

Assessing the effectiveness of interpersonal communication skills training on job satisfaction among nurses in Al-Zahra Hospital of Isfahan, Iran

Abdollah Rezaei Dehaghani¹, Kobra Ahmadi Akhormeh², Tayyebeh Mehrabi³

ABSTRACT

Background: The worldwide nursing shortage is threatening the quality of healthcare. The two most common causes in maintaining nurses are job satisfaction, a positive working environment, and good relationships among staff. This study aimed to determine the effect of interpersonal communication skills training on job satisfaction among the nurses working in Al-Zahra Hospital affiliated to Isfahan University of Medical Sciences, Isfahan, Iran, in 2011.

Materials and Methods: This study was a quasi-experimental research with two groups and two phases, and was carried out on 70 nurses from Al-Zahra University Hospital. Only nurses who had been employed for more than one year were accepted into the study. There were 35 nurses in the test group and 35 nurses in the control group. The study questionnaire included personal details and job satisfaction scale by Smith and Kendall. Sampling was done randomly and nurses were divided into test and control groups. In the test group, the communication skills training program was done in 6 sessions, twice a week and each session was held for 2 hours. The questionnaire was completed in two stages; before, and two months after the study. Data were analyzed by descriptive and inferential statistics through SPSS Software version 18.

Findings: Findings showed that pre-intervention mean score of job satisfaction of nurses in both groups had no significant difference ($p = 0.92$). After the communication skills training program in the experimental group, mean score of job satisfaction increased and it was significant compared to the control group ($p < 0.01$).

Conclusions: The data analysis showed that the interpersonal communication skills training program increased the mean score of job satisfaction in the test group. Therefore, it seems necessary that nursing managers design training programs for them.

Key words: Job satisfaction, training, interpersonal communication skills, nurses

¹ MSc, Department of Health Nursing, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran

² MSc Student, Student Research Committee, School of Nursing and Midwifery, Medical Students Research Center, Isfahan University of Medical Sciences, Isfahan, Iran

³ MSc, Department of Psychiatric Nursing, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran

Address for correspondence: Abdollah Rezaei Dehaghani, MSc, Department of Health Nursing, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.
E-mail: rezaei@nm.mui.ac.ir

This article was derived from MSc thesis in the Isfahan University of Medical Sciences, No: 389356.

INTRODUCTION

When employees join an organization, they bring with them a set of demands, needs, desires and past experiences that in total constitute the job expectations. Job satisfaction is a sign that human expectations are parallel to their job rewards.^[1]

Often, traditional models discussing job satisfaction focus on the individual's feeling toward his/her job; however, what causes job satisfaction is not the nature of that job but the expectations someone has from it.^[2] Job satisfaction is an important organizational factor requiring special attention in health care systems, and factors which increase or decrease job satisfaction in hospitals need to be evaluated.^[3]

Nurses are the largest working group in a hospital, therefore, labor supply is of special importance in this group.^[4] However, a worldwide problem is the nursing

Access this article online

Quick Response Code:	Website: www.***
	DOI: ***

workforce shortage, and one of the major reasons for this issue is quitting of nurses. It has been estimated that in 2020 the rate of quitting from the nursing profession will be more than 30%.^[5] Nurses' job satisfaction, either directly or indirectly, has a positive correlation with the quality of care and a reverse correlation with job withdrawal.^[6] When nurses are unsatisfied with their job, they tend to withdraw from their patients, nursing tasks and conscience.^[7]

Job satisfaction is influenced by professional and social factors, and interaction with other people is considered as the largest source of work enforcement.^[8] At least half of nursing errors happen during the transition of patient responsibility.^[9]

Andrews and Dziegielewski found that job satisfaction was low in 60% of nurses and 40% of low satisfaction was caused by interaction with coworkers in the workplace.^[5] Effective and open communication among the treatment team is a key factor in making a workplace safe and healthy and increasing the tendency toward working as a nurse.^[10]

Studies have shown that nursing graduates have not learned communication skills completely during their education.^[11] Inappropriate communication patterns such as verbally abusing, humiliating and not accepting the findings of coworkers cause repeating of work, fatigue and job dissatisfaction all of which cause reduction in patient safety.^[12] In order to create an appropriate relationship, familiarization with communication skills is necessary, since poor communication skills can have a negative impact on nursing practice and function.^[13]

This study aimed to review the effectiveness of interpersonal communication skills training on nurses' job satisfaction.

