



**ORIGINAL RESEARCH PAPER**

**Nursing**

**A STUDY OF THE KNOWLEDGE AND ATTITUDE OF NURSES TOWARDS THERAPEUTIC COMMUNICATION (TC), FACTORS DETERMINING NURSES' COMMUNICATION WITH PATIENTS AND PATIENTS' SATISFACTION OF NURSES COMMUNICATION, IN A SELECTED HOSPITAL, UTTARAKHAND.**

**KEY WORDS:** Therapeutic Communication(TC), factors determining nurses' communication, patients' satisfaction, knowledge and attitude

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**ABSTRACT**

**Introduction:** Therapeutic Communication (TC) is an approach used by the Nurses while providing care to the patients.TC used by the Nurses can help the patient in early recovery, reduces hospital stay and help the patient to explore self.

**Research Statement:** A study of the knowledge and attitude of Nurses towards Therapeutic Communication (TC), factors determining nurses' communication with patients and patients' satisfaction of nurses' communication, in a selected hospital, Uttarakhand''

**Aim And Objectives:**

1. To determine the knowledge and attitude of nurses regardingTherapeuticCommunication
2. To identify the factors determiningNurses' communication with patients.
3. To assess patients' satisfaction ofNurses' communication
4. To find correlation between nurses' knowledge and attitude related to Therapeutic Communication

**Methodology:**This study used quantitative approach with cross sectional observational study design. Data collection was done by giving self-administered tools,Data was analysed by using SPSS 22

**Results:**

- 55 % of Nurses had age group of 36-45, 70% were females, 95% were G N M qualified. 55%having 5-12 years of experience. None (100%) had training in TC.43.75% patients were between 36-45 years of age. 81.25% weremales,43.75% had education upto 12<sup>th</sup> class. 56.25% were unemployed ,50% belonged to rural area .70% nurses were in the category of high scorein knowledge score of nurses regarding TC, 50% were in category of High attitude score. 44%of patients were in High score category of satisfaction.

**Conclusion**

majority of nurses had knowledge of communication as a therapeutic means but the attitude towards TC were less. Knowledge and attitude regarding communication enhances patient satisfaction. Various factors were identified regarding nurses' communication with patients' needs to optimized

**INTRODUCTION**

Communication is the only vital source through which every act of patient care is carried out effectively. The word communication signifies different things to different people and also different meanings in different context. In the context of nursing, providing care to patients and passing on and receiving information only is viewed as communication Therapeutic Communication (TC) is of the most significant feature of nursing care. It should be suitable to meet the diverse needs of patient. In TC the establishment and maintenance of relationship depends on numerous conditions and contexts of communication and a joint understanding between the Nurse and patient<sup>1</sup>.

Effective communication in nursing is imperative to providing the best care. Nurse-patient communication is an integral part of effective nursing care and the nurse-patient partnership. It usually involves chatting with patients as individuals, attempting to understand their need and feelings, responding to their preferences, and providing them with suggestions in making correct health decisions<sup>2</sup>.

For nursing professionals, Therapeutic Communication is not necessarily limited to patients' physical needs but communication can be used for the patients as a means of therapy to promote recovery, to remove barriers to recovery, to cope with therapy, to adjust with hospital environment, to understand one's own responsibility towards health and recovery and to know how to comply with the treatment regimen<sup>3</sup>.

**AIM AND OBJECTIVES:**

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regarding Therapeutic Communication (TC)

2. To identify the factors determining Nurses' communication with patients.
3. To assess patients' satisfaction of Nurses' communication
4. To find correlation between nurses' knowledge and attitude related to Therapeutic Communication (TC).

**Material method and Conceptual frame work**

The research design adopted for the present study was **cross-sectional** study carried out in Medical and Surgical wards at Government Medical College and associated Dr Sushila Tiwari Government Hospital Haldwani Nainital Utrakhand.

**Sampling technique adopted were -**

- Total Enumerative sampling (for selection of nurses in order to administer Knowledge and Attitude Questionnaire regarding Therapeutic Communication).
- Purposive sampling of patients (for administering the Rating Scale on Patients' Satisfaction of Nurses' Communication)

After collection of data Descriptive and Inferential statistics SPSS Software is used for statistical computation and analysis

**Operational Definitions:**

- **Therapeutic Communication (TC):**

In this study TC refers to 'the communication by nurses with patients' functioning as a therapeutic means.

