

Effectiveness of Structured Teaching Module on Therapeutic Communication among staff nurses.

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Abstract: Back ground: Effective therapeutic communication is the foundation of a mutually beneficial nurse-patient relationship, because it minimizes psychological difficulties during the care process and positively affects patient recovery. Studies have shown that 90 percent of all difficulties in nurse-patient interaction have resulted from miscommunication. As professionals spending the most time with patients and nursing home residents, nurses ultimately hold a position of obvious importance in the health-care team to satisfy the communication needs of patients.

Objective: The present study aimed to determine the effectiveness of structured teaching module on therapeutic communication among staff nurses in selected hospital in Mangalore.

Materials and methods: A pre – experimental research approach with one group pre-test post-test design was adopted for the study. The samples were selected by using non-probability convenient sampling technique. The sample consisted of 50 staff nurses.

Results: The overall pretest mean knowledge score in the area of therapeutic communication was (42%) and interpersonal relationship was (33%) and post test score in the area of therapeutic communication (72%) and interpersonal relationship was (65.6%) and the obtained paired ‘ t ’ value is 24.11 which is significant at $p < 0.005$ level.

Conclusion: The findings of the study showed that the structured teaching module was effective in improving the knowledge on therapeutic communication among staff nurses. The nurse administrators have to plan for educational interventions and provide opportunities for staff nurses and student nurses to attend training programmes on therapeutic communication.

Key words: Effectiveness, staff nurse, structured teaching module, therapeutic communication

I. Introduction

Communication is an essential component of human experiences which involves the expression of emotions, ideas, and thoughts through verbal and nonverbal exchanges. It is the sense of social behavior and is the essential component to maintain a good interpersonal relationship.¹

Nursing is a caring profession. It is also a profession that is more and more evidence based practice. Presently nurses are the integral component of health care delivery system. Nurses often work with a diverse group of consumers in order to provide competent care. It is essential that nurse develops communication skills along with technical skills.²

Therapeutic communication is the hallmark of a therapeutic nurse - client relationship. Most authors acknowledge this as a prerequisite to create a healing environment within which the patient and nurse can feel comfortable and can work towards health³. Therapeutic communication in nursing allows the patient and family to feel like someone actually cares for him or her in their time of need³.

Current research indicates that ineffective communication among health care professionals is one of the leading causes of medical errors and patient harm. A review of reports from the Joint Commission reveals that communication failures were implicated at the root of over 70 percent of sentinel events.⁴

It is essential for the nurses to develop and maintain competent communication and interpersonal skills. As a nurse we must learn empathetically and have a clear understanding of verbal and non verbal communication skills⁵ So the researcher felt that a structured teaching module on therapeutic communication will help staff nurses to promote effective communication and interpersonal relationships and thereby they can provide quality of care and promote the optimal level of functioning.

II. Materials and method

Pre – experimental research approach with one group pre-test post-test design was adopted for the study. The samples were selected using non-probability convenient sampling technique. The sample consisted of 50 staff nurses. Structured teaching module was prepared. The tools used for data collection were Proforma for socio-demographic data and structured knowledge questionnaire. The reliability of the tool was tested by split half method and Karl Pearson correlation followed by Spearman Brown Prophecy Formula. The reliability of

the tool was found to be 0.83. Pilot study was conducted to find out the feasibility of conducting study. The pre-test was conducted by distributing structured knowledge questionnaire on therapeutic communication. On the same day a structured teaching module on therapeutic communication was given to staff nurses and post-test was conducted using the same questionnaire on the seventh day. Data analysis was done by both descriptive and inferential statistics.

III. Results:

The study sample consisted of 50 staff nurses. Majorities (74%) of them were in the age group of 20-25 years and 66% of them were females. Maximum percentages (78%) of them had completed their General Nursing and Midwifery. About 56% of them had one year experience. Only 18% of them had an exposure to in-service education related to therapeutic communication. The details are depicted in Table 1.