MATERIALS AND METHODS

This was a two-stage quasi-experimental study with two groups (test and control). In the first stage, job satisfaction of the two test and control groups was investigated and thereafter, the test group underwent an interpersonal communication skills training. Two months later, both groups were reviewed and compared in terms of job satisfaction.^[14]

For sample selection, the researcher referred to Al-Zahra University Hospital and received the list of nurses. The number of required samples was 32; but due to later exclusion of some participants, they initially selected 50

samples. 35 nurses accepted to participate. Then, 50 nurses were randomly selected for the control group and after they completed the questionnaire, the names of those who participated in the first stage were recorded in order to participate in the second stage. Finally 35 samples of the control group participated in the second stage.

A two-part questionnaire was used for data collection. The first part consisted of demographic characteristics with 12 questions: workplace, sex, age, education, marital status, employment status, number of child, occupation of spouse, housing status, experience, financial status and working shift. The second part consisted of questions related to job satisfaction which were extracted from the Smith and Kendall scale (JDI: Job Descriptive Index). This scale was designed in Cornell University by Smith, Kendall and Hulin in 1969 and was translated by Shekarshekan (2004). Through correlating this scale with the Minnesota Satisfaction Questionnaire (MSQ), for the factors of overall job satisfaction, job, supervisor, salary, promotions and coworker, Khsoravi obtained Cronbach's alpha of 0.42, 0.63, 0.25, 0.48, 0.37, 0.0 and 0.31 respectively and confirmed its validity. Moreover, for its reliability, he obtained Cronbach's alpha of 0.67 for job, 0.92 for supervisor, 0.86 for coworker, 0.90 for promotions, 0.93 for salary and 0.92 for overall job satisfaction, and confirmed it as a reliable tool. This 5-part questionnaire has 40 questions including job description (10 questions), current manager or superintendent (10 questions), current coworkers (10 questions), promotion opportunities in the organization (5 questions) and salary (5 questions). Scoring is done through a 5-degree scale; each dimension has the choices of "strongly disagree", "disagree", "no comment", "agree" and "strongly agree" which are scored from 1-5. Moreover, the total score of each dimension showed the satisfaction rate in that dimension. Furthermore, a score obtained from the total of 5 dimensions is considered as the total score. Scores of 40 and 200 indicated low and high satisfaction, respectively. Finally, the scores were calculated from 100 and expressed as percentage.

In this study, the study population consisted of all the nurses (technician, BS and MSc) and healthcare workers (with healthcare diploma degree) employed in Al-Zahra Hospital. The participants of the test group underwent an interpersonal communication skills training program. The training included: book, CD and group discussion. The samples of the test group were divided into two 18 and 20-member groups; because group discussion should be done in groups of less than 25 members. Six sessions of training were held during three weeks for each group (two sessions per week). In the first 30 minutes of the

class, the topics were reviewed by Power Point and thereafter, the subjects participated in the group discussion for an hour. One of the faculty members of the School of Nursing (from the Department of Psychiatric Nursing) participated in the discussion as an expert. Then, for 15 minutes, the subjects reviewed the taught skills through role playing and made a conclusion at the end of each session.

In the first session, the participants, researcher and expert became familiar with each other. Subject of discussion, time and place of classes, and the general goals of the research and interpersonal communication skills training in each session were determined.

The following topics were discussed in each session:

Second session: *“definitions and features of communication in nursing”, “necessary tips for communicating with patients”, “meta-communication”, and “gender differences in communication”*

Third session: *“interpersonal communication skills model”, and “barriers of interpersonal communication skills”*

Fourth session: *“self-disclosure”*

Fifth session: *“non-verbal communication”*

Sixth session: *“listening skill”*

Two months after the end of the classes, both groups were given a questionnaire and their findings were compared.

