Efficient Communication Skills and Patient **Satisfaction**

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Abstract

Objective: To compare the patient satisfaction levels before and after conducting a short course of one month on

Methods: A Quasi-experimental study was conducted at CMH Chunian from January till June 2023. Two hundred patients admitted to the hospital for at least 48 hours were selected. All patients provided their feedback by filling out a questionnaire. Feedback was taken from 100 patients before the communication skills course. After the communication skills course, all nurses were advised to follow the instructions and guidelines taught during the course. Feedback was taken from 100 patients after the course. Both groups were compared in terms of age, gender, hospital stay and questionnaire score.

Results: In group A, duration of admission ranged from 2 to 14 days with a mean and standard deviation of 4.69±2.11 days. In group B, duration of admission ranged from 2 to 9 days, with a mean and standard deviation of 4.22±2.13 days (p-value 0.07). Group B patients were more satisfied as compared to the group A patients with scores of 85.31±10.0 and 73.34±9.82 (p-value 0.00).

Conclusion: It is concluded in our study that there was a great improvement in the patient satisfaction level after the conduct of the short-duration course on communication skills for nurses of our institute.

Keywords: Communication, nurse-patient relationship, patient satisfaction, training activity.

Introduction

Communication is the process of exchanging ideas, thoughts, information, and sentiments between two or more individuals.1 It could be done via verbal or non-verbal means and can involve speaking, active listening, as well as non-verbal cues through body language and gestures.

Effective communication skills play an important role in any profession, but their importance cannot be emphasised more for healthcare professionals. Various studies have proved that effective communication skills play a vital role in the effective management of any patient. Efficient communication not only plays a key role in reaching a diagnosis and managing any illness, but also in improving patient outcomes and satisfaction.^{2,3} Effective communication skills also help build a positive patient-doctor or patient-nurse relationship.⁴ Miscommunication between the health professionals and patients has resulted in adverse patient outcomes, and it's welldocumented.⁵ Effective communication skills also reduce the chances of medical errors and enable healthcare workers to provide high-quality patient care in any institute.⁶

Curricula taught to healthcare workers worldwide either do not cover this subject or the curriculum taught does not cover this subject thoroughly, and the taught curriculum is not implemented in clinical practice. 7,8 Unfortunately, most of the healthcare training institutes in Pakistan have failed to implement any communication skills curriculum. This has adversely affected the healthcare system in general.9

Contributions:

Z.S, R.K, J.N, J.S.K - Conception of study - Experimentation/Study Conduction Z.S, S.A.G , F.M -Analysis/Interpretation/Discussion Z.S, F.M, J.N, J.S.K - Manuscript Writing Z.S. S.A.G - Critical Review

All authors approved the final version to be published & agreed to be accountable for all aspects of the work.

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Not many institutes in Pakistan carry out communication workshops for their healthcare workers. I devised a short course of one month duration on communication skills for nurses of our institute. This course included workshops, demonstrations and lectures. This study was carried out to observe the positive effects of this course on patient satisfaction.

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Materials And Methods

This quasi-experimental study was conducted at CMH Chunian from January 1st 2023, till June 30th June 2023. Permission from the Ethical Review Board of the institute was taken before beginning this study (Permission letter no. 01 dated 18 Jan 2023). A short course of one month was devised on effective communication skills for nurses of this hospital. The course consisted of lectures, workshops and demonstrations. All participants of the course had to pass the test to qualify to participate in this study. Non-probability convenient sampling technique was used. A sample size of two hundred was calculated using an online sample size calculator. With a confidence level of 95%, a margin of error of 5%, population proportion of 14%. The sample size came out to be 186, and it was rounded off to two hundred. Two hundred patients aged between 18 to 50 years of either gender admitted to the hospital for at least 48 hours were selected for this study. Patients with any mental disability, low Glasgow Coma Scale (GCS), with any active psychiatric illness were excluded from this study. Patients who could not read and write were also excluded from this study. A consent form was signed by all patients willing to participate in this study. All patients were requested to provide their feedback before discharge from the hospital. And it was done by filling a questionnaire which was designed for this study (Table I). This Questionnaire was translated into Urdu as well for those patients who opted to fill out the Urdu proforma. The questionnaire consisted of eleven queries, and in response, patients had to give points to each query on a scale of 1 to 10. 1 meant extremely dissatisfied, and 10 meant extremely satisfied. Feedback was taken from one hundred patients before the communication skills course. This group of patients was labelled as Group A. After the communication skills course, all nurses were advised to follow the instructions and guidelines taught during the course. Feedback was taken from one hundred patients after the course. This group of patients was labelled as Group B. All the data collected was entered on a specially designed proforma.