- **Nurses' knowledge of therapeutic communications:**

In this study it refers to the nurses' knowledge of the following aspects and measured by assigned scores on knowledge questionnaire.

1. Communication as a therapeutic means
2. As a means to remove barriers to recovery
3. As a means to improve recovery
4. To help the patient to cope with therapy
5. To help the patient to adjust with hospital environment
6. To help the patient to understand one's own responsibility towards health
7. To help the patient to know how to comply with the treatment regimen

The scores were categorized as High, Moderate, Low score category.

• **Nurses' attitude towards Therapeutic communications:**  
In this study nurses' attitude refers to the opinion of nurses regarding Nurses' communication with Patient in general and as a therapeutic means, expressed as responses to a structured questionnaire. The degree of attitude is measured by the assigned scores to the following items in the questionnaire -

1. Seeking cooperation of patients and information related to patient's condition
2. Responding to patient's problem
3. Giving instructions to patient
4. Reassuring the patient

The scores are categorized as High, Moderate, Low score category.

• **Factors determining Nurses' communication with patients**

In this study it refers to the emergent communication in the hospital Ward setting as it takes place or as it is done by the nurses, which is conditioned by the following -

1. Number of patients in the Ward
2. Number of nurses posted in the Ward at the time of observation
3. Number of activities performed by nurses (according to the patient's condition) to deliver patient care during the period of observation.
4. The actual nurse patient ratio
5. The INC recommended Nurse-patient ratio.

The factors are determined and quantified by a dichotomous Observation Checklist. These factors, some may enhance the Therapeutic Communication and others may hinder posing as barriers.

• **Patients' Satisfaction of Nurses' Communication with patients:**

In this study it refers to the patients' satisfaction of Nurses' Communication with them and measured by a 3-points Likert scale, in which the responses are scored as 3, 2, 1.

**The tool consists of the following areas -**

1. Nurse seeking information whether they had food and feel comfortable.
2. Giving information to the patient related to recovery and care
3. Giving instructions to the patient related to medication, treatment and diet
4. Involving the patient and family in care
5. Patients perception of Nurses behavior in communication
6. How much patient feel free to express their doubts with Nurses

The scores are categorized as High, Moderate, Low score category of satisfaction.

**Unit of the study:** Nursing care activities being performed for patients and the communication that takes place by the nurse to the patient.

**OBSERVATION AND RESULTS**

**Organization of Data findings:**

In present study the data collected is presented in five sections as mentioned below:

- **Section I-** Demographic data of Nurses and patients
- **Section II-**
- **Part I:** Knowledge of nurses regarding Therapeutic Communication (TC)
- **Part II:** Attitude of nurses to Therapeutic Communication (TC)
- **Section III:** Factors determining Nurses' communication with patients.
- **Section IV:** Patients' satisfaction of Nurses' communication
- **Section V-** Correlation between nurses' knowledge and attitude related to TC.
- Data regarding knowledge and attitude of nurses regarding Therapeutic Communication (TC) is presented in terms of category of score such as Low, Moderate, High.
- Data regarding factors determining Nurses' communication with patients is presented and the factors identified.
- Data regarding patients' satisfaction of Nurses' communication is presented in terms of category of score such as Low, Moderate, High.

**Section I (Demographic data)**

Out of 20 Nurses of Nurses belonged to the age group of 36-45, among them, maximum 14(70%) were females. Regarding the educational qualification majority of the nurses 19(95%) were GNM qualified and only 01-5% had done Post Basic B.Sc Nursing. Total 11(55%) had 5-12 years of professional experience and the remaining 09-45% had 13-20 years of experience, none had attended training in Therapeutic communication. According to the area of working, maximum 11(55%) were working in General surgical.