FINDINGS

The subjects of the two groups were similar in terms of demographic characteristics (Table I); they mostly worked in general wards, were married and female, mostly over the age of 35 years, more than 11-20 years of experience, their workplace was mostly general wards and they had no significant differences in terms of the number of children, employment status, financial status, residency status and educational level ($p > 0.05$). In the test group, mean (SD) score of job satisfaction in the first stage was 59.66 (13.9) (with maximum and minimum scores of 96.5 and 48.5) and in the second stage 67.52 (13.5) (with maximum and minimum scores of 92 and 48.5). In the control group, mean score of job satisfaction was 59.34 (12.5) in the first stage (with maximum and minimum score of 97.5 and 48.5) and 58.68 (13.9) in the second stage (with maximum and minimum score of 83.5 and 44). Independent t-test showed that mean score

of job satisfaction had no significant difference in the test and control groups before the intervention ($p = 0.92$), but had a significant difference after the intervention ($p < 0.01$). In addition, paired t-test showed that in the test group, mean score of job satisfaction had a significant increase in comparison to before the intervention ($p < 0.01$); but in the control group, mean score of job satisfaction had no significant difference before and after the intervention ($p = 0.71$) (Table 2).

Table 1. Frequency distribution of the study subjects based on some of their demographic characteristics

Variable	Details	Number	Percentage
Age	20-25 years	2	2.9
	26-30 years	26	37.1
	31-35 years	8	11.4
	> 35 years	34	48.6
Work Experience (years)	1-5 years	12	17.1
	6-10 years	6	8.6
	11-20 years	40	57.1
	> 20 years	12	17.1
Gender	Male	9	13
	Female	61	87
Ward	Intensive	21	30
	General	42	60
	Emergency	7	10
Shift	Just Morning	26	37.1
	Variable	40	57.1
	Morning and Night	4	5.8
Educational degree	Bachelor and higher	65	92.9
	Lower than bachelor	5	7.1

Table 2. Mean score of job satisfaction in test and control groups for 1st and 2nd stages among the study subjects

Stage	Test group		Control group		Result of t-test	
	Mean	SD	Mean	SD	t	P-Value
Stage 1	59.66	13.90	59.34	12.50	0.10	0.92
Stage 2	67.52	13.50	59.34	13.90	2.30	0.02
Results of Paired t-test	t	2.76	0.39			
	P	0.009	0.71			

DISCUSSION

In our study, the highest score of job satisfaction was considered 100. The findings showed that in the first stage in the test group, the highest and lowest scores were 96.5% and 48.6%, respectively with a mean (SD) score of 59.66 (13.9). In a study by Mirzabeygi et al. on nurses' job satisfaction,^[13] they found that only 34.3% of nurses had overall satisfaction from their job. In another study by Mirkamali and Nastizaie,^[14] for the mean score

of job satisfaction they obtained 3.84 out of 5, which was considered as a desirable score. Moreover, in the present study, in the first stage, 22.8% of test group participants obtained scores higher than 75%, and 68.6% of the subjects obtained scores of 50%-75%, and 8.6% of them obtained scores less than 50%. In a study by Abushaikha and Saca-Hazboun,¹⁵ 84.2% of nurses reported an average job satisfaction and in another study by Mogareb et al.,¹⁶ mean score of job satisfaction for 58.9% of nurses was low, for 37.9% of nurses medium, and for 3.2% high. In a study by Manoukian et al.,¹⁷ 49.6% of nurses had high job satisfaction and 50.7% reported low job satisfaction which were not in accordance with the results of the present study. Moreover, in a study by Dehaghani et al.,¹⁸ 65% of participants obtained scores higher than average and only 2.4% obtained poor job satisfaction scores which since the data collection tools and study environment were very similar to this study, it can be concluded that it was in accordance with the results of the present study.

In the second stage, the highest and lowest scores in the test group were 92% and 48.5%, respectively with a mean (SD) score of 67.52 (13.5). There was a significant difference between mean score of job satisfaction of the second stage and the first stage and the control group in the second stage ($p < 0.05$). For a better review, we will analyze the obtained results on job satisfaction dimensions as follows:

Job satisfaction in the present study had 5 dimensions including: “*management and supervision*”, “*current coworkers*”, “*current job*”, “*opportunity for promotion in organization*” and “*salary*”.

Management and supervision is the first dimension of job satisfaction reviewed through 10 questions. In the present study, this dimension obtained the highest score and it can be said that attention to the relation between nurses and managers is of high importance. Although nurses and their leaders require effective communication skills and the ability to understand coworkers¹⁹ and none of the managerial aspects are as important as communication in the development or decline of organizations, unfortunately directors of Nursing and Midwifery wards have a very little value for such an important task and often fail to establish an effective communication.²⁰

Job satisfaction score in the management dimension of the first stage in the test group and control group was 71.4 (20.9) and 70.5 (16.1), respectively and were not significantly different ($p = 0.85$). In a study by Pourghaz

et al.,²¹ mean score of the management dimension was 4.13 out of 5 which was considered as a desirable score. However, in the study of Mirzabeygi et al.,¹³ 30% of nurses were satisfied with managers methods of communicating with nurses and 47.2% of nurses were satisfied with communication with their matron.