Collected data was entered and analysed in Statistical Package for Social Sciences (SPSS) version 24 for Windows. Quantitative variables like age, duration of hospital stay and questionnaire score were presented as mean and standard deviation. Qualitative variables like gender were presented as frequency and percentage. Both groups were compared in terms of age, gender and questionnaire score. Age was compared with the help of an independent t-test, gender was compared with the help of a chi-square test, and questionnaire score was compared with the help of Mann Mann-Whitney U test. A P-value of 0.05 or less was taken as significant.

Table 1: Patient Feedback Proforma

Name:	Age: Gender:				
Duration of admission:					
On a scale of 1 to 10, how would you rate the behaviour of nurses? 10 means strongly agree, and 1 means strongly disagree.					
S. No	Question	Points			
1	Did the nurses greet before starting a conversation?				
2	Did nurses introduce themselves?				
3	Did the nurses call you by your name?				
4	How was the body language and gestures of nurses while communicating?				
5	How satisfied were you with the attentiveness shown toward your concerns?				
6	Did the nurses actively listen to you when you were talking?				
7	Did the nurses convey all instructions to you?				
8	Did the nurses answer your questions and queries to your satisfaction?				
9	Were you allowed to convey your concerns without interruptions?				
10	Did nurses take consent before doing any procedure?				
11	How satisfied are you with the overall communication of the staff of this hospital?				
Total Points					

Results

Our main measure for this study was a comparison of the satisfaction level of patients before and after the conduct of a short course on communication skills. The age range of the patients selected for this study was from 18 to 60 years, with a mean and standard deviation of 37.3 ± 10.98 years. The mean age of the patients in group A was 35.97 ± 10.85 years, while for group B it was 38.63 ± 10.83 years. The difference between the two groups in terms of age was not significant, with a p-value of 0.084.

Out of 200 patients, 98 (49%) were male and 102 (51%) were female, with a male-to-female ratio of 1:1.04. In group A, out of 100 patients, 45 (45%) were male and 55 (55%) were female, with a male-to-female ratio of 1:1.22. In group B, out of 100 patients, 53

(53%) were male and 47 (47%) were female, with a male-to-female ratio of 1:0.89. The difference between the two groups in terms of gender was not significant, with a p-value of 0.258.

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Table 2. Comparison of two groups in terms of age, gender and duration of admission

Parameter	Group A	Group B	P value
Age (Years)	35.97 ± 10.85	38.63 ± 10.83	0.084
Gender (Male/Female)	45/55	53/47	0.258
Duration of admission (Days)	4.69±2.11	4.22±2.13	0.07

In group A, duration of admission ranged from 2 to 14 days with a mean and standard deviation of 4.69±2.11 days. In group B, duration of admission ranged from 2 to 9 days, with a mean and standard deviation of 4.22±2.13 days. The difference between the two groups in terms of duration of hospital stay was insignificant, with a p-value of 0.07. Comparison of two groups in terms of age, gender and duration of admission is shown in Table 2 below.

The short-duration course on communication skills had a significant impact on the patient satisfaction level. Group B patients were more satisfied as compared to the group A patients, as shown in Table 3 below.

Table 3. Comparison a satisfaction Levels

Group	Scores	P-value
Group A	73.34±9.82	
Group B	85.31±10.0	0.00

Discussion

In this era of information, internet and social media and mass media, patients have become well aware of their rights and privileges, and today, patients demand time, full information about their treatment options, their adverse effects, and they want their questions to be addressed properly. They expect empathy, politeness and humane behaviour from the medical staff as well. All this could be achieved with a good set of communication skills. However, due to a lack of training, knowledge, time constraints, increased burden of work and language barrier, this is not always possible. This leads to medical errors, patient dissatisfaction and litigations. 12-14 In our study, we found out that a short course on communication skills conducted for nurses of our institutes brought out a positive change in terms of increased levels of patient satisfaction, which was measured with the help of a specially designed questionnaire. A similar study was conