WCPCG 2011

Nurses’ communication skills: Exploring their relationship with demographic variables and job satisfaction in a Greek sample

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Abstract

Nurse-patient communication is an essential component of nurses’ everyday practice. The aim of the present study was to explore the relationship between counseling aspects of communication skills, demographic characteristics, and job satisfaction among 237 Greek nurses. The Nurse-Patient Communication Skills Questionnaire was developed to measure the caring quality of the nurse-patient relationship, whereas job satisfaction was measured by having participants indicate their degree of satisfaction concerning specific sectors. The findings of the study indicate that educational background, continuing education and job satisfaction could be considered as important factors influencing the integration of nurses’ communications skills.

Key words: Nurse-patient relationship; communication skills; job satisfaction; demographic characteristics; counselling

1. Introduction

Nursing plays a key role in health care systems, especially in primary health care services, where the nurse, as member of a health-care team, provides individual, as well as community-based integrated health care services. As Leontiou (2007) points out, regardless of their practices, work patterns and country of origin, nurses share a common characteristic: they are professionals committed to the philosophy of the holistic approach to individual health care provision. Nurse-patient communication is of major importance, since through this the patient is encouraged to describe the overall and current condition of his health, as well as the experience and symptoms he has suffered, facilitating in this way the diagnostic process. Furthermore, nurse-patient communication enables the nursing staff to provide information and guidelines regarding treatment and therapeutic processes (Davis & Fallowfield, 1993; Karademas, 2005). According to literature (Ley, 1998), two main tendencies characterize medical staff-patient communication: (a) patient-centered model, which is based on counseling approach to communication, embraces the patient’s knowledge and experience and makes use of techniques such as active listening, reflection of feelings, encouraging the patient to take over part of the responsibility, etc., and (b) professional-centered model, which embraces the professional’s knowledge and skills.

Nurse-patient communication is influenced by a number of factors such as cultural variables, belief concerning importance of communication, educational background, socio-economic background, demographic profile, etc.

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(Ong et al., 1995). Nurse-patient communication seems to be also related to nurses’ job satisfaction. More specifically, the adoption of the counseling approach to communication by the medical staff tends to lead to more personal satisfaction and decrease burn-out from their work confirmed the above hypothesis (Davies & Fallowfield, 1993; Fallowfield & Roberts, 1992). Similarly, Higgins (1990) reported that empathy training among medical students is related to significant decreases in perceived stress when interviewing emotional patients.

Despite the significance of nurse-patient communication and the fact that the counselling aspects of communication skills among nurses are actually the basic parameter of their adequate professional performance (Leontiou, 2007), Greek research on this field is restricted both to certain aspects of communication (e.g., obstacles to communication) and specific groups of patients (e.g., patients with terminated illnesses) (see Anagnostopoulos & Iakovidis, 1993). Additionally, the variable has never been examined in relation to job satisfaction, although the literature (American Nurses Association, 1995; Best & Thurston, 2004) reveals nurse job satisfaction as an important indicator of the nursing contribution to quality of patient care. The present study aimed at exploring the relationships between: a) counselling aspects of communication skills and demographic characteristics, and b) job satisfaction and counselling aspects of nurses’ communication skills.

2. Method

2.1. Participants

The sample consisted of 237 professional nurses working in seven hospitals in Greece. Two hundred and thirty of them (97.0%) are females and 7 (3.0%) are males. The respondents’ age ranges from 31-40 (35.9%) and 41-50 (21.9%) years. Approximately half of the respondents (50.2%) are residents of Athens. 59.9% of them are married with two children (36.3%). 60.3% are TEI (Technological Education Institutes) graduates, whereas a 24.9% of them are graduates from a 2-year school.

2.2. Measures

Job satisfaction was measured by having participants indicate their degree of satisfaction (not at all satisfied = 1 to very satisfied = 5) concerning rewards, working hours, working conditions, relations with colleagues, patients, and superiors. The six questions were factor analyzed using principal components analysis with an orthogonal (varimax) rotation. The analysis identified two clear and interpretable factors accounting for 62.60% of the variance. The first factor (eigenvalue = 2.15, variance explained = 35.77%) consisted of four items referring to satisfaction related with job characteristic (i.e., working conditions, rewards, working hours, and relations with superiors). The second factor (eigenvalue = 1.61, variance explained = 26.83%) consisted of the two remaining items referring to satisfaction related to relationships with colleagues and patients. The two factors yielded adequate alpha estimates (.70 for the satisfaction related with job characteristics and .64 for satisfaction related to relationships). Communication skills were assessed by Nurse-Patient Communication Skills Questionnaire which was developed by the first of the authors for the purposes of the study, based on Ley (1992) and Papadatou (1995) literature review concerning the provision of health related information to patients. It consisted of twenty-one questions including both right and false or multiple responses. The issues examined were the following: (a) use of multiple, open, and short questions, (b) guidance/counselling patients, (c) giving full information of patient illness state and severity, (d) not overt expression of discomfort and dissatisfaction when dealing with a difficult patient, (e) effectively coping with patient’s anxiety, (f) focusing on a holistic approach of treatment, (g) communicating in a verbal level by exhibiting empathy, emotional reflection, paraphrasing, and restatement, and in a non verbal level by keeping eye contact and healing touch. Answers that were indicative of the counselling aspects of communication skills were added leading to an overall score for each participant. The Kuder-Richardson 20 index for internal consistency was .70.