Results of the second stage showed that mean score of job satisfaction in the management dimension in the test and control groups was 80.5 (16.6) and 9.7 (17.7), respectively, and were not significantly different ($p = 0.01$). Moreover, paired t-test showed that this dimension had a significant increase in the second stage in comparison to the first stage ($p = 0.04$) but had no significant difference in the control group ($p = 0.81$).

However, the use of effective communication skills by managers is also important in achieving more success in this regard. Dehaghani et al. found a direct, positive and significant relationship between the use of communication skills by the matron and job satisfaction of nurses under their supervision ($p < 0.05$).¹⁸

The second dimension is the “*current coworker*” with 10 questions; mean score of job satisfaction in the current coworkers dimension in the test group for the first stage was 68.5 (13.96) and in the control group was 69.64 (17.69). Independent t-test showed that there was no significant difference between the two groups before and after the intervention ($p = 0.76$) and the paired t-test showed that it significantly increased in the test groups after the intervention in comparison to before the intervention ($p = 0.01$). However, it had no significant difference in the control group ($p = 0.44$), and mean score of job satisfaction of the test group was significantly higher than the control group in this dimension ($p = 0.02$).

In the present study, job satisfaction score in the “*current coworker*” dimension was higher than the average score and was considered as a desirable score. In the study by Mirkamali and Nastizaie in the same dimension,¹⁴ the score 3.98 out of 5 was obtained and Mirzabeygi et al.¹³ announced that 40.82% of nurses were satisfied with the relationship between coworkers. In the studies by Afshari Moghaddam and Golchin,²² and Yaguti,²³ the rate of satisfaction from coworkers had the highest score among other factors of job satisfaction. The results of Adams and Bond⁸ also showed that the highest correlation existed between job satisfaction and coordination of nursing team, organization staff, the rate of professional performance of staff and coordination with physicians (p

< 0.001). In a study by AbuAIRub et al.,^[3] there was a positive significant correlation between social support by coworkers and matrons with nurses' job satisfaction and stated that those who receive higher job support by their coworkers and matrons, had higher levels of job satisfaction.

The third dimension was the "current job" with 10 questions; mean score of job satisfaction in terms of current job in the first stage in the test group was 57.71 (19.78) and in the control group was 55.74 (19.84). Independent t-test showed that there was no significant difference between the two groups before the intervention ($p = 0.67$). Furthermore, paired t-test showed that in the test group, mean score of job satisfaction, in terms of current job, significantly increased after the intervention ($p = 0.01$). However, they had no significant differences in the control group ($p = 0.63$) and after the intervention, in the test group it was significantly higher than the control group ($p = 0.01$). The researcher believed this change in results was due to the change in the attitude of nurses toward their job because of the communication skill training they received.

In the present study, job satisfaction score in terms of current job was higher than the average score and was a desirable score. This score was 4.10 out of 5 in the study of Mirkamali and Nastizaie in this dimension.^[14]

The fourth dimension was the "opportunity for promotion in organization" with 5 questions. The mean score of job satisfaction of this dimension in the first stage in the test and control groups was 47.42 (23.02) and 48.71 (22.24), respectively. Independent t-test showed that they were not significantly different ($p = 0.81$) and paired t-test showed that it significantly increased in the test group after the intervention ($p = 0.81$) but it had no significant difference in the control group before and after the intervention ($p = 0.97$). The researcher believed that this was due to the relatively short period of time (2 months) for effectiveness of application of communication skills to create the opportunity of promotions in the organization and also that such promotions are mostly given to nurses by their managers.

Job satisfaction score in terms of opportunity for promotion was less than the average score. In the study of Mirzabeygi et al.,^[13] 66.67% of nurses announced their dissatisfaction with promotion opportunities, which was in accordance with the present study. However, in the study by Pourghaz et al.^[21] nurses scored 3.26 out of 5 for

promotion opportunities.

