction and student's satisfaction were also significantly different. (Table 3) Some items like giving constructive feedback, confidence level, openness and privacy were not found to be statistically different. Some of the recurring themes of responses from students on interview guide were, more insight and knowledge obtained, improved confidence and awareness about the importance of communication skills, became more systematic, felt ease at relating with patients and care givers.

Comparison of Patient satisfaction ratings in intervention group and the control group using the structured proforma, showed significant difference in some of the items like active listening, clarifying doubts, understanding (Table 4). Satisfaction on the time given, advice given, ability to ask concise questions, encouraging questions etc. were not found to be statistically significant. (Not included in the table)

Qualitative assessment of patient satisfaction using an interview guide obtained recurring themes of the responses like improved friendliness, active listening, knowledge and understanding about the illness, compassionate dealing, privacy and confidence felt.

DISCUSSION

This study was conducted to assess the impact of integrated method of communication skills training in general nursing students. Our study found that nursing students' attitude and awareness about the need for communication skills in nursing care is poor and they required improvement in their clinical communication skills as well. This is similar to a study by Shafakhah M, ET al.in 2015 (18). Significant difference was seen in the positive items score of the communication and attitude scale of pre and post-test results between the group which received only classroom lecture and the intervention group which received additional role-play and skill demonstration in the real patients in a proper clinical setting. Since the significance was present between the groups in pre and post intervention scores it cannot be attributed to the intervention alone.

Objective assessment using Mini -CEX showed statistically significant difference in clinical communication skills in the intervention group. Significant improvement was noted in variables like rapport building, empathy, active listening, genuineness and interest, verbal and non-verbal communication etc. There were few items like confidence in relating, encouraging questions, openness and friendliness in which there was no significant improvement. Mini- CEX has the provision to obtain feedback from the students and the evaluator. Students who received these interventions were found to be better equipped to deal with patients and expressed more confidence and satisfaction in their clinical skills. Evaluator satisfaction was also found to be better with the intervention group. Qualitative evaluation of the students also showed recurring themes like "we got improved confidence, we could listen better, we felt more empathetic, we could spent more time'' etc. Even though clinical setting can affect nursing students' attitudes, skills, overall knowledge, and efficiency to deal with problems, integrated training methods is mandatory to learn better communication skills as evidenced by present study well as some researches done earlier (19).

The students who received training could communicate better with patients and their family members with an outcome of improved patient satisfaction as reflected in the patient satisfaction assessment Scale. Qualitative assessment of patient satisfaction also revealed better satisfaction levels with students who attended the clinical demonstrations and communication skill training. Recurring themes like ''expressed genuine empathy, active listening, better understanding and feedback'' were found in patient

satisfaction assessment. Patient satisfaction is an important indicator of quality of nursing care **(20)**. Literature shows that good communication could increase patient satisfaction, confidence and trust. Nurses need to acquire and update themselves regarding the factors influencing patient satisfaction for improved quality of overall health care as nurses are important thread in the whole health care system **(21)**.

STRENGTHS AND LIMITATIONS

Study was done in a clinical setting using integrative teaching and assessment methods. The study included both qualitative and quantitative methods for assessment. If the study could be replicated with a larger sample size including nursing students from junior and senior batches, it would help in finding out the optimal time to focus on particular communication skills training. A questionnaire eliciting students' perspectives on the use of demonstration and role play as teaching strategies for learning communication skills would be helpful in understanding the students' experience. No traditional method of assessment was used for comparison. Involving different faculty at the training and evaluation processes may help to avoid the evaluator bias.

IMPLICATIONS FOR FURTHER RESEARCH

The impact of students' learning strategies on the development of patient-centred communication skills needs to be further explored. Longitudinal and qualitative designs such as focus groups, observations or interviews can identify further variables that affect students' attitudes and motivation. The role of integrative teaching methods in formation of students' attitudes also needs to be further explored, though this is not easy to operationalize.

