

icH&Hpsy 2016 : 2nd International Conference on Health and Health Psychology

Clinical Skills and Communication in Nursing Students

Manuela Ferreira^{a*}, Daniel Silva^a, Ana Pires^a, Maura Sousa^a, Mónica Nascimento^a, Nina Calheiros^a

*Corresponding author. Manuela Ferreira, mmcferreira@gmail.com, Tel.: +351232419100; fax: +232428343.

^a Superior Health School, Polytechnic Institute of Viseu, Rua D. João Crisóstomo Gomes de Almeida, n° 102, 3500-843 Viseu, Portugal

Abstract

<http://dx.doi.org/10.15405/epsbs.2016.07.02.5>

Communication is a basic tool in nursing, a crucial element in health care. The quality of the interactions that take place between the nurse and the user/family influences their satisfaction and the security they feel regarding the quality of the care they get from the institution. We tried to identify the communication skills and interpersonal relationships nursing students have with their patients; to identify the socio-demographic and academic variables that may influence nursing students' communication skills and interpersonal relationships. As a methodology we applied, Quantitative, cross-sectional, descriptive and correlational study. The data collection instrument was a questionnaire which included questions concerning: the students' socio-demographic and academic characterization, the basic skills which will make interviews and clinical communications easier in health care; the usefulness of those clinical communication skills and possible ranges of communication skills and interpersonal relationships. 374 nursing students from two Portuguese schools formed the sample. The majority of the participants in the survey were female (80.5%) aged 18 to 21. The students seemed to understand and accept the importance of clinical communication skills and interpersonal relationships in nursing practice (82.4%); they agreed with the way the methods of communicational skills were taught (54.3%). In their opinion the training they got in this area was good (71.7%). The participants' age, the semester during which the study was conducted and the school they were attending influenced students' communication skills and interpersonal relationships ($p < 0.5$). The results obtained allow us to conclude that the education / training nursing students get in the field of relational contexts and the way they can develop their communication skills is of paramount importance when it comes to empower them with the capacity to become a competent health care professional.

© 2016 Published by Future Academy www.FutureAcademy.org.uk

Keywords: Clinical communication skills, interpersonal relationships, nursing student.



This is an Open Access article distributed under the terms of the Creative Commons Attribution-Noncommercial 4.0 Unported License, permitting all non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

1. Introduction

Nursing practise should have a commitment to caring: caring directed to oneself, caring directed to others and caring directed to life itself and to well being. This kind of perspective is one of the bases of human existence and is inherent to all human beings (Phaneuf, 2005). This process of caring cannot exist without the sharing of information and feelings and a very close relationship between the nurse and his/her patient.

Nurses' training and experience allow them to understand and respect the patient, to know where to look for precious information. This training and experience prevent them from acting based on unjustified value judgments and helps them respect the uniqueness of each patient.

This interaction allows nurses to establish the differences between different patients and thus to provide individual nursing care (Riley, 2004).

In order to recognize the way each patient interacts with those who surround him, the nurse must take into account his needs, limitations and potentials. It will be important to choose the right actions to help the patient in need.

Nursing students are taught certain technical and relational knowledge that will enable them to provide personalized nursing care according to the needs of each person / family and community, following reference models.

Throughout the training process, nursing students become aware of the importance of the communication that has to exist between them and the patient / family to help them understand their disease and accept the treatments they have to go through.

During their clinical practice and all the reflections they carry out about their actions, nursing students can establish relationships of trust and empathy with their patients / family. They will surely learn to listen and deal with a wide variety of situations. The student will be able to establish with his patients a real helpful and therapeutic relationship that will allow the existence of individualized care (Phaneuf, 2005). All this learning will of course take place under the supervision of professionals who will guide the students in their human, educational and professional development.

