Communication in a healthcare setting is the foundation of care. Communication with patients and between healthcare workers, account for major information flow in healthcare. The patient’s first encounter with the nurse may be in the outpatient department or during admission process in the inpatient unit. Before any technical intervention can take place, communication must begin between the nurse and the patient. Since communication involves verbal and non-verbal, the nurse must make an effort to identify cues and must also have an attitude of caring and respect and learn to use therapeutic communication techniques like open ended questions, touch, silence, restating messages etc effectively. The nurse needs to understand that apprehension, uncertainty, fear of surprises does more harm than any exertion and it is the nurse’s responsibility to help the patient to get over these feelings.

Information exchange between nurse-nurse can take place in many situations, the most common being communication during shift handover. A standardized approach like Situation, Background, Assessment, and Recommendation (SBAR) will ensure that messages are clear and unambiguous even in stressful situations. Involvement of patients in decision making process is also vital for their compliance to treatment and recovery. Nurses also have a moral commitment to delivering safe individualized patient care at all times.

Despite the measurable benefits obtained through good communication, many nurses have inadequate communication skills thus creating a means of dissatisfaction for the patient and other healthcare personnel. This is especially true in an oncology setup where dealing with a disease condition which is complex and when stressful information has to be delivered.

Poor communication disturbs the patient’s peace of mind, causes frustration among healthcare personnel and contributes to errors occurring in healthcare. In addition, according to data from the Joint Commission on Accreditation of Healthcare
Organizations, breakdown in team communication is a top contributor to sentinel events. Therefore communication in nursing is essential for achieving good outcome for patients.

Findings from studies also suggest that the nursing staff need to improve communication skills. Communication is a skill that can be learnt. Ongoing education for healthcare professionals can improve communication skills in difficult conversations. Several authors have also published positive results from randomized trials or other outcomes and assessments of communication skills training in oncology. Therefore it is essential for nurses to be appropriately trained in addressing patient care issues in their nursing practice. Oncology nurses who are trained in clinical communication skill will be able to help patients in a professional manner. Informational need can be addressed by various methods. One of the methods is a self instructional module. Since they are adult learners, a self instructional module will help the nurse to read and comprehend the contents at her own pace. It will also help as a reference guide when in need.

PROBLEM STATEMENT

Facilitating Clinical Communication Skills: Development of a training module and testing its efficacy on knowledge and practices in selected aspects of clinical communication skills of nurses in their interaction with patients and healthcare professionals, in an oncology unit in Navi Mumbai.

OBJECTIVES

Phase I

To develop and validate a self instructional module, on clinical communication for nurses.

Phase II

1. To assess the knowledge regarding clinical communication among nurses working in an oncology hospital before and after providing the self instructional module.
2. To assess the practices of nursing staff in relation to clinical communication skills before and after providing the self instructional module.
3. To compare the knowledge and practices of nursing staff before and after providing the self instructional module.
4. To find out the association between clinical communication skills and selected variables such as age, gender, work experience, professional education.
5. To find out the views of nursing staff regarding the self instructional module.
6. To assess the patient satisfaction regarding communication received from nurses.

RESEARCH METHODOLOGY:

A descriptive approach using one group pre test – post test design was initiated for 113 nurses working in a tertiary care cancer hospital in Navi Mumbai. Nurses working in oncology units who are actively involved in bedside care and willing to participate in the study were included. Samples were selected using Non-probability convenience sampling for nurse’s knowledge about communication, nurse’s bed side hands off practice and for patient satisfaction feedback. Numbers were assigned as per random tables using graph pad quickcalc software. For observation of admission process (n=30) and audit of SBAR form (n=20) were selected by simple random sampling method using research randomizer software. Representations of male and female nurses and from all units were considered for sampling.

The tool for data collection consisted of a structured questionnaire, an observation checklist, Self instructional module on communication skills for nurses, Situation, background, assessment, recommendation (SBAR) form, an audit checklist, an opinionnaire of nurses regarding the self instructional module and a patient feedback and satisfaction questionnaire on nurse’s communication. Content validity of the tool was established by giving it to twelve experts. The patient’s feedback and satisfaction questionnaire was translated into two languages, (Hindi and Marathi) Suggestions/corrections were incorporated wherever required. A research assistant was trained for observation.

