

# A Review Article on Training Nurses in Patient Education and Communication: A Step towards Selecting Methods for Training Nurses in Patient Rights

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**Abstract:** *One of the essential aspects in observing patient rights by nurses is providing the patient with effective education and communication, which is crucial for the successful nursing practice and patient satisfaction outcomes. Good communication is not only based on the physical abilities of nurses, but also on education and experience. The objective was to gain knowledge on the various methods of training nurses in different aspects of care and study their outcomes. This article presents the review of literature relating to the studies carried out by various researchers in the area of training nurses in various patient care aspects.*

**Keywords:** Training nurses, education, communication, nursing care, nurse patient relationship

## 1. Introduction

Communication is a vital element in nursing in all areas of activity and in all its interventions such as prevention, treatment, therapy, rehabilitation, education and health promotion.[1] Information to the patient is of fundamental importance. Patients need information regarding their care and condition as they feel anxious and vulnerability during their hospitalization.[2] This means that Communication should make provision for the inclusion of adequate information. Adequate information giving is a necessary condition for patient empowerment and will reduce the risk of legal action when things have gone wrong.[3]

The need for education in communication has been recognized worldwide.[4] Strategies include one to one advice, encouragement, giving explanations orally and written information, instructing or telling patients about health information, counselling and asking questions.[5] In this context it is understood that emphasis must be placed on the importance of Nurse-patient relationship in education and communication. Thus in order to get efficient outcomes, the focus must be on the training methods used to train nurses in this regard.

## 2. Methods

In order to obtain the relevant literature a search was made of three data bases, CINHALL, ABSCO Host, and Medline. In general studies relating to patient education and communication training programmes for nurses were few. The search was conducted for a period of 2 months from February 2015 to March 2015. Thirteen studies met the search criteria are discussed in the result section.

## 3. Results

### 3.1. Characteristic of the participants

#### Research Setting

In seven studies participants were working in general hospitals, [6-12] in two studies participants were from oncology settings, [13, 14] in one study each, participants were working in medical ward, [15] emergency department[16] rural health clinic[17] and rural hospital.[18]

#### Participants Discipline

In seven studies the participants were nurses, [8, 10-12, 14, 16, 18] in four studies participants were physicians,[6, 7, 9, 13] physicians and nurses[15] in one study and supervisors and physicians[17] in another study.

### 3.2. Characteristics of training programme

#### Training Areas

The training programme selected focused on teaching various types of communication skills [6-9,13] in five studies, nurse patient interaction behaviour[16] in one study, interpersonal communication skill training, problem solving skills and counselling[14] in one study, Patient Centred Care[15] in one study, supervision and self assessment on communication[17] in one study, patient education and communication[10]in one study, education on prevention of pressure ulcers[18] in one study, education in prevention of urinary tract infection[11] in one study and education in prevention of birth asphyxia[12] in one study.

#### Training Strategies

In three studies didactic strategies included workshop[6,10,13] training in medical decision-making[7] in one study, video interaction analysis[8] in one study, in-service training programme including participatory plenary sessions, presentations, role-plays, videotapes, analysis of videotaped patient provider interactions, job aid or pocket

guide[9] in one study, trained supervisors added 1 hour of supervision on interpersonal communication and counselling (IPC/C) to regular site visits in one study[17] lecture and trained nurse leaders trained all staff nurses[15] in one study, planned teaching program[11] in one study and another study used Video Assisted Teaching Module (VATM).[12] One study had no intervention[16] and in two studies didactic strategies were not mentioned. [14,18]

### **Training duration**

Training duration was three days [6] in one study, 4.5 hours of training[7, 13] in two studies, three half-day sessions[9] in one study, the video recordings were observed for 4 hours for each case and coded using an adapted version of Roter's Interaction Analysis System (RIAS) in one study[16], four months of one hour training[17] in one study, training strategies were not present or not mentioned clearly in seven studies. [8, 10, 18, 11,12,14,15]