3. Results

A series of t-tests were conducted to examine differences in nurses’ communication skills depending on: a) the educationanl level of participants, and b) their participation in life-long learning. Bivariate correlations were then calculated to examine the relationship between nurses’ communications skills, work experience and job satisfaction
variables. In addition, point-biserial correlations between communication skills and educational background variables (since the latter variables were dichotomous) were calculated. Finally, hierarchical multiple regression was conducted to test the relationship between the predictor variables of job satisfaction and the outcome variables. As it can be seen on Table 1, there is a statistical significance between the group of nurses with university degree and those who had two years training concerning the correct answers of counseling skills (t(203) = -4.27, p = 0.001, Cohen’s d = -0.61). Those with university degree seemed to give more correct answers about the best way to communicate with the patients. There is also a statistical significance between the nurses who attend seminars and conferences and those who do not, regarding the correct answers on communicating skills used by nursing staff in the context of nurse-patient relationship (t(205) = -3.92, p = 0.001, Cohen’s d = -0.60).

Table 1: Educational Background Differences in Nurses Communications Skills

| Educational Level          | M    | SD   | t     | d    |
|----------------------------|------|------|-------|------|
| University Degree          | 4.30 | 1.35 | -4.27*** | -0.61 |
| Non University Degree      | 3.45 | 1.44 |       |      |
| Continuing Education       | 4.19 | 1.40 | -3.92*** | -0.60 |
| Participation              | 3.30 | 1.42 |       |      |

Note. a n = 131. b n = 74. c n = 157. d n = 50. ***p < .001.

All predictor variables were significantly, bivariately correlated with communication skills, with the exception of work experience (Table 2).

Table 2: Summary data and bivariate correlations for all measures used in this study; N = 237

| Variables                          | 1  | 2  | 3  | 4  | 5  |
|------------------------------------|----|----|----|----|----|
| 1. Work Experience                 | -  |    |    |    |    |
| 2. Educational Level               | -.16* |    |    |    |    |
| 3. Continuing Education            | -.07 | .42** |    |    |    |
| 4. Communication Skills            | .02 | .29*** | .26*** |    |    |
| 5. Job characteristics Satisfaction| .03 | .02 | .08 | .19** |    |
| 6. Relationships Satisfaction      | .01 | -.05 | -.03 | .15* | .18** |
| Mean.                              | -  |    |    | 3.98 | 2.23 |
| Sd.                                | -  |    |    | 1.45 | 0.74 |

Note. a variables are dichotomous, thus correlations values obtained are point-biserial.

Hierarchical multiple regression was then conducted to test the relationship between the predictor variables of job satisfaction and the outcome variable of the level of nurses communications skills (see Table 3). Level of education and life-long learning were entered at step 1 to control for their effect. Job satisfaction variables were entered at step 2 to test their direct effects on nurses’ communication skills.

Educational background variables accounted for a significant 7% of the variance in communication skills, F (2, 179) = 9.08, p < .001. Nurses with university degree and participation in life-long learning tended to report a larger
amount of correct communication skills. The addition of job satisfaction variables at step 2 accounted for a significant further 6.1% of the variance, $F_{\text{Change}}(2, 177) = 6.38$, $p < .01$, with the significant predictors being both job satisfaction variables (i.e., satisfaction related to job characteristics and satisfaction related to relationships).

Table 3: Summary data for hierarchical regression analysis for variables predicting nurses communication skills; N = 237

| Variables                      | Step 1 |           |           | Step 2 |           |           |
|--------------------------------|--------|-----------|-----------|--------|-----------|-----------|
|                                | B      | SEB       | B         | SEB    | $\beta$  | $\beta$  |
| Educational level              | .58    | .24       | .19*      | .64    | .23       | .21**     |
| Continuing Education           | .56    | .27       | .16*      | .54    | .26       | .16*      |
| Job satisfaction: characteristics | .34    | .14       | .17*      | .27    | .12       | .16*      |
| Job satisfaction: Relationships | .27    | .12       | .16*      | .27    | .12       | .16*      |
| $\Delta R^2$                   |        |           |           |        | 6.1**     |           |
| $R^2$                          | 9.2*** |           |           |        | 15.3***   |           |
| Adjusted $R^2$                 | 8.2*** |           |           |        | 13.4***   |           |

*p < .05. **p < .01. ***p < .001

4. Discussion

This study tried to explore issues concerning the relationships between counseling aspects of communication skills, demographic characteristics, and job satisfaction among Greek nurses. The demographic variables that were significantly related to the criterion variable were only educational level and continuing education. Work experience was not found to be significantly correlated. Pendleton, Schofield, Tate & Havelock (2003) supported the idea that courses on communication skills should be obligatory during nursing training and should be incorporated in all levels of continuing education. The results of the present study showed that the higher education graduate nurses (postgraduate studies, seminars, etc.) exhibited more counselling aspects of communication skills during their interaction with patients. Papadatou & Anagnostopoulos (1999) have noted that nurses’ continuing education leads to the acquisition of specialized knowledge which in turn helps them to understand patient’s behavior resulting to a more effective communication. Moreover, nurses’ education on communication skills results not only to the benefit of the patient but increases job satisfaction (Arranz et al., 2005). The present study expanded the relationship between job satisfaction and counseling aspects of communication. In contrast to other researches that explored the impact of nurses’ communication skills on their job satisfaction (Arranz et al., 2005), this study explored the relationship in the aversive way. The results showed that both aspects of job satisfaction (namely job satisfaction related to job characteristics and job satisfaction related to relationships within health care setting) explained incremental variance in counseling aspects of communication skills after controlling for educational background. That means that nurses who reported high levels of job satisfaction were more likely to exhibit counseling aspects of communication skills during their interaction with patients. Since training and other variables are not considered sufficient factors for the adoption of counseling aspects of communication skills in health care settings (Kruijver et al., 2000), job satisfaction levels could be introduced as an important variable that could influence the practice of more nurses’ affective behaviors.

The main limitations of the present study can not be overlooked. The revealed relationships can not be addressed to linear causality because of two main reasons. First the aim of the study was to explore an area which has not been researched before, at least for the Greek population. Secondly, the results are based on self-report data gathered simultaneously. Nevertheless, the results of the present study reveal that educational background, continuing education, and job satisfaction could be considered as important factors influencing the integration of communications skills by nurses during their interaction with patients. These results emerge the necessity for managerial staff of health care settings to incorporate policies that enhance nurses’ continuing education and job satisfaction in order to improve nurse patient relationships for the benefit of both parts. More specifically, nurses should be motivated to attend workshops for improving their counselling skills. Nurses’ job satisfaction should also be considered by the managerial staff as an important variable affecting the quality of nurse-patient relationship and therefore their communication patterns. Future research should also incorporate more accurate and objective measures of counselling skills than self-reports (e.g., by observation) in order to fully identify the counselling skills.
that are exhibited by nurses and obstacles that they meet during their duty. More research is still needed concerning the exact link between job satisfaction and nurses’ communication patterns elaborated in the context of nurse-patient interaction.

References

American Nurses Association (1995). Nurses Care Report Card for Acute Care Setting. Washington: American Nurses Publishing.

Anagnostopoulos, F., & Iakovidis, V. (1993). Obstacles affecting the communication between health care practitioners and terminated-ill patients. Psychiatric Papers, 43, 73-77.

Arranz, P., Ulla, S.M., Ramos, J.L., del Rincon, C., & Lopez-Fando, T. (2005). Evaluation of a counseling training program for nursing staff. Patient Education and Counseling, 56, 233-239.

Best, M.E., & Thurston, N.E. (2004). Measuring nurse job satisfaction. Journal of Nursing Administration, 34, 283-290.

Davis, H., & Fallowfield, L. (1993). Evaluating the effects of counselling and communication. In H. Davis & L. Fallowfield (Eds.), Counselling and communication in health care (pp. 287-318). London: J. Wiley.

Fallowfield, L., & Roberts, R. (1992). Cancer counselling in the United Kingdom. Psychology & Health, 6, 107-117.

Higgins, H. (1990). Empathy training and stress: their role in medical students’ responses to emotional patients. Paper presented at the International Conference on Communication in Health Care. St. Catherines College, Oxford.

Karademas, E. (2005). Health Psychology: Theory and clinical practice. Athens: Tipothito-G. Dardanos.

Kruijver, I.P.M., Kerkstra, A., Francke, A.L., Bensing, J.M., & van de Wiel, H.B.M. (2000). Evaluation of communication training programs in nursing care: a review of the literature. Patient Education and Counseling, 39, 129-145.

Leontiou, J. (2007). Supportive work environment: Qualitative work places = qualitative patient care. Paper presented at the Annual Event for International Nurses Day, 16/05/07.

Ley, P. (1988/1992). Communicating with patients. Improving communication, satisfaction and compliance. London: Chapman & Hall.

Ong, L.M.L. de Haes, J.C.J.M., Hoos, A.M., & Lammes, F.B. (1995). Doctor-patient communication: A review of the literature. Social Science and Medicine, 40, 903-918.

Papadatou, D. (1995). Health care practitioners’ communication with patients. In D. Papadatou & F. Anagnostopoulos (Eds), Psychology in Health Care (pp. 175-194). Athens: Ellinika Grammata.

Papadatou, D., & Anagnostopoulos, F. (1999). Psychology in Health Care. Athens: Ellinika Grammata.

Pendleton, D., Schofield, T., Tate, P., & Havelock, P. (2003). The New Consultation: Developing Doctor-Patient Communication. Oxford: Oxford University Press.

Schlundt, D., Quesenberry, L., Pichert, J.W., Lorenz, R.A., Boswell, E.J. (1994). Evaluation of a training program for improving adherence promotion skills. Patient Education and Counseling, 24, 165-173.