Reliability of the questionnaire was established by test re test and analyzed using Cronbach Alpha. Internal consistency index for questionnaire was 0.74. The inter rater reliability for the raters in admission process and hands off was found to be Kappa = 1.00 (p <.0.001) and 0.83 (p <.0.001) respectively. The study was approved by Institutional
Review Board. Pilot study was followed by actual data collection from March 10, 2014 to September 19, 2014. Data collection process was carried out in phases.

Total of 113 nurses were enrolled for the study. During data collection period, 13 nurses were not available to participate in the study due to medical reasons (3) and due to attrition/resignation (10). Therefore the pre test and post test sample size for knowledge was 113 and 100 respectively. Total of 102 and 29 nurses were present for the observation of hands off practice and admission process respectively. All in-charges who were not actively participating in bedside nursing were not included in the study. During post observation period the sample size was 92 and 22 for hand off and admission respectively.

FINDINGS OF THE STUDY

1. DEMOGRAPHIC DATA OF NURSES.

   Age: The age group varied from 21-60 years with a mean of 29.66 and median of 22.65. Maximum number of nurses (67%) were in the age group 21-30 years. There was one nursing staff in the age group 51-60 years.

   Gender: Nursing staff comprised mostly of females (75%). It was interesting to note that there was a good representation of male staff also (25%).

   Qualification: There was an equal representation of General Nursing Midwifery (39%) nursing staff and graduate (39%) nursing staff. Around 20 percent had also undergone a specialization in oncology nursing after completion of their basic qualification. Two nursing staff had completed their Masters in Nursing.

   Experience: The experience varied from 0-26 years. Fifty percent of them had less than five years of experience though there were about 23 percent who had 6-10 years experience.

2. KNOWLEDGE SCORE OF NURSES

   It was evident that there was significant change in knowledge score in most of the areas. A strong statistical change in knowledge is evident from the p values in concept about communication, verbal, nonverbal and communication skills (p < 0.05). There was an improvement in overall knowledge score of nurses. The scores increased from 55
percent in pretest to 62 percent in post test. The mean difference between pre and post test scores was 2.91.

There was an overall change in knowledge score in the younger age group of 21 - 30 years (8%) and 31- 40 years (8%) compared to 41 years and above (5%) age group. There was an equal change between male (8%) and female (7%). Nursing staff who have completed their Msc Nursing (11%) and Post Basic Bsc Nursing(11%) fared better than those who have done their General Nursing and Midwifery course (6%). There was marked improvement in nurses who had 16-20 years of experience (12%) while those above 21 years (-2%) there was a considerable decline in the scores. In other categories of staff, those who had 0-5yrs experience (8%), fared better than those who had 6-10 years (6%) and 11-15 years (6%) experience. There is no association between knowledge scores and demographic variables (p>0.05).

Effect of self instructional module on knowledge of nurses: Overall pre and post test mean difference as 2.91±0.470 with the standard deviation of 4.70. It shows the calculated t value 6.19 is greater than the table value 1.98 with 99(df) at 0.05 level and 2.62 at 0.01 level. Hence the calculated value is highly significant statistically. The mean difference obtained is a true difference and not by chance. Therefore the null hypothesis is rejected and the alternate hypothesis is accepted. The self instructional module brought about a statistically significant improvement in knowledge scores of the nurses.

3. PRACTICE SCORE OF NURSES

3A. HANDS OFF/ OVER

There was an improvement in the observation score from pretest (49.6%) to post test (74.8%).The scores ranged from 7-15 in pretest to 10-20 in post test. The mean difference was 5.53. Item wise comparison of pretest and post test observation was carried out using McNemars test. Nine out of twenty two observations had a significant difference between the pre test and post test scores (p<0.05)

The change percent was more than 23 percent in observations for all demographic variables. There was a slightly more improvement in age group 31-40 years (28.57%), Males (27.01%), Post basic nursing (34.09%) and those who have 11-15 years of
experience. There was no association between handover practice scores and demographic variables (P > .005).