### **3.3. Research Design and instruments used to evaluate the training outcomes**

#### **Research Design**

Quasi- experimental two group pre-test post-test design was used in six studies. [6-9, 13, 17] One group pre-test post test design was used in seven studies.[10-12, 14,15,16,18]

#### **Research instrument types and outcome measures**

Patient satisfaction was measured as an outcome of communication skill training through a questionnaire[6,7] in two studies, questionnaire for nurses on self efficacy and questionnaire for success of care providers in establishing a provider-patient relationship[15] in one study, structured questionnaire for assessing knowledge[18] was used in one study, self administered questionnaire for knowledge of nurses on prevention of urinary tract infection[11] was used in one study, closed ended multiple choice questionnaire to measure the effectiveness of VATM to improve knowledge[12] was used in one study, audio taped sequential patient visits for communication skills[9,13,17] in three studies, Video recordings for communication skills[8,14,16] in three studies and written dialogues, analysis with the Roter Interaction Analysis System (RIAS)[10] for communication skills was done in one study.

#### **Outcome measures**

Some studies showed a single outcome measure, whereas others showed multiple outcome measures. These are listed below.

Three studies showed significant changes in the level of patient satisfaction after the communication training[6, 9, 16] and two studies showed that there was no significant change in the level of patient satisfaction after the communication training.[7, 15]

One study showed that trained nurses showed improvement in knowledge ( $p = 0.02$ ) and self-efficacy ( $p = 0.001$ ).[15] One study showed that there was significant increase in knowledge and skill after the intervention was done.[18] One study showed that the planned teaching programme was effective in increasing the knowledge of the staff nurses and patients.[11] and one

study showed that VATM was effective in improving knowledge of nurses.[12]

A study showed that the level of congruence and empathic responses to patients' emotional cues were statistically significant, as did the length of uninterrupted speech (3.7-4.3 utterances; all  $P < 0.05$ ).[14]

One study revealed that nurses use mainly eye gaze, head nodding and smiling to establish a good relation with their patients.[8]

One study showed that after the communication training, nurse exchanged more information related to therapeutic items including medication.[16] One study showed that frequency of communication and information-giving were significantly greater in the intervention than the control group.[17]

Results of two studies showed that patients disclosed more information about one's own condition.[9,14]. Two studies showed that communication skill training lead to active communication with patient.[10, 17]

Communication skill training resulted in more positive talk and more medical counselling.[9] and Communication skill training resulted in Patient centred communication ( $P=0.003$ )[10]

Another study showed that training was not associated with changes in patient compliance with medications or appointments.7 Study also showed that there was no effect on communication from the short training program[13] and the utterances containing medical information decreased on the part of nurses (17.8% vs. 13.3%) and patients (8.1% vs. 6.7%)[14]

A study showed that the physicians enrolled in the long program asked more open-ended questions, more frequently asked patients' opinions, and gave more biomedical information than did the physicians in the short program.[13]

## **4. Discussion**

With regard to who taught or facilitated training, the reviewed studies showed training was through in-service training programme, training by trained supervisors, trained nurse leaders trained all staff nurses. Other studies show that communication skill training was given by multidisciplinary teams, [19, 20] practice supervisors and self-direction [21] and trainers with a background in psychology or psychiatry. [22]

In terms of how communication skills are taught studies focused on workshop, role play and lecture method. But other popular methods can be identified, including role modelling [23] and discussion sessions [19]. One of the most widely used teaching methods identified was skills practice including role-play and video demonstrations. [22,24,25,26,27] The use of skill laboratories and workshops, including audiovisual aids, simulated patients and role-play are regarded as particularly beneficial[26].

Reviewed studies showed that training was for a duration ranging from few hours to 3 days. It is worth noting that most courses are short in duration. Other studies show that the most likely length of time is several hours, spread over a few days. [24, 25, 28]

## 5. Conclusion

The above literature review aids in selecting the methodology and types of training methods for training nurses in patient care aspects including patient rights.

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