This constructivist model of competence, as advocated by Abreu (2007), will take time to be achieved, it will be a personal and professional journey that will naturally be shaped by all the experiments and projects, studies and activities that will be carried out and by the student's emotional involvement. Every health course syllabus should include educational practices that would facilitate the acquisition and development of clinical communication skills that will help students to understand that they are dealing with human beings and to help them face their patients' fears and uncertainties (Silva & Sena, 2006).

Watzlawck, Beaven & Jackson (1973, cit. by Vaz Freixo, 2011) present five axioms which exist in human communication. Axioms are basic structures that regulate the entire communication process. If one of these axioms, for some reason does not work, communication can fail. These five axioms are:

1. One cannot not communicate; since every behavior is a form of communication, people who are aware of each other are constantly communicating. Any perceivable behavior, including the absence of action, has the potential to be interpreted by other people as having some meaning.

2. Every communication has a content and a relationship aspect and the latter classifies the former. This is called a meta-communication; each person responds to the *content* of communication in the *context* of the relationship that exists between the communicators.

3. The nature of a relationship depends on the partners' communication procedures; in many cases, communication involves a veritable maelstrom of messages flying in all directions. This applies especially to non-verbal messages.

4. Human communication involves both digital and analogic modalities. The digital language has a logic, a complex and powerful syntax, but it lacks proper semantics, whereas the analogic owns language semantics but does not have a proper syntax; the words themselves, and what is said (digital communication), are very important, but the way things are said (body language, management of silence moments, onomatopoeia) also plays a huge importance.

5. Inter-human communication procedures are either symmetric or complementary, depending on whether the relationship of the partners is based on differences or parity.

Patrício (2012) mentions that nursing professionals should know how to approach the patients, how to listen to them, they should learn to say the right words at the right time, know how to encourage communication through expressions like gazing, gestures and how to make the act of asking questions something easy, be honest, show respect and spend the right amount of time with the patients. Nurses should be allowed to develop their communication skills in order to establish an effective therapeutic relationship with their patients and thus provide quality nursing care.

Nursing communication skills are associated with higher patient satisfaction, better health outcomes, greater adherence to treatment and more active self-management of chronic diseases (Schoenthaler, Chaplin, Allegrante et al., 2009). Hence, it is necessary for nurses to master communication skills. To attain this goal they need training and evaluation in communication and interpersonal skills so this can become one of their areas of competence (Joyce, Steenbergh & Scher, 2010).

Peixoto, Simões, Teles et al. (2012) emphasize that when nurses use the clinical interview, they manage to get more information they will use to develop the right treatment plan; last minute issues are less likely to appear; each part will feel a greater comfort when sensitive issues are discussed; everyone feels a greater satisfaction with the way the interview is carried out.

The same authors add that during the so-called "clinical dialogue," the nurse provides the patient with issues and guidelines that will help the patient be more attentive and active to the nurse's information. Therefore, the nurse should open topics of discussion, clarify, verify and summarize, ask the patients to share their opinion. At the same time, the nurse will have to deal with emerging emotions and help the patient in moments of difficulty.

Then, the nurse has "to support the sharing of ideas and opinions, understand the sadness and build the relationship" (Peixoto, Simões, Teles et al., 2012, p. 13). These authors consider the therapeutic relationship a fundamental instrument of communication between healthcare professionals / patient (Peixoto, Simões, Teles et al., 2012). According to the authors, this process should include:

-Opening the discussion: allowing the patient to complete his opening testimony; meeting the patient's concerns; establishing and maintaining interpersonal connection;

-Gathering information: using open and closed questions; listening actively which implies the use of non-verbal techniques (look, touch) and verbal techniques;

-Understanding the patient's perspective: it involves the exploitation of contextual factors and the analysis of beliefs, concerns and expectations regarding health and disease; acknowledging the patient's feelings and values;

-Sharing information: this step should be processed through a simple language, so that the patient can understand everything;

-Reaching an agreement on problems and plans: whenever the nurse promotes the patient's participation in the decisions;

-Providing closure: the moment when one asks the patient if he has any questions or concerns, summarizes and both show that they agree with the action plan and discuss the follow-up actions, like setting the next visit.