A retrospective audit of SBAR form revealed that there was consistency in the use of the format. There was only slight variation in their documentation. There were also areas where partial information was documented. There was no statistical association between first and second observation in all four areas of SBAR (p > 0.05)

Effect of self instructional module on handover practice of nurses: Overall pre and post test mean difference as 5.53 ± 0.238 with the standard deviation of 2.29. The calculated t = 23.18 is greater than the table value. Table t value at df 99 at 0.05 level is 1.98 and at 0.01 level is 2.62. Hence the calculated value is highly significant statistically. The self instructional module was effective in improving the practice of the nurses with regard to handover.

3B. ADMISSION PROCESS

There was a significant improvement seen in most of the areas. The change percent for verbal communication was (24.22%), non-verbal (18.03%) and communication skill (12%). Documentation (5%) was one aspect where least change was observed. There was an improvement in the observation score from pretest (69.7%) to post test (84.5%). The scores ranged from 5-14 in pretest to 9-15 in post test. The mean difference was 2.24. There was an increase in change percent in the age group 41 – 50 (31.11%) and in those with 21 – 25 years of experience. It can be inferred that with experience, nurses are more comfortable in their interaction with patients. A significant association was seen between post test practice scores and experience (p < 0.039). There was no association between post test practice scores and other demographic variables like age, gender or qualification (p > 0.05).

Effect of self instructional module on admission practice of nurses: The Z value is -3.47. Table Z value at df 21 at 0.05 level is 1.96 and at 0.01 level is 2.57. Hence the calculated value is highly significant statistically. The self instructional module brought about a statistically significant improvement in practice scores of nurses with regard to admission process.
Association between knowledge and practice scores was negatively correlated. i.e. improvement in knowledge does not have any effect on overall practice (p=0.37), on handover (p=0.16) or admission process (p=0.57)

4. **OPINION OF NURSES REGARDING THE INSTRUCTIONAL MODULE**

All the nurses opinioned that the module was simple and easy to understand. Majority felt that the content of module was relevant to daily work (99%), helped in better interaction with patients (93%) and other healthcare personnel (93%). Around 16 percent of nurses opined that there was omission of significant information, but they did not provide information regarding the same.

5. **ANALYSIS OF PATIENT’S FEEDBACK ON NURSES COMMUNICATION**

With regard to patient’s feedback related to nurse’s communication, majority of patients responded that the nurses always greet them (86%), speaks in a language they understand (96%), maintain eye contact (92%), ask about their condition (97%), is polite while conversing (98%), explain prior to procedure/investigation/medicines (96%). Forty three percent of patients were of the view that they always felt nurses should spend more time communicating with them and few of them mentioned that they always (15%) and sometimes (18%) feel frustrated due to lack of communication. Fifty two percent of patients responded that they are extremely satisfied with nurses communication. There was no association between level of satisfaction and demographic variables (p>0.05). Among the 11 patients who felt frustrated due to lack of communication, 91 percent (n=10) also felt that nurses should spend more time with them and this result is significant (p<0.05).

There were two main outcomes for this study.

1. Nurses would transfer knowledge and skills in clinical situations. This was achieved when nurses started using the SBAR format for communication during handover and change in communication pattern during admission process.
2. Changes in the nurse’s communication pattern would result in better teamwork and in satisfaction of patients. This was evident by the feedback given by patients on nurse’s communication.
CONCLUSION

This study was undertaken to test the efficacy of a self instructional module on knowledge and practice of nurses in relation to their communication with nurses and patients. The knowledge and practice of nurses on selected aspects of communication like verbal, non verbal, barriers, communication skills and documentation were included along with using a modified SBAR format for shift handover. Nurses need to be empowered with knowledge of communication skills which can be utilized in their day to day interaction with patients specially in a cancer unit where the patients are already in a different emotional state due to their illness.

A pre test post test design was used. There was a statistically significant improvement in knowledge and practice scores between pre and post test (p<0.05). The nurse’s opinion of the module was encouraging. Patient also expressed satisfaction with nurse’s communication in the post test period. The researcher was able to achieve all the objectives of the study. From this study it is evident that the self instructional module was effective in improving knowledge and practices in selected aspects of communication.