Satisfaction with promotions, measures staff satisfaction with policies governing promotions and the way they are executed in an organization. Satisfaction can be considered as an interaction of frequency of promotions, importance of promotions and their desirability.^[24] Therefore, it can be concluded that because the nurses did not receive any promotion during the two months of training, their mean score of job satisfaction had no significant difference in the two groups.

The fifth dimension was "salary" with five questions. The mean score of job satisfaction in this dimension in the first stage for test and control groups was 34.54 (18.48) and 34.28 (19.70) respectively, which was lower than the average score among all the dimensions. Mirzabeygi et al.^[13] found that 67.8% were dissatisfied with their salaries and in the study by Mirkamali and Nastizaie this dimension had the lowest score of 2.5 out of 5. In addition, in the study of Rajabi Yekta,^[25] 75.12% of nurses were dissatisfied with their salary.^[26]

Independent t-test showed that mean score of job satisfaction in terms of salary had no significant difference between the groups before the intervention ($p = 0.95$). However, paired t-test showed that it significantly increased in the test group after the intervention ($p = 0.02$); but it had no significant difference in the control group ($p = 0.78$). After the intervention, mean score of job satisfaction significantly increased in the test group compared to the control group in this dimension ($p < 0.01$). The researcher believes this change was due to change in attitude of nurses toward their job, which resulted from receiving communication skills training. However, the low score of this dimension is still an issue and it is hoped nursing managers give special attention to this matter. Furthermore, study results of Wang showed that financial payments and salary increase is one of the most important factors of job satisfaction.^[26] In the present study, the effectiveness of interpersonal communication skill training on job satisfaction was assessed and was found to be positive. Amos et al. announced that the rate of job quitting reduced from 13.4% to 6.56% after the interpersonal communication skill training of nurses during a year, and it was a significant reduction.^[27] The participants of the study were still dissatisfied with the salary they received and stated that the salary rate is the most important factor in their job satisfaction. After reviewing their job satisfaction, they found no significant change in mean score of job satisfaction before and three months after

interpersonal communication skills training ($p = 0.96$) which was not in accordance with the results of the present study. However, Shimizu et al. showed that interpersonal communication skills training had a significant reducing effect on the rate of job withdrawal of nurses five months after the intervention ($p < 0.05$).^[28]

CONCLUSION

Interpersonal communication skills training increased mean score of job satisfaction in the studied nurses; therefore, holding courses of interpersonal communication skills for nurses during their education and post-graduation is recommended.

ACKNOWLEDGMENT

We would hereby like to thank the nurses who assisted us in doing this study, despite their time shortage and work overload, and the staff of Al-Zahra University Hospital in Isfahan, Iran.

REFERENCES

1. Daviss K, Neostorm J. Human behavior in work, Trans. Tousei MA. Tehran: Center of Management Education Publication; 1991.
2. Lu H, While AE, Barriball KL. Job satisfaction and its related factors: A questionnaire survey of hospital nurses in Mainland China. *International Journal of Nursing Studies* 2007; 44(4): 574-88.
3. AbuAlRub RF, Omari FH, Abu Al Rub AF. The moderating effect of social support on the stress-satisfaction relationship among Jordanian hospital nurses. *J Nurs Manag* 2009; 17(7): 870-8.
4. Dehghan Nayyeri N, Salehi T. *Fundamental of Nursing Management*. Tehran: Boshra Publication; 2009.
5. Andrews DR, Dziegielewska SF. The nurse manager: job satisfaction, the nursing shortage and retention. *J Nurs Manag* 2005; 13(4): 286-95.
6. Morgan JC, Lynn MR. Satisfaction in nursing in the context of shortage. *J Nurs Manag* 2009; 17(3): 401-10.
7. Demerouti E, Bakker AB, Nachreiner F, Schaufeli WB. A model of burnout and life satisfaction amongst nurses. *J Adv Nurs* 2000; 32(2): 454-64.
8. Adams A, Bond S. Hospital nurses' job satisfaction, individual and organizational characteristics. *J Adv Nurs* 2000; 32(3): 536-43.
9. Eslamian J, Taheri F, Bahrami M, Mojdeh S. Assessing the nursing error rate and related factors from the view of nursing staff. *Iran J Nurs Midwifery Res* 2010; 15(Suppl 1): 272-7.
10. Wood J. Who is talking? Who is listening? Improving Communication among hospital nurses and clinicians [Online]. 2010 [cited 2010 Mar 2]; Available from: URL: <http://www.rwjf.org/pr/product.jsp?id=71971/>
11. Alvarez G, Coiera E. Interdisciplinary communication: an uncharted source of medical error? *J Crit Care* 2006; 21(3): 236-42.
12. Hosseini M, Kakaouyi H, Shahzeydi SH, Dibayi M. The effect of continuous quality improvement on education, attitude, practice and rate of job satisfaction of nurses. *Iranian Journal of Nursing Research* 2006; 1(1): 29-34.
13. Mirzabeygi GH, Salemi S, Sanjari M, Shirazi F, Heydari SH, Maleki S. Job satisfaction of Iranian nurses. *Hayat* 2009; 15(1): 49-60.
14. Mirkamali M, Nastizaie N. Reviewing the association of psychological empowerment with job satisfaction in nursing staff. *Journal of Urmia Nursing And Midwifery Faculty* 2010; 8(2): 104-13.
15. Abushaikha L, Saca-Hazboun H. Job satisfaction and burnout among Palestinian nurses. *East Mediterr Health J* 2009; 15(1): 190-7.
16. Mogareb M, Madarshahiyan F, Aliabadi N, Rezaei N, Mohamadi A. Job satisfaction of nurses in educational hospitals of Birjand. *Birjand University of Medical Sciences* 2005; 12(3-4): 92-9.
17. Manoukian A, Pedram Razi SH, Monjamed Z, Faghihzadeh S. Comparing the nurses' job satisfaction in cancer and infant wards. *Hayat* 2007; 13(3): 49-56.
18. Dehaghani AR, Hosseini H, Tavakol K, Bakhtiyari S. Relationship between communication manners of head nurses with job satisfaction of nurses under their supervision in educational hospitals of Isfahan University of Medical Sciences in 2006. *Iran J Nurs Midwifery Res* 2010; 15(2): 49-53.
19. Kleinberg MB, Dirschel KM. *Today's Nursing Leader: Managing, Succeeding, Excelling*. Sudbury: Jones & Bartlett Learning; 2010.
20. Morbaghi A, Heravabadi SH. *Nursing and Midwifery Management*. Tehran: Iran University of Medical Sciences Publication; 1996.
21. Pourghaz A, Nastizaie N, Hezare Moghaddam M. Job satisfaction of nursing staff in hospitals of Zahedan. *Journal of Urmia Nursing and Midwifery Faculty* 2010; 8(3): 143-8.
22. Afshar Moghaddam F, Golchin M. *The Assessment of job satisfaction and related factors in the nurses of educational hospital [MSc Thesis]*. Zanjan: School of Nursing, Zanjan University of Medical Sciences; 1995.
23. Yaguti A. *Review job satisfaction of nurses' and its effective factors and provide appropriate mechanisms in Imam Khomeini Hospital [Thesis]*. Tehran: Tehran University of Medical Sciences; 2004.
24. Housman HA. *Make and Standardization of tool for Assessment of Job Satisfaction*. Tehran: Center of management education publication; 2002.
25. Rajabi Yekta F. *The Assessment of related factors in satisfaction of nurses in delivered interventions [MSc Thesis]*. Tehran: School of Nursing, Tehran University of Medical Sciences; 2004.
26. Wang Y. *Job satisfaction of nurses in hospital*. *Chinese Journal of Nursing* 2002; 37(8): 593-4.
27. Amos MA, Hu J, Herrick CA. The impact of team building on communication and job satisfaction of nursing staff. *J Nurses Staff Dev* 2005; 21(1):10-6.
28. Shimizu T, Mizoue T, Kubota S, Mishima N, Nagata S. Relationship between burnout and communication skill training among Japanese hospital nurses: a pilot study. *J Occup Health* 2003; 45(3):185-90.

How to cite this article: Rezaei Dehaghani A, Ahmadi Akhormeh K, Mehrabi T. **Assessing the effectiveness of interpersonal communication skills training on job satisfaction among nurses in Al-Zahra Hospital of Isfahan, Iran.** *Iranian Journal of Nursing and Midwifery Research* 2012; 17(4): 290-295

Source of Support: Isfahan University of Medical Sciences, **Conflict of Interest:** None declared.