The importance given to the communicative competence in nursing care reinforces the need to make sure that nursing students are educated, trained and evaluated in this competence throughout their academic career.

2. Methods

A quantitative, cross-sectional, descriptive and correlational study was used. The data collection instrument was a questionnaire which included questions about students' socio-demographic and academic characterization; the basic skills which will make interviews and clinical communications easier in health care; the usefulness of clinical communication skills and possible ranges of communication skills and interpersonal relationships; Kalamazoo Consensus Statement (Epstein et al., 2005), which evaluates the course training in clinical communication skills, complemented by the qualitative analysis of the following questions:

a) Present comments or suggestions about the learning/teaching of clinical communication skills in your school.

b) As far as your experience in internships (clinical education) is concerned, what are your main concerns about the clinical communication you'll have to develop with your patients.

374 nursing students from two Portuguese schools from the central region of the country formed the sample,

The Psychometric study of the communication skills scale and interpersonal relationship show the Cronbach's alpha values (Table1).

Table 1. Cronbach's alpha values for the subscales of the Communication Skills and Interpersonal Relationship Scale

Subscales	Item numbers	Cronbach's alpha values
Factor 1 – Involving the patient	6	0.827
Factor 2 – Facilitating dialogue	7	0.837
Factor 3 – Understanding the patient's concerns	6	0.829
Factor 4 - Communicating assertively	3	0.741
Factor 5 - Conducting the interview	4	0.603

3. Research Questions

Considering the scenario described, we thought about the importance of studying clinical communication skills in nursing students. The result was the elaboration of the following research questions:

- i) What clinical communication skills and interpersonal relations do nursing students in health care have?
- ii) What are the social-demographic and academic variables that can influence communication skills and interpersonal relationships of nursing students in health care?

4. Purpose of the study

In order to answer the research questions, the following objectives were defined:

- i) To identify the communication skills and interpersonal relationship of nursing students in health care;
- ii) to identify the socio-demographic and academic variables that can influence communication skills and interpersonal relationships of nursing students in health care.

5. Results

The majority of the participants that formed the sample were female (80.5%). Most of them were 18 to 21 (68.2%) in their 5th semester (24.9%).

The majority of those students strongly agreed that clinical communication skills and interpersonal relationships are important in nursing care (82.4%). This opinion is shared by 76.7% of the male students and 83.7% of the female; there is, however, no statistical significance.

When it comes to assess the students' opinion about the importance given to communication skills in the nursing programme they attend and / or attended, the majority (54.3%) agreed that it is an

important factor. This is a point of view shared by 66.4% of the male students and by 51.8% of the female.

40.6% of the respondents strongly agree with the importance given to communication skills as part of their nursing degree course. This opinion was consensual among 31.5% of the male students and among 42.9% of the female student population.

Participants were also asked if they felt they were getting the right clinical communication skills during their nursing course. The majority (62.8%) - 56.2% of the male participants and 64.5% of female students surveyed- stated that they were being prepared, while 17.9% didn't have an objective answer to that question.

16.8% of the students agreed that they are being well prepared as far as clinical communication skills are concerned. This opinion was consensual among 17.8% of the male students and among 16.6% of the female.

These differences did not result in any statistical significance.

Then participants were asked to present comments or suggestions about the way clinical communication skills should be taught throughout ESSV and ESSL nursing courses:

53 students agreed with the methods of learning/teaching and that these methods granted them the right communication skills throughout the nursing programme;

2 of those students stated that, in their opinion, communication is nurses' most important tool in their daily performances.

As far as suggestions were concerned, 22 students considered that the training they get in clinical communication should be granted more time; 13 of them suggested that their classes should be more practical; 9 students suggested the creation of a new school subject which would be directed to reinforce students' clinical communication skills; 4 were in favor of creating a school subject in which students could learn sign language; 3 of them mentioned the need for training to be developed throughout the whole course; 2 participants suggested that there should be a higher emphasis on clinical communication during classes and finally 1 student felt the need to follow a clinical communication internship during his 2nd semester.

