

An Investigation of Undergraduate Nursing Students' Therapeutic Communication with Patients

Abstract

Background: Therapeutic Communication (TC) is the process of purposeful and understandable communication between patients and caregivers, which helps facilitate optimized care. Here, we assessed nursing students' interaction with patients and its related factors. **Materials and Methods:** In this descriptive-analytical study, a convenience sample of 240 undergraduate nursing students from Tehran University of Medical Sciences, Tehran, Iran, completed consent forms, a demographic information questionnaire, and a TC questionnaire in 2018. Data were analyzed using descriptive and inferential statistics. **Results:** TC score of most students was moderate and good, with the mean (SD) of 143.07 (12.86). Factors, including gender ($\chi^2 = 8.02, p \leq 0.01$), semester ($\chi^2 = 4.01, p \leq 0.05$), employment ($r = 0.49, p \leq 0.01$), and workshop attendance ($r = 0.80, p \leq 0.01$), influenced the students' TC knowledge and skills. **Conclusions:** Future nurses' TC can be improved by part-time employment and practical training. Conducting more research with a larger sample size from all nursing faculties is suggested.

Keywords: Communication, nursing, patients, students

Introduction

Therapeutic Communication (TC) is the process of exchanging care information with patients in a purposeful manner to facilitate providing quality and comprehensive care.^[1] Besides promoting positive physical and mental outcomes in patients,^[2] establishing TC improves self-esteem and professional performance in nursing students.^[3] Therefore, professional nursing guidelines emphasize improving TC to train competent and ethical nurses.^[1]

The first essential step to improving TC is conducting assessments to identify needs and overcome shortcomings through academic training.^[4] The results of similar studies, showing the weakness of nursing trainees in performing TC, cannot be generalized due to the assessment of a single ethnicity,^[2,5,6] and the use of instruments without reporting psychometric properties.^[4,6] In 2013, according to the patient's rights charter and healthcare reform,^[1] the "professional ethics and communication course" was integrated into the nursing curriculum. Therefore, it seems necessary to investigate nursing students' TC with patients and its related factors in Tehran, with the greatest cultural

diversity in Iran,^[7] using valid and reliable tools in 2018.

Materials and Methods

The study population in this descriptive-analytical research included all undergraduate nursing students of Tehran University of Medical Sciences (TUMS), Tehran, Iran, in 2018. The minimum sample size was 234 at a 95% confidence interval and 10% attrition rate ($d = 0.67$). The inclusion criteria were as follows: 1) nursing students of TUMS in different semesters, 2) passing at least one clinical apprenticeship, and 3) willingness to participate in the study.

The research instruments included a demographic questionnaire and a TC questionnaire for nursing students. The demographic questionnaire collected the students' background information, such as gender, marital status, age, semester, part-time employment, and workshop attendance. The TC questionnaire consisted of 35 items and five subscales: "Cooperation Attraction" (CA), "Maintaining Dignity" (MD), "Preparedness" (P), "Empathic Understanding" (EU), and

Shahrzad
Ghiyasvandian¹,
Mahbobeh
Abdolrahimi²,
Masoumeh
Zakerimoghadam³,
Abbas Ebadi^{4,5}

¹Department of Medical-Surgical Nursing, Nursing and Midwifery Faculty, Tehran University of Medical Sciences, Tehran, Iran,

²Department of Medical-Surgical Nursing, Nursing and Midwifery Faculty, Shahid Beheshti University of Medical Sciences, Tehran, Iran, ³Department of Critical Care Nursing, Nursing and Midwifery Faculty, Tehran University of Medical Sciences, Tehran, Iran, ⁴Behavioral Sciences Research Center, Life Style Institute, Baqiyatallah University of Medical Sciences, Tehran, Iran, ⁵Nursing Faculty, Baqiyatallah University of Medical Sciences, Tehran, Iran

Address for correspondence:
Dr. Mahbobeh Abdolrahimi,
Department of Medical-Surgical
Nursing, Nursing and
Midwifery Faculty, Shahid
Beheshti University of Medical
Sciences, Tehran, Iran.
E-mail: M-abdolrahimi@sbmu.
ac.ir

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“Responsiveness” (R). The items were rated on a five-point Likert scale, ranging from one “never” to five “always.” After summing item marks, the students’ TC was classified into three categories: weak (scored <50% of total mark), moderate (scored 50-75% of total mark), and good (scored >75% of total mark).^[8]

The second researcher distributed the questionnaires among the participants using convenience sampling in three months. After appraising the normality of the data using the Kolmogorov-Smirnov test, descriptive and inferential statistics were analyzed using the Statistical Package for Social Science (SPSS, IBM, USA) version 19A.

Ethical considerations

The participants were asked to sign consent forms after the researcher explained voluntary participation. Tehran University of medical science Ethics Committee accepted the research protocol (IR.TUMS.REC.1394.807).

Results

Most of the students were female (59.17%), single (86.25%), and in the second to sixth semester (88.30%), with the mean (SD) age of 22.13 (3.02). The TC of the students was moderate (CA: 21.70%, MD: 19.20%, p: 11.30%, EU: 27.50%, R: 41.70%) and good (CA: 77.90%, MD: 80.80%, P: 88.80%, EU: 72.50%, R: 56.30%), with the mean (SD) of 143.07 (12.86), except for one student (0.40%) in the CA subscale and five students (2.10%) in the R subscale.

A comparison of different subscales of TC concerning gender showed a significant difference between males and females in the EU ($\chi^2 = 8.02$, $p \leq 0.005$) and R (Fisher = 7.28, $p \leq 0.05$) subscales. Further, the Chi-square test revealed no significant difference in the participants’ TC scores regarding marital status and age ($p > 0.05$). However, the Chi-square test demonstrated a significant correlation between all the TC subscales and the participants’ semesters (CA: $\chi^2 = 12.12$, $p \leq 0.05$; MD: $\chi^2 = 7.51$, $p \leq 0.05$; P: $\chi^2 = 4.01$, $p \leq 0.05$; EU: $\chi^2 = 9.10$, $p \leq 0.05$; R: Fisher = 23.68, $p \leq 0.05$). Also, Pearson’s test confirmed the positive correlation of TC with employment ($r = 0.49$, $p \leq 0.01$) and workshop attendance ($r = 0.80$, $p \leq 0.01$).

Discussion

Our results regarding the participants’ moderate and good TC scores align with another study’s results, in which TC was good in nearly 80% of students and moderate in the rest (20%).^[4] The low scores of the CA and R subscales may be because some students lacked the knowledge and motivation to create patient self-care plans.^[3] Therefore, nursing lecturers, as role models, must accept patients unconditionally and give them timely, jargon-less feedback to solve their problems.^[1] The female students’ better performance in the EU and R subscales could be due to their flexibility and responsibility in modifying communication barriers.^[2,6] The irrelevancy of the

students’ marital status and age to TC, which is inconsistent with some studies,^[2,4] may be attributed to a limited number of married students and practical nurses in our research. The success of the internship students in forging TC was probably related to their higher academic preparedness, which increased patients’ trust and adherence to patient-centered care.^[3,5] Also, the higher TC scores of trainees who had a clinical job or previously participated in workshops were perhaps attributed to the systematic practice of socialization.^[4,6]

Reversed questionnaire items were employed, and confidentiality was assured to reduce social desirability limitation.

Conclusion

Influencing factors, including gender, semester, employment, and workshop attendance, should be considered in TC education. Further studies with a larger sample size from all nursing schools are recommended.

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Conflicts of interest

Nothing to declare.

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