

Systematic Review: Efforts to Improve Nurse's Communication Skills with Patient

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Abstract— In their profession, nurses should be able to use effective communications for the sake of creating a sense of security and comfort for patients. This research shows that nurses fail to deliver therapeutic communications both during the orientation and termination stages. **Purpose:** to identify efforts to improve nurse-patient's effective communication skills. **Method:** A systematic review approach is conducted to find relevant journals from EBSCO E.Journal, Elsevier Science Direct, CINAHL Complete, and Google Search. Journals collected are sorted out using critical appraisal tools by taking the research objectives into a good consideration. **Result:** efforts to improve the quality of patient-nurse's communication skills can be done in several ways, namely, (1) training. Training improves nurse self-confidence so that they are able to provide patients with intensive services; (2) communication skill protocol. A communication skill protocol sensitive to cultural issues enables nurses to improve their communication skills that bring impact to patient's satisfaction; (3) advanced nursery communication therapeutic program. Such a program improves safe and healthy interaction, cultivates trust, and speeds up patient's recovery (4) mini workshop. Mini workshop enhances communication skill. **Discussion:** Effective communication of nurse-patient can be achieved through trainings, culturally-sensitive skill protocol, planned therapeutic communication program, and mini workshop.

Keywords— effective communication; efforts of improvement; nurse-patient

I. INTRODUCTION

Communication is a transaction, a symbolic process in which human beings manage their environments by building inter-human relationship for information exchange and also promoting particular attitudes and behaviors [1]. Undoubtedly, effective communication is a standard required in professional nursing interventions. A nurse needs to possess the ability to maintain collaborative works with clients- for the purpose of ensuring the fulfilment of the clients' needs, and with their fellow workers- for the purpose of building the same grounds in their efforts to help clients. All these could be achieved if nurse has effective communications skills. Through communications with clients, a nurse is able to understand client's emotional needs, and by then, able to explain nursing intervention procedures [2].

Therapeutic communication is the client's outlet for expressing emotional problems, and thus, reducing anxiety. In order to carry out pre-designed therapeutic communications

effective to heal patients, nurse requires communication trainings. In other words, effective communications play important roles in improving client's well-being and the quality of collaborative works among fellow health workers. They also provide satisfaction to the client himself and his family members. Effective communications, therefore, contribute to the efforts to improve nurse's service quality [3]. A nurse with good communication skills is most likely to maintain good relationships with patients and their family [4].

The Joint Comission Ascociation reports that around 60 % of communication problems is caused by health personnel [5]; nurse's interpersonal communication is poor [8 respondents or 80%]; and for level of satisfaction: more than 50% of the respondents are fairly satisfied [6 respondents or 60%] [6]; nurse's therapeutic communication is fairly good and the stress level of patients is medium, or 62.7% [7]; and 16 patients (or 76.2%) answered that nurse's therapeutic communication skill is poor, and they are dissatisfied with the fact [8].

Nurse does not deliver therapeutic communication= 45.4%; nurse does not deliver therapeutic communication in the termination stage= 42.6 %; nurse does not deliver therapeutic communication in the orientation stage and patients are dissatisfied= 61.9% [9]. Around 70-80% of errors in health services are caused by poor communication and collaborative skills of team members. Effective collaborative skills of team members reduces the issues related to patient safety [10].

Important factors in creating an effective process of communications are: Sensitivity to the target of the communication act, awareness and understanding of symbolic meanings, getting to know the right time for giving feedback, and conducting face-to-face communication [10] Clear, concise, and constant ways of communication are keys to effectively communication systems [11].

II. METHODS

Systematic review method is used to asses all the research journals obtained based on the evidence baseline data levels. Making use of inclusion criteria, all research journals dealing with efforts to improve the quality of nurse-patient's communication are reviewed. Literary review is obtained by searching for published articles taking nurses and patients as population.

For article search, EBSCO Shot 359 consisting of 3 full-text pdf journals, Science Direct 9.864 consisting of 2 full-text pdf journals, and Google Search are used. Articles searched are the ones published from 2012 to 2017 with the key words: effective communication, effort to improve, and patient nurse.

The Articles, fitting with inclusion criteria, are then assessed using Critical Appraisal Skills Programme (CSAP). Extractions of research data are done by reading the journals and summarizing the important parts in the articles, namely, the research title, the name of researcher, the date of research, the journal publisher, the research objectives, the research method, and the research findings.

III. FINDINGS

Based on close reading of the articles, there are some necessary efforts to improve nurse's effective communication skills with patient.