The answers given by the participants concerning communication skills and interpersonal relationship importance to nursing students showed a total degree of agreement of 49.04 and a maximum value of concordance 100.00.

These results correspond to an average of 78.98 ($\pm 10,422$).

The factor with which students most agreed was Factor 4 - *Communicating assertively* (mean = 86.74 $\pm 11,386$), which got a minimum of agreement of 58.33 and a maximum of 100.00. Factor 2 - *Facilitating dialogue* was the second factor with more followers (mean = 82.33 $\pm 11,007$), showing a minimum of 46.43 and a maximum value of 100.00.

Factor 1 - *Involving the patient* was the factor students were less comfortable with (mean = 73.34 $\pm 11,007$), with a minimum of agreement of 25.00 and a maximum of 100.00.

The symmetry measures have normal distribution indicator values and the variation coefficients have a low dispersion when compared to the average found.

Data collected on communication skills and interpersonal relationships showed that female students have more communication skills and better interpersonal relationships (82.7%), some of them confessed having average communication skills (75.8%) and some stated that these skills were high (85.3%), while male participants, only show average communication skills and interpersonal relationships (24.2%).

However, when we considered the participants' age, we could conclude that the majority of students aged 18 to 21 showed higher percentages. This means they have higher communication skills and lower interpersonal relationship (85.6%), average skills (64.6%) and high skills (56.9%).

Students aged 22 to 24 show they have high communication skills and interpersonal relationships (31.2%) and average communication skills and interpersonal relationships (24.2%). This has a statistical significance ($X^2 = 22,486$; $p = 0.000$).

The group of students in their 8th semester showed poor mastery of communication skills and interpersonal relationship (34.6%). Right after were those in 4th semester (33.7%).

A statistical significance was noted ($X^2 = 58,750$; $p = 0.000$).

The students were asked to order- (1) being the most important item and (7) being the least important- some issues related to clinical communication competences.

Creating a relationship (rapport) between nurse and patient ($M = 1.93$) came first; the second place was given to *understanding the patients' perspective on their problem / condition* ($M = 3.06$); *opening a consultation / clinical interview* ($M = 3.33$) came third; *collecting information (making history)* ($M = 3.53$) came next and the fifth place was granted to *the sharing and discussion about clinical information with the patient* ($M = 4.44$); *negotiating with the patients an agreement about their problems / diagnoses and treatment plan* ($M = 3.5$) was the sixth and *closing the interview / consultation* ($M = 6.77$) came last in this priority list.

Most students assessed their training in the area as good (71.7%). 46.3% of the students strongly agreed that there should be a school subject in the nursing course syllabus where communication would be taught.

Then, nursing students shared their main concerns regarding the clinical communication with the patient:

38 of them considered the establishment of a poor therapeutic relationship with their patients due to poor communication their main concern.

37 stated that their main concern was the fear that the patient might not understand the information they are giving him;

23 showed concerns about delivering bad news;

13 saw the lack of mastery of non-verbal communication as a concern;

7 students stated that dealing with the patients' feelings was their main concern;

6 participants feared not knowing the answers to their patients' questions;

5 students feared not knowing how to get the patient to trust the care provided.

Age, semester and the school that respondents attend influenced communication skills and interpersonal relationship of nursing students in health care ($p < 0.5$)

6. Conclusions

374 students from Superior Health School of Viseu and Superior Health School of Leiria were interviewed.

The group formed by students aged 18 to 21 (68.2%) was the most important. 24, 9% of these students were 5th semester students.

Lopes, Azeredo and Rodrigues (2013), while studying nursing students' relational skills, obtained a sample themselves: the majority of students were female, most of them 3rd semester students getting their nursing degree.