Table 1: Frequency and percentage distribution of staff nurse on selected demographic variables
N=50

SI No:	Demographic variables	Frequency (F)	Percentage (%)
1	Age (in years)		
	1.1.20-25	37	74
	1.2.26-30	13	26
2	Gender		
	2.1.Male	17	34
	2.2.Female	33	66
3.	Educational status		
	3.1.General Nursing and Midwifery	39	78
	3.2.B.Sc. Nursing	11	22
4.	Experience (years)		
	4.1 .0-2	28	56
	4.2. 2-5	22	44
5.	In-service education programme.		
	5.1. Yes	9	18
	5.2. No	41	82

The data presented in fig. 1 shows that in the pre-test, majority of the staff nurses (92%) had poor knowledge on therapeutic communication and 8% had average knowledge. But in the post-test (42%) had acquired good knowledge and (58%) of them were gained average knowledge.

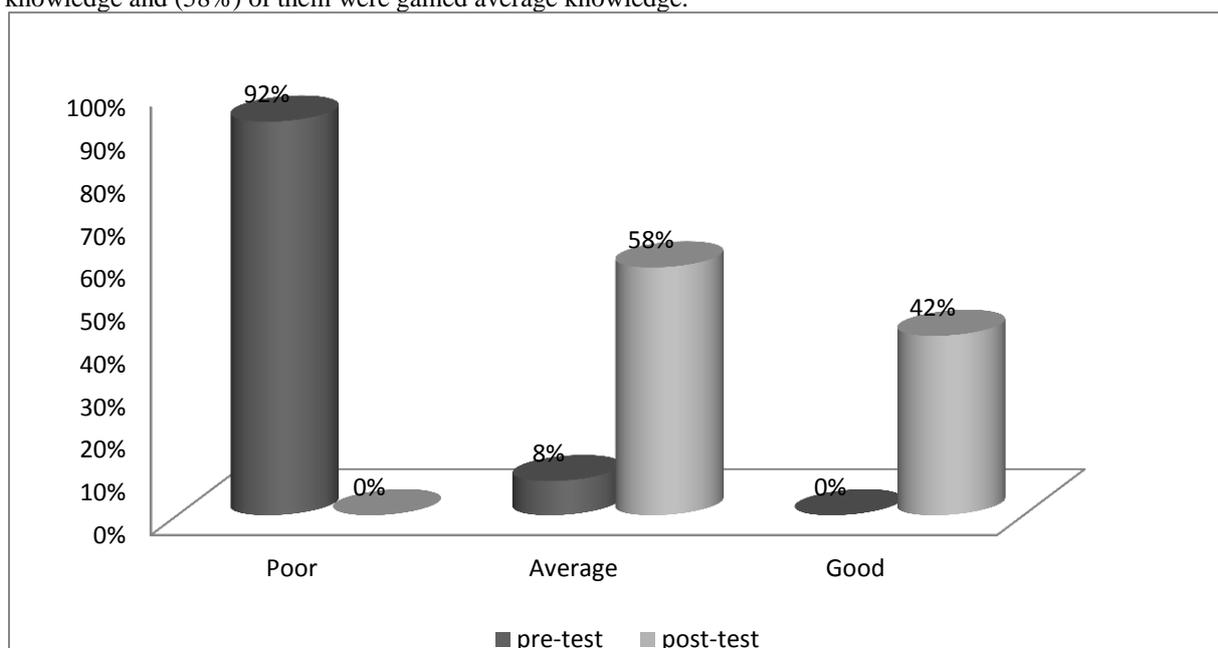


Fig: 1 The frequency and percentage distribution of pre-test and post-test knowledge scores of staff nurse.

The data presented in Table 2 showed that 't' value computed between pre-test and post-test knowledge scores is statistically significant at 0.05 level of significance. The calculated t' value (t=24.11) is greater than the table value ($t_{(49)} = 2.021$). Hence the null hypothesis (H_0) is rejected and the research hypothesis

(H₁) is accepted. This indicates that the teaching module on therapeutic communication was effective in improving the knowledge of staff nurses.

Table 2: Mean, Standard deviation (SD), Mean Difference, ‘t’ value between pre-test and post-test knowledge scores of staff nurses.

N = 50					
Knowledge score	Mean	Standard deviation	Mean difference	‘t’ Value	Significance
Pre-test	13.32	2.82	9.06	24.11	Significant
Post-test	22.38	4.5			

The data presented in the Table 3 showed that there is no association between pre-test knowledge score and demographic variables. The pre-test knowledge score is independent of all variables that is age ($\chi^2 = 0.94$, table value=3.84), gender ($\chi^2 = 0.091$), educational status ($\chi^2 = 1.86$, table value=3.84), years of experience ($\chi^2 = 1.3$) and exposure to in-service education programme ($\chi^2 = 0.12$) at 0.05 level of significance. Hence the null hypothesis is accepted for all. The research hypothesis is rejected, for all variables.