Maximum number of patients (43.75%) was between 36-45 years of age and (25%) were in the age group 15-25 years. In the Higher age group 66-75 years there was only one patient (6.25%). Majority of the (81.25%) patients were males. (37.5%) were graduate and above, (43.75%) had qualified senior secondary education and only one (6.25%) had primary education. The data on occupation of the patients showed that two (12.5%) patients had professional occupation, another (25%) had skilled occupation, 6.25% were unskilled and number of patients 68.75% were admitted in General surgical ward and 31.25% were

**Section II**

**Section II: Part I: Nurses Knowledge of Therapeutic communication**

Small number of Nurses (25%) were in High score category, the number of Nurses in Moderate score was maximum (45%), compared to (30%) Nurses in the Low score category.

Knowledge of nurses to use communication "**As a means to remove barriers to recovery**" regarding the distribution of respondents in score categories (15%) were in category of High score and majority (55%) in category of Moderate score and only (30%) were in category of Low score.

Knowledge of nurses to use '**Communication as a means to improve recovery**' the distribution of respondents in score categories (45%), were in High score category, the number of Nurses in Moderate score was (30%), 25% Nurses were in the Low score category.

Knowledge of nurses to use communication '**To help the patient to cope with therapy**' regarding the distribution of respondents in knowledge score categories as presented above in only 15% were in category of High score and 40% in category of Moderate score and 45% were in category of Low score.

Knowledge of Nurses to use communication '**to help the patient to adjust with hospital environment**'. Regarding the distribution of respondents in score categories, only 35% were in category of High score and 55% in category of

Moderate score and 10% were in category of Low score.

knowledge of Nurses to use communication '**To help the patient to understand one's own responsibility towards Health**' regarding the distribution of respondents in score categories, only 45% were in category of High score and 55% in category of Low score.

Regarding the knowledge of nurses 'related '**To help the patient to know how to comply with the treatment regimen**', categorization of the respondents in score category presents that maximum 60% were in category of High score and 40% were in category of Low score.

### **Section II. Part II: Attitude of Nurses to Therapeutic Communication)**

The Nurses' attitude to communicate to **Seek cooperation of patients and information related to patient's condition**, 50% of respondents were in Moderate score category. Attitude of nurses to use '**communication as a means to respond to patient's problem**', the distribution of the respondents in score category presents that 60% were in High score category and 40% were in Moderate. Attitude of nurses related to communicating with patients as a means to '**giving instructions**', regarding the distribution of the respondents in score category of nurses 65% were in Moderate, 25% in category of Low score and 10% were in category of High score. The attitude score related to **Communicating with patients as a means to 'reassure the patient'** in the category of attitude score 65% were in Moderate, 25% were in category of High and 10% were in Low attitude category.

Depicts that the combined score of attitude of nurses, in the category of attitude score 50% were in category of High attitude score, 40% were in Moderate and 10% were in Low attitude category.

### **Section III**

#### **Objective 2: Factors determining Nurses' communication with patients**

The total **number of communications by Nurses** varied between day 1 and 5 and between day 7 to day 12. On Day 7 and 8 the number of patients were 63, 60 respectively. But only one Nurse was posted on these days. It was interesting to note that even though the number of patients was very High (60), there was only one nurse in the ward but the number of communications were 5, between 7 to 12 day, during the 6 hours of observation there were only two communications and during the 12 hours observation there was only one communication on day 11. On day 7, the nurse activity ratio was 1:51, therefore the nurse had no chance to communicate with patients in contrast on day 9 total number of activities performed during 3 ½ hour period was only 3, total number of patients in the ward were 65 and there was no communication by nurses. On other days even though the number of nurses were more, such as, on day 13, day 14 and day 15 the communication by nurses was almost NIL and the total communication was only once or twice. The number of communication varied between days 1 and 2 for all the remaining days. This indicates that the communication by nurses was practically absent.

### **Section IV**

#### **Objective 3: To assess patients' satisfaction of Nurses' communication**

The domain of 'Nurse seeking information whether patients had taken food and feel comfortable', 43.75% was in the Moderate satisfaction category. Patients' satisfaction related to nurses' communication regarding '**Giving information to the patient related to recovery and care**', in both Moderate and High score category same number of patients were present 43.75%. Regarding '**Giving instructions to the patient related to medication, treatment and diet**', 50% of patients were in Moderate satisfaction category, regarding, '**Involving the patient and Family in care**' 62.5% expressed

High satisfaction. '**Patients perception of Nurses behavior during communication**' 81.25% expressed High satisfaction. '**How much patient feel free to express their doubts with Nurses**', in this domain 50% were in Moderate score category.