These results show that in this profession the number of female students is substantially higher than the number of male students. This fact is proved by the data published in the Portuguese Order of Nurses yearbook (2015) : there were 66 452 registered nurses: 54 374 (81.8%) were female and 12 078 (18.2%) were male.

The majority of nursing students (82.4%) strongly agrees that the clinical communication skills are important in the practice of nursing care. 54.3% of the students agree that the course they attend and / or attended gives them the right importance to communication skills. 62.8% of students feel that progress is being made in order to improve clinical communication skills.

These results are similar to those achieved by Leite (2013). In this study most students felt prepared in this area, although some have negatively assessed the preparation they got in that field, and stated that there was some room for improvement.

It's important that, following this line of thought, we could have the opportunity to ask the students to make comments or give suggestions on how clinical communication skills should be a reality in the health course they are attending at the Viseu Health School and Leiria Health School.

We only got answers from 109 participants, but 53 of them showed they agree with the methods of learning/teaching and that they received good communication skills from these methods.

53 students agree with the methods of learning/teaching and that these provided them with the right communication skills throughout the nursing programme;

2 of those students stated that clinical communication is nurses' most important tool in their daily performances. This opinion corroborates the results presented in previous segments of this study, where we showed that the majority of students believe that they are being well prepared by their nursing school as far as clinical communications and interview competences are concerned.

22 students, however, considered that the training they get in clinical communication should be granted more time;

13 of them suggested that their classes should be more practical;

9 students suggested the creation of a new school subject which would be directed to reinforce students' clinical communication skills;

According to Lopes, Azeredo and Rodrigues (2013), interpersonal relationships established between the healthcare professional and the user are aspects that have to be granted a higher importance. This aspect is found in many studies and is part of the definition of nursing care given by the Portuguese Order of Nurses.

The students were asked to rank some issues related to clinical communication competences considering how relevant they were to them.

Creating a relationship (rapport) between nurse and patient ($M = 1.93$) was ranked as the most relevant;

the second most relevant item was *understanding the patients' perspective on their problem / condition* ($M = 3.06$);

The third most relevant issue was *opening a consultation / clinical interview* ($M = 3.33$); *collecting information (making history)* ($M = 3.53$) came next;

the fifth most relevant aspect was *sharing and discussion about clinical information with the patient* ($M = 4.44$);

negotiating with the patients an agreement about their problems / diagnoses and treatment plan ($M = 3.5$) was the sixth

closing the interview / consultation ($M = 6.77$) came last in this list of relevant aspects to develop.

These results are similar to those found by Leite (2013). They also showed that nursing students have clinical communication skills and that they give a great importance to effective communication during an interview, since this could be the best way for health professionals to obtain more and more precise information about their patient's state.

Some studies show that the knowledge they have of their patients' history helps nurses get 60 to 80% of the diagnosis done (Santos Andrade, Cricket, Guimarães and Gomes, 2010).

The same authors report that, despite the technological development having enabled significant advances in diseases diagnostics, clinical interview remains the only instrument through which the health care providers can access the patient's problems almost immediately after his hospitalization.

We could witness that the school attended interfered statistically on how important communication skills and interpersonal relationship are for the participants.

We found out that the students who attended Viseu Health School scored higher in all factors, suggesting that these are the students with higher clinical communication skills and better interpersonal relationships. This was particularly evident in Factor 4 - *communicating assertively* and Factor 2 - *facilitating dialogue*.

The teaching and learning process of clinical communication techniques is reported in literature as an area where nurses training institutions should invest actively, seeking to empower their students with the appropriate communication skills along their academic path (Ustun, 2006).

After having analyzed the data, it appears that nursing students are aware of the importance of acquiring good communication skills and interpersonal relationships. This confirms the principle that the help function is an important area to any health care professional.

In our team's opinion, communication competence is an emerging area of intervention for nursing students. It has a huge potential and labor field to explore and develop. It's a relevant and sensitive area and a huge challenge for the schools themselves as well as for students and nurses already in the profession and it will help improve health care quality.