Table 3: Association between pre-test knowledge score and selected demographic variables

N=50

Demographic variable	Pretest score		df	χ^2 value	Significance
	< median	≥ median			
	(13.5)	(13.5)			
1. Age in years					
a. 20-25	20	17	0.94	1	No significant association
b. 26-30	5	8			
2. Gender					
a. Male	9	8	0.091	1	No significant association
b. Female	16	17			
3. Educational status					
a. GNM	22	17	1.86	1	No significant association
b. BSc Nursing	3	8			
4. Experience in years					
a. 0-1	16	12	1.3	1	No significant association
b. 2-5	9	13			
5. In-service education programme					
a. Yes	5	6	0.12	1	No significant association
b. No	20	19			

Table value of $\chi^2_{(1)}$ at 0.05 level = 3.841. Degree of freedom (df) = 1

IV. Discussion

The present study revealed that, the structured teaching module on therapeutic communication was very effective in enhancing knowledge among staff nurses.

4.1. Demographic Variables of staff nurses.

The frequency and percentage distribution of demographic variables of staff nurses showed that, maximum percentage (74%) of them were in the age group of 20-25 years, 26% were in the age group of 26-30 years, majority (78%) of them were completed their General Nursing and Midwifery, 22% of them completed B.Sc. Nursing. Majority of them (66%) were females and 34% were males.

The present study is supported by the findings of the study conducted in Netherlands on "Factors related to nurse communication with elderly people". Forty seven nurses and 109 patients were participated. The results showed that the educational level of nurses was related most strongly to the way nurses communicate with their elderly patients. But patient characteristics such as age, gender and subjective state of health appeared to play a minor role in the way nurses communicate⁶.

4.2. Pre-test knowledge on therapeutic communication among staff nurses.

The present study findings showed that, in the pre-test majority (92%) of the staff nurses had poor knowledge and 8% of them had average knowledge on therapeutic communication.

This study was supported by a study conducted to determine the effectiveness of a communication training programme for oncology nurses in Switzerland. The study findings showed that in the pre-test 100% of the nurses had inadequate knowledge on therapeutic communication and 97% had inadequacy in therapeutic communication skills.⁷

4.3. Post-test knowledge on therapeutic communication of staff nurse.

The findings of the study showed that in the post-test 42% of the staff nurses got good knowledge on therapeutic communication and 58% showed average knowledge on therapeutic communication.

This study was supported by a study conducted in Turkey to determine the effectiveness of in-service communication training to enhance the empathic skills of nurses. The post test scores of nurses increased from 155.6 to 180.5, and training played a role in enhancing nurses' empathic skills with regard to all variables ($P < .05$). None of the samples had poor knowledge, negative attitude and poor skill in therapeutic communication after the teaching programme.

A study conducted in USA to assess the effectiveness of a learner-centered simulation intervention to improve the communication skills of nursing students. A two-group post-test design was adopted for this study. The intervention group performed better than the control group in all four tested domains related to communication skills, and the difference was statistically significant in the domain of gathering information ($p = 0.0257$).⁸

4.4. Association between knowledge score on therapeutic communication and selected demographic variables

The findings of the study showed that there was no association between pre-test knowledge scores and demographic variables.

The pre-test knowledge score on therapeutic communication were independent of all selected demographic variables such as age, gender, educational status, experience and exposure to in-service education programme.

This study is supported by a study conducted to determine the effectiveness of a communication skill training programme among clinicians in Malaysia (2003) showed that the pre-test knowledge score on communication was independent of selected demographic variables like age ($\chi^2=0.017$), education ($\chi^2=1.445$), occupation ($\chi^2= 2.101$).⁹

V. Conclusion:

The present study concluded that structured teaching module on therapeutic communication was very effective in enhancing the knowledge level of staff nurses. Since a very few studies have been conducted regarding this topic among staff nurses, the nurse researcher can take further studies on the same topic.

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