CONCLUSION

This study provides an innovative approach to meet the needs of teaching and assessing communication skills which is a core competency in health care. Integrative teaching methods like role plays, bedside skill demonstrations are found to be superior to didactic lecture alone. A combined form of traditional and integrative teaching and assessment methods can be used as complimenting each other to enhance the effectiveness of teaching and learning. Better communication is found to enhance overall patient satisfaction and quality outcome measures of students as a whole. There is a necessity for curriculum revision with addition of integrated communication skills training in nursing education. Assigning more curriculum time, as well as personal resources to the training of communication skills could emphasize their importance and would in turn reflect in better clinical outcome.

TABLE

Table 1: Comparison of intervention group and control group on subjective assessment of attitude towards Communication skills

CSAS Score		Group 1		Group 2		t-value	p-value
		Mean	SD	Mean	SD		
Positive	Pre-Test	56.33	5.36	60.50	4.05	2.14	0.043, S
	Post Test	43.25	4.75	48	4.88	2.41	0.024, S
Negative	Pre-Test	61	3.04	56.41	14	1.10	0.280, NS
	Post Test	43.83	8.03	41.83	3.42	0.79	0.430, NS

Table 2: Comparison of intervention group and control group on objective assessment of communication skills using Mini-CEX - pre- intervention.

Mini-CEX Score	Group 1		Group 2		p-value
	Mean	SD	Mean	SD	
Open and friendly	2.91	0.79	3.16	1.02	0.512, **NS**
Rapport Building	3.83	1.46	3.83	0.93	1.000, **NS**
Genuineness and interest	3.25	0.75	3.83	1.11	0.147, **NS**
Comfort level	3.25	0.86	3.66	1.49	0.413, **NS**
Active Listening	3.5	0.90	3.16	1.11	0.430, **NS**
Verbal communication	3.25	0.62	3.83	0.93	0.086, **NS**
Body Language	3	0.60	3.41	1.24	0.307, **NS**
Ability to empathise	3.25	0.62	3.41	1.08	0.649, **NS**
Giving constructive feedback	2.75	0.45	2.833	1.11	0.813, **NS**
Confidence and conviction in relating	3.08	1.08	3.33	1.49	0.644, **NS**
Student Satisfaction	5.08	1.62	5.25	1.76	0.81, **NS**
Evaluator Satisfaction	3.08	0.66	3.16	0.71	0.77, **NS**

Table 3: Comparison of Mini-CEX score in two groups at post interventions showing items with significant improvement after intervention.

Mini CEX Score	Group 1		Group 2		p-value
	Mean	SD	Mean	SD	
Rapport Building	6.58	1.15	6.58	1.16	1.004, **S**
Genuineness and interest	6.00	0.85	6.91	0.90	0.018, **S**
Active Listening	6.00	0.85	7	0.85	0.009, **S**
Verbal communication	5.83	0.93	6.75	0.86	0.021, **S**
Body language	5.16	0.71	6.16	0.83	0.005, **S**
Ability to Empathize	5.91	0.79	6.00	0.90	0.018, **S**
Giving constructive feedback	5.25	0.86	5.91	0.90	0.015, **S**
Student Satisfaction	7	0.60	7.58	0.79	0.043, **S**
Evaluator Satisfaction	5.83	0.93	6.75	0.86	0.021, **S**

Table 4: Assessment of patient satisfaction showing items with significant improvement in scores in comparison of two groups (Post Intervention)

Satisfaction Score	Poor	Good	Very Good	Excellent	p-value
Comfort Level					
Control	1	8	2	0	0.02, S
Intervention	1	6	4	0	
Empathy					
Control	1	5	3	2	0.05, S
Intervention	0	3	5	3	
Under-standing					0.02, S
Control	0	6	2	1	
Intervention	1	4	4	1	
Clarifying Doubts					
Control	1	2	3	0	
Intervention	0	5	3	0	0.003, S
Active Listening					
Control	0	3	6	2	0.03, S
Intervention	0	4	4	2	
Overall Satisfaction					
Control	0	5	6	1	0.01, S
Intervention	0	4	7	1	

REFERENCE

1. Kourkouta L, Papathanasiou IV. Communication in nursing practice. Materia socio-medica. 2014 Feb;26(1):65.

2. Xie J, Ding S, Wang C, Liu A. An evaluation of nursing students' communication ability during practical clinical training. Nurse education today. 2013 Aug 1;33(8):823-7.

3. Zamanzadeh V, Rassouli M, Abbaszadeh A, Nikanfar A, Alavi-Majd H, Ghahramanian A. Factors influencing communication between the patients with cancer and their nurses in oncology wards. Indian journal of palliative care. 2014 Jan;20(1):12.

4. Poole MS, Real K. Groups and teams in health care: Communication and effectiveness. Handbook of Health Communication. 2003 Apr (1):369-402.

5. McCabe C. Nurse–patient communication: an exploration of patients' experiences. Journal of Clinical Nursing. 2004 Jan;13(1):41-9.

6. Ranjan P, Kumari A, Chakrawarty A. How can doctors improve their communication skills?. Journal of clinical and diagnostic research: JCDR. 2015 Mar;9(3):JE01.

7. Osterberg L, Blaschke T. Adherence to medication. New England journal of medicine. 2005 Aug 4;353(5):487-97.

8. Kirk I, Kirk P, Kuziemsky C, Wagar L. Perspectives of Vancouver Island hospice palliative care team members on barriers to communication at the end of life: a preliminary study. Journal of Hospice & Palliative Nursing. 2010 Jan 1;12(1):59-68.

9. Marteau TM, Humphrey C, Matoon G, Kidd J, Lloyd M, Horder J. Factors influencing the communication skills of first-year clinical medical students. Medical education. 1991 Mar;25(2):127-34.

10. Aled J. Putting practice into teaching: An exploratory study of nursing undergraduates' interpersonal skills and the effects of using empirical data as a teaching and learning

resource. Journal of Clinical Nursing. 2007 Dec;16(12):2297-307.

11. Brandon AF, All AC. Constructivism theory analysis and application to curricula. Nursing education perspectives. 2010 Mar 1;31(2):89-92.

12. Schlegel C, Woermann U, Shaha M, Rethans JJ, van der Vleuten C. Effects of communication training on real practice performance: a role-play module versus a standardized patient module. Journal of Nursing Education. 2012 Jan 1;51(1):16-22.

13. Zavertnik JE, Huff TA, Munro CL. Innovative approach to teaching communication skills to nursing students. Journal of Nursing Education. 2010 Feb 1;49(2):65-71.

14. Rees C, Sheard C, Davies S. The development of a scale to measure medical students' attitudes towards communication skills learning: the Communication Skills Attitude Scale (CSAS). Medical education. 2002 Feb;36(2):141-7.

15. Norcini JJ, Blank LL, Arnold GK, Kimball HR. The mini-CEX (clinical evaluation exercise): a preliminary investigation. Annals of internal medicine. 1995 Nov 15;123(10):795-9.

16. Norcini JJ, Blank LL, Duffy FD, Fortna GS. The mini-CEX: a method for assessing clinical skills. Annals of internal medicine. 2003 Mar 18;138(6):476-81.

17. Hill J. Patient satisfaction in a nurse-led rheumatology clinic. Journal of advanced nursing. 1997 Feb;25(2):347-54.

18. Shafakhah M, Zarshenas L, Sharif F, Sarvestani RS. Evaluation of nursing students' communication abilities in clinical courses in hospitals. Global journal of health science. 2015 Jul;7(4):323.

19. Henderson S, Happell B, Martin T. Impact of theory and clinical placement on undergraduate students' mental health nursing knowledge, skills, and attitudes. International Journal of Mental Health Nursing. 2007 Apr;16(2):116-25.

20. Wagner D, Bear M. Patient satisfaction with nursing care: a concept analysis within a nursing framework. Journal of advanced nursing. 2009 Mar;65(3):692-701.

21. Eriksen LR. Patient satisfaction with nursing care: concept clarification. Journal of Nursing Measurement. 1995;3(1):59-76.