The distribution of **Patients' satisfaction of Nurses' communication** shows that the combined score of all the six domains of patients' satisfaction 44% expressed High satisfaction.

### **Section V**

#### **Objective 5: To find correlation between nurses' knowledge and attitude related to Therapeutic Communication.**

The comparison of the distribution of frequency and percentage of overall knowledge and attitude of Nurses' and patients' satisfaction of Nurses' communication showed that in the High score category of nurses' knowledge and attitude the number of nurses was maximum 14-70% and 10-50% respectively and the patients' satisfaction of Nurses' communication in High score category of satisfaction the number of patients was maximum 7-44%.

Whereas, in the Moderate score category of overall knowledge the number of Nurses was 5-25%, the number of Nurses in the area of attitude towards TC was 8-40% and patient satisfaction in category of Moderate score was 6-34%.

Similarly, in the category of Low score the number of Nurses' knowledge was 1-5%. Whereas, the number of nurses in the area of attitude towards TC in Low score category was 02-10%. Patient satisfaction of Nurses' communication in Low score category the number of patients was maximum 3-22%.

It was concluded that Higher the knowledge and attitude of the Nurses' more the patient satisfaction from Nurses' communication. The findings also showed that less the knowledge and attitude of Nurses' regarding TC the patient satisfaction was also in Low category of satisfaction. It means Nurses' knowledge and attitude regarding TC is directly proportional to patient satisfaction.

### **Discussion,**

#### **Section 1**

#### **Knowledge and attitude of nurses and correlation between knowledge and attitude regarding Therapeutic Communication**

An interesting observation in the study in the study was that in all the domains of knowledge of TC as well as in all the domains of attitude of TC the number of nurses in the **Moderate score** category was maximum.

The correlation between knowledge and attitude of nurses was computed and there was positive linear correlation between knowledge and attitude score ( $r=0.7262$ ). Therefore, relating to the first objective 'determining knowledge and attitude regarding TC', the study found that, maximum number of nurses had favorable attitude towards TC.

Despite positive attitude to communicate with patients during the care process, actual Nurse-patient communication was very less.

The positive attitude of nurse to communicate with patients is corroborated by patient satisfaction score 44% of patients expressed high satisfaction.

Our finding partially agrees with **Younis JR, Mabrouk SM, Kamal FF** study, which documented that statistically significant correlation regarding total knowledge score and total practice score.



**Section 2**

**Factors determining Nurses' communication with patients.**

**High Patient-to-Nurse Ratio:**

In our study it was evident that the nurses' communication with patients is influenced by number of patients in the ward. Similar to observation made by **Rassin M, Silner D, and Linda Aiken<sup>8</sup>** that an increase in the nurse-to-patient ratio from 1:4 to 1:6 raised the patient mortality rate by 7% and with further increase in nurse-patient ratio to 1:8, the mortality rate increased to 14%.

**Poor nurse-patient communication:**

The observation of nurse-patient communication was conducted for a specific duration of 6 hours, 3 ½ hours and 12 hours. During the other times when there was no observation to document the communication by nurses with patients. If there was no communication by nurses during other times, the patient satisfaction would be very low, which would have resulted in large number of patients in low satisfaction score category. In contrast to this expectation, the numbers of patients in the High satisfaction score were maximum

Based on Nurse-Patient Communication (NPC) from the above discussion it can be deduced that;

1. Whenever number of patients is large, Nurses communication will be very less and even absent.
2. Whenever too many activities are to be completed by a small number of Nurses, nurse-patient communication will be very less
3. If the Nurses do not have positive attitude to communicate with patients, in spite of adequate number of Nurses, communication will be very less or absent.

As evident from the present study the factors determining of Nurse-Patient Communication are;

- Number of Nurses posted in the ward
- Nurse activity ratio in the ward
- Number of patients admitted in the ward
- Attitude of Nurses to communicate with patients

Study findings by **Anokye R. et al<sup>9</sup>** is consistent with **present study** findings. **Anokye R. et al** conducted a qualitative assessment of perceived barriers to effective therapeutic communication among Nurses and patients in 2019.