References

- Abreu, W. (2007). *Formação e Aprendizagem em Contexto Clínico*. Formasau: Coimbra.
- Joyce, B.L., Steenbergh, T., & Scher, E. (2010). Use of the Kalamazoo essential elements communication checklist (adapted) in an institutional interpersonal and communication skills curriculum. *Journal of Graduate Medical Education*, 2(2):165-169. Acedido em: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3244319/>
- Leite R.A. (2013). Competências essenciais de comunicação clínica no curso de Medicina da UBI: avaliação e revisão curricular. Dissertação para a obtenção do grau de Mestre em Medicina. Universidade da Beira Interior, Covilhã. Disponível em <http://ubibliorum.ubi.pt/bitstream/10400.6/1613/1/Disserta%C3%A7%C3%A3o%20Rita%20Leite.pdf>
- Lopes, R., Azeredo, Z., & Rodrigues, R. (2010). Portuguese version of the Interpersonal Communication Assessment Scale: preliminary validation study. 14th International Nursing Research Conference. (pp. 252 - 253). Madrid: Instituto Carlos III. Unidad de coordinación y desarrollo de Investigación en Enfermería (Investén-isciii).
- Lopes, R.C.C., Azevedo, Z., & Rodrigues, R.M.C. (2012). *Programa de intervenção de desenvolvimento de competências pessoais e sociais Cuidar-se para saber cuidar: impacto nas competências relacionais de ajuda e na comunicação interpessoal dos estudantes de enfermagem*. Escola Superior de Enfermagem de Coimbra. Acedido em: <https://www.esenfc.pt/event/event/.../exportAbstractPDF.php?id...id>.
- Ordem dos Enfermeiros (2012). *Regulamento do Perfil de Competências do Enfermeiro de Cuidados Gerais*. Acedido em: http://www.ordemenfermeiros.pt/publicacoes/Documents/divulgar%20-%20regulamento%20do%20perfil_VF.pdf
- Ordem dos Enfermeiros (2015) *Anuário Estatístico 2014*. Acedido em: http://www.ordemenfermeiros.pt/Documents/DadosEstatisticos/Estatistica_V01_2014.pdf.
- Patrício, M.J.S. (2012). Competências comunicacionais em estudantes do curso de licenciatura em enfermagem após a primeira experiência de ensino clínico. Dissertação de Mestrado. Escola Superior de Enfermagem de Coimbra.
- Peixoto, A., Simões, A., Teles et al. (Coord. Cardoso, R.M.) (2012). *Competências clínicas de comunicação*. Coordenação. Porto: Artes Gráficas, Lda.
- Phaneuf, M. (2005). Comunicação, entrevista, relação de ajuda e validação. Loures: Lusociência.
- Riley, J.B. (2004). *Comunicação em Enfermagem*. 4ª Edição. Loures: Lusociência.
- Santos, M.C. dos, Gril, A., Andrade, G., Guimarães, T., & Gomes, A. (2010). Comunicação em saúde e a segurança do doente: problemas e desafios. *Rev Port Saúde Pública*; Vol Temat (10): 47-57.
- Schoenthaler, A., Chaplin, W. F., Allegrante, J. P., Fernandez, S., Diaz-Gloster, M., Tobin, J. N. et al. (2009). Provider communication affects medication adherence in hypertensive African Americans. *Patient Educ Couns*, 75: 185-191. Acedido em: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2698021/>
- Silva, K., & Sena, R. (2006). A formação do enfermeiro: construindo a integralidade do cuidado. *Rev Brasileira de Enfermagem*, Vol.59, nº4. Acedido em: <http://www.scielo.br>.
- Ustun, B. (2006). Communication skills training as part of a problem-based learning curriculum. *Journal of Nursing Education*, Vol.10, 45: 421-424. Acedido em: <http://web.ebscohost.com>.
- Vaz-Freixo, M.J. (2011). *Teorias e Modelos de Comunicação*. Lisboa: Instituto Piaget.