A. Training

The research carried out by Sue Duke et al [12] reveal that the positive impacts of trainings. As many as 434 out of 512 training participants (85%) strongly agree that communication trainings increase their self-confidence in approaching their patients; as many as 435 out of 511 participants (85%) strongly agree that they are available to talk to their patients and help them to overcome their emotional issues; as many as 444 out of 501 participants (87%) strongly agree that trainings bring positive impacts to their medical interventions.

In evaluating the nursing training, the majority of participants (96%) agrees the trainer has given them very clear information on safety standards. Likewise, the majority (85%) strongly agree that such a training has improved their self-confidence in giving intensive services for their patients. Nurses agree to talk to their patients and deal with their patients' emotional problems. The nurses participating in the training (87%) strongly agree that the training will certainly bring positive impacts to their medical interventions.

In their research, Pehrson et al, (2016) [12] ask 248 nurses from Cancer Centre in the US to participate in the so-called CST Module. The aim is to see how the nurses display their emphatic responses on patients. The nurses complete Standardized Patient Assessments (SPAs) before and after training. Nurses perform much better empathic skills after the training. As many as 88.2% of the nurse-participants agree that their level of self-confidence in applying the skills get improved after the training. There is an increase as many as 42 to 63% in the application of particular emphatic skills. The trainees are satisfied with the training module and mark 5 out of six satisfaction levels (96.7% -98.0%). Nurses' self-efficacy in giving emphatic responses significantly increased after the training. The nurse CST module on giving emphatic responses to patients is regarded to be adequate and acceptable. It is also believed to support self-efficacy and improve skills. The module enables them to improve their communication skills with patient-centered approach.

B. A Module of Communication Skills sensitive to cultural.

A research by Mora et al [13] analyses two sample groups with the same male and female participants in each. The research concludes that the participants in the intervention group have better communication skills with p value 0,00 and alpha 0,05 (5%). The outcome is derived from each phase as shown by Gadjah Mada Communication Protocol: (1) The preparation phase in which nurse preparing to see and talk to client should be sensitive to cultural values embraced by those living in Southeast Asia, such as, gender roles for creating a comfortable situation for client, or finding out client's family members' considerations before making medical interventions, understanding client's autonomy right, understanding when and where to seek for help from other nurses or professional health personnel; (2) The greeting phase in which the nurse attempts to build mutual trust with clients, including realizing the cultural contexts, such as, the client's insecurity to express their thoughts and feelings, on how their ways of communicating their interest by subtle non-verbal communication, or how to greet clients culturally appropriate; (3) The incorporating stage in which the nurse explores client's feelings, physical issues. In this phase, cultural considerations still matter. For instance, the answer "yes" might not represent the reality of a patient's intention. Therefore, a significant exploration of cultural factors is instrumental; and (4) the discussion phase in which nurse executes his job while at the same time taking client's expectation into consideration. The nurse also needs to engage in dialogue to anticipate alternative and complementary treatments (CAM), which is pretty common in Southeast Asian communities. Further, nurse should be aware of the client's family members' roles in making decisions for medical interventions. Medical interventions are not necessarily based on the client's personal decision.

In simulations for non-intervention and intervention groups, the non-intervention group chooses 5 red ribbons (meaning extremely unsatisfied), 4 yellow ribbons (unsatisfied), 3 green ribbons (satisfied), and 3 blue ribbons (extremely satisfied) while the intervention group comes up with 7 green ribbons and 8 blue ribbons. The research confirms that nurse communication skills, personal satisfaction, and self-confidence get improved after the communication skill training. A higher level of satisfaction of the intervention group than that of the control group is due to cultural sensitivity of the first.

C. Planned Therapeutic Communication Program

A research by Younis, et al [13] indicates that there is a significantly and positively statistical correlation between the total score of relevant knowledge and that of therapeutic communication skills in any time of measurement (pre: $r = 0,52$, $p < .00$; post $r = 0,53$, $p < .001$). There is also a significantly statistical increase in knowledge, practices, and skills of the pediatric nurses in terms of therapeutic communication skills (i.e. $p < .001$). The research concludes that pediatric nurses significantly improve their knowledge and skills in providing therapeutic communication when applying the designed therapeutic communication program. Being able

to carry put the designed therapeutic communication program, the pediatric nurses produce safe and healthy interactions. Nurses' growing self-confidence contributes to the healing process of the hospitalized children.

D. Mini workshop

In 2016, Anita Permatasari provided a therapeutic communication mini workshop for new nurses. After the treatment in the workshop, the nurses performed much better performance in conducting therapeutic communications. There were 4 nurse-respondents (80%) able to perform therapeutic communication well, while only 1 nurse-respondent (20%) having poor performance in conducting therapeutic communication.

IV. DISCUSSION

A. Training

The models of communication training by SAGE and THYME are highly effective in preparing nurses to appreciate their patients and focus on solving their problems. These communication training models allow nurses to build self-confidence in dealing with patients who feel anxious and depressed about their sickness. The trainings improve nurses' basic communication skills during the treatment and its aftermath. With periodic assessment, the quality of the trainings is maintained and in turn, enabling nurses to perform therapeutic communication to their patients. Positive therapeutic communications give psychological impacts to patients to quick health recovery.

A research by Pehrson et al [12] also confirms the success of communication skills trainings in a center of cancer patient treatment. Such trainings benefits nurses in showing self-efficacy related to nurse-patient's communication in various contexts and improving nurse's emphatic skills. The research reveals that the majority of nurse-participants (> 80%) responds positively to the nursing module. The nurses report the self-efficacy improvement in applying (both the whole and each of) the 3 modules before and after the training. There is also significant improvement of emphatic communication skills after the training. The previous research clearly proves that effective communications are able to quicken patient's health recovery, reduce pain, encourage patient to comply with medication process, improve psychological well-being, and improve patient's quality of life. Communication skill training, therefore, is an important resource for hospital. It is an investment in encouraging nurses to have better performances in their job.

B. A Module of Communication Skills Training Sensitive to Culture

Based on their research, Mora, et al [14] argue that by using a module of communication skills training sensitive to cultural factors, nurses are able to improve their communication skills and thus, bring their clients' satisfaction. Compared to nurses without such training, those with trainings are more sensitive to clients' needs. This argument is supported by observer and

clients participating in a simulation of Objective Structured Clinical Examination (OSCE). The design of communication skill training makes use of the nurse-client Gadjah Mada protocol as follows: (1) Training is opened with introduction session and followed by the formation of commitment team for learning (30 minutes); (2) Training is then in form of drama/role playing for 1,5 hour. Session 1: Primary care clinic. In this session, 3 participant act a simulation nurse, doctor, and patient. Session 2: Patient's house; Session 3: primary nursing clinic; (3) Feedback and reflection (30 minutes). Participants are then asked to reflect on the drama in order to find its sensitively socio-cultural themes. Participants are then invited to have role-playing; (4) Supporting information is given in interactive ways in the form of lecture (30 minutes); (5) Participants perform another role playing based on the communication training guideline (ideally role-playing is performed in each phase) for 1 hour. After intervention, there should be enough time for learning retention in 4 days. This time-period allows participants to digest and understand their training. The span of time between training and assessment will not give impact to the skills of the untrained nurses since the base of communication learning is the training sharpening nurses' emotional responses to trained intervention group. However, the impact on long-term memory can be stimulated by using appropriate evaluation, that is, the one not acquired by the control group.

The required ideal stages in Objective Structured Clinical Examination (OSCE) are 6 to 12 stages. For OSCE in this research, we select 7 stages with a consideration towards the number of observers involved and the availability of trained clients participating in the simulation, and the number of respondents. The observers are 7 clinical instructors who have no previous knowledge of whether or not the nurses have had training or not. Before OSCE, the writers brief the observers for 2 hours on the examination list (the examination list is an adaptation of the Gadjah Mada nursing communication skill protocol). The researchers also prepare patient simulations for each stage. The simulations are expected to stimulate the participants' "sensitivity to culture." Stimulation patients are provided ribbons with different colors. The colored ribbons represent their level of satisfaction in each stage. Red ribbon means extremely dissatisfied; yellow ribbon, unsatisfied; green ribbon, satisfied; and blue ribbon, highly satisfied. Each nurse, both from intervention and control groups, participate in all stages in OSCE. They also exchange positions with the observers. In brief, the nurses of the intervention group could not intervene in those of the control group.

There is a significant difference between the intervention and the control group in every communication session. OSCE enable nurses to be sensitive to cultural issues, especially the ones related to health issues which are unlikely to be solved by impersonal ways of communication as shown in role-playing. The feedback session implies that nurses need to develop their communication skills sensitive to cultural issues. The communication skill training conducted in this research focusses more on culturally-based communications, which are

believed to be useful in the medical interventions to particular race, ethnicity, and minority people. The use of Gadja Mada nursing communication skill protocol is recommended to preparing nurses in their profession and by doing so, taking care of their patients and bringing satisfaction for patients.

C. Planned Therapeutic Communication Program

Based on their research, Younis et al [13] conclude that programs of planned therapeutic communication significantly improve pediatric nurses' knowledge and skills in medical interventions in hospital. Two tools are used. Tool 1 is Questionnaire. The questionnaire used in the planned therapeutic communication program consists of two parts. Part 1: the structured socio-demographic questionnaire covering name of hospital, department, age, qualification, residence (rural or urban area), years of experience (less or more than 3 years), and having had courses/trainings in therapeutic communication. Part 2: the knowledge about therapeutic communication questionnaire covering 8 questions for nurses. The questions are asked to find out their knowledge of therapeutic communication. For every correct answer, the score is 1 (one) while for wrong answer, the score is 2 (two). Tool 2: Examination List. The Structured clinical examination list with Likert scale is used to assess the nurses' improvement in therapeutic communication through observation. The list covers 42 items which are categorized into 3 main headlines. As many as 21 items are used to assess nurses' communication skills; 4 items to assess pediatric nurses' therapeutic communication skills; and 17 items to assess nurses' therapeutic communication skills when they give medical interventions. Assessment system is based on Likert 5 point scale analysis: (5) always, (4) most of the time, (3) sometimes, (2) seldom, and (1) never. The researchers argue that the advanced therapeutic communication program benefit pediatric nurses in terms of enabling them to have healthy and safe interactions with patients, developing their self-confidence, and empowering them to be help patients for quick health recovery in hospital. Based on repeated tests (test-re-test reliability), the researchers recommend that communication skill trainings should be designed to improve nurses' communication skills. Nurses with good communication skills certainly bring more positive effects to their patients. Communication skill training programs so far have proved to be able to increase pediatric nurses' communication skills, strengthening basic communication practices, and empowering nurses to acquire new communication skills. Better skills in communication will enable nurses to give their patients satisfaction.

D. Mini workshop

According to Anita [15], mini workshops should give directions on how therapeutic communication is carried out and what to do at the pre-interaction and termination phases. After a treatment, the researchers and participants implement an action plan and expects participants' improvement of communication skills. The researchers reassess nurses' communication skills measured with 'yes' or 'no' answer. After the nurses attempt to implement their therapeutic

communication skills, the researchers interview them to find out the challenges faced during the therapeutic communication process. Most nurses face problems in the orientation phase, that is, the time when they introduce themselves. To delve more into the challenges they experienced, the researchers ask more questions. In fact, 2 out of 5 nurses find it difficult to maintain communication during the intervention procedure.

The researchers then attempt to contribute in addressing the nurses' issue of having therapeutic communications in hospital by giving a mini workshop. After the workshop, the nurse respondents' ability to conduct therapeutic communications improves. Four nurses (80%) succeed to develop therapeutic communication well while one nurse (20%) shows a poor performance. It means that nurses' communication performance could be improved by mini workshop. With effectively therapeutic communication, nurses could meet their patients' expectation. Patients' satisfaction with the hospital services undoubtedly increases public's trust to the health facility. As a result, the facility becomes the first choice in having medical services.

Communication enables an individual to have and maintain interactions with other individuals. It is a very important component for nurses' profession. In interacting with patients, nurses are expected to help patients for psychological wellbeing. Their presence and interaction should bring comfort and enjoyment. Through mini workshop, nurses learn how to conduct interpersonal communications. The process in mini workshop aims to improve, develop, certain attitudes, behaviors, and skills relevant to nurses' interpersonal communication skills. These skills lies in the core of nursing practices since they are able to change someone's attitudes and behaviors and improve the service quality in hospital. Mini workshop in fact helps nurses to understand their job and responsibility, and accomplish their work in professional ways. With their effective communications and professional services, nurses certainly bring positive impacts to their patients.

V. CONCLUSION

This research concludes that efforts to improve nurses' communication skills can be done by means of literature review of evidence-based nursing, communication training, module of communication skills sensitive to cultural aspects, planned therapeutic communication program, and mini workshop.

VI. SUGGESTION

Policymakers at the levels of government, heads of health facilities, and nursing educational institutions should develop and implement various measures to improve nurses' communication strategies through trainings, culturally-based communication skill protocols, planned therapeutic communication programs, and mini workshop. This research hopefully will become a reference for future researchers who are concerned with efforts to improve the quality of nurses' communication skills in Indonesia.

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