These observations indicate that lack of communication by the nurses with patients is not only determined by the nurse to patient ratio but also an **important behavior driver is the attitude of nurses to communicate with patients.** Those who were in the Low score category of attitude to TC would have low motivation to communicate with patients even if the situations were congruent to communicate with patients. Similar analysis also applies to the knowledge of nurses to TC. Those who have Low score in **both knowledge and attitude to TC would have less inclination to communicate with patients.**

**Section 3**

**Patients' satisfaction of nurses' communication:**

The observation of the nurses' communication with patients identified very poor communication by nurses and major determinants were also discussed. Inadequate communication by nurses also can influence patients' satisfaction. In this study, patients' satisfaction related to nurses' communication showed that even though 44% number of patients were in High score category, equally a considerable number of patients expressed Low satisfaction of nurses' communication 22%.

**Inadequate Nurse-patient communication could lead to number of issues such as; increased patient anxiety, lack of coping by patients, non-cooperation by patient to therapy, inappropriate patient assessment, lack of timely and appropriate care, conflict between nurses and patients, delay in patient recovery and many more.**

**However, the patient satisfaction depends on patient's expectation. The researcher cannot presume whether nurse is aware of TC but whatever the nurses' communication with patients, it is necessary to explore to what extent the patients are satisfied with communication.**

**The present study revealed that majority (44%) patients were in the category of High satisfaction score.**

The finding our study are partially consistent with the study conducted by **Negi S, Kaur H, Singh G M, Pugazhendhi S<sup>7</sup>** where patients' satisfaction was very high in some areas i.e. 81% of the patient agreed that privacy and confidentiality was maintained. 90% were satisfied that Nurse provides proper information about their health etc.

It is to be noted that the present study focused only on verbal communication by Nurses. Even though most of the communication studies find that the role of non-verbal communication conveys more than 90% of the message than the verbal communication. Therefore, during the course of nursing care activity in spite of absence of verbal communication the non-verbal communication, would have contributed to patients' satisfaction of Nurses' communication.

**CONCLUSION:**

- Therapeutic Communication can help in providing quality care to the patient and increasing patient satisfaction and trust towards Nursing care.
- Communication is a medium through which one can share their ideas, opinions and thought, it can be applied in personal and professional life.
- TC can also help in communicating with critical patient even those who are on ventilator but oriented.
- Nursing students can use communication skills techniques while collecting data from patients for study purpose e.g. Assessment, case study, case presentation, health education etc.
- TC can bridge the gap between Nurses and patients, Nurses will be able to make patients explore or express themselves so that particular patient's need identification will be possible.
- Communication skills can be used in steps of nursing care process. Use of TC can help in providing interactive Nursing care, which increases its value.
- Nursing supervisors can make sure that nurses are incorporating communication techniques in patient care.
- Nursing supervisors can distribute the task among the Nurses in such a manner so that there will be time for establishing good TC in clinical practice.
- Nursing teachers can inculcate concepts of TC in clinical teaching as basics of Nursing Profession.
- Nursing faculty and manager can utilize the study findings to evaluate the performances of students as well as nursing staffs in the clinical area.

**Limitations:**

- The study was limited to General medical-surgical ward of a selected Hospital,
- the findings may not represent that of other hospital Wards.
- Number of patients was very small.
- The study was confined to observation of only verbal communication.
- The use of participant observation could lead to focus the observation to the specific activity. During the observation simultaneously taking place activity could have been missed.

**Recommendations:**

According to the results of the study researcher recommends the following:

- The present study observed a large gap between the

recommended Nurse patient ratio and reality. However, the findings are limited to only four wards. It is highly recommended that government should be sensitized to the standard proposed by NABH. So, the patient without adequate number of staff nurses to expect good patient recovery.

- Studies only on Nurse patient ratio should be conducted to entire hospital and also Indian hospital should undergo this audit.
- This type of study should also be conducted by using non-verbal communication.
- Training in TC, where compulsory should be incorporated before inducting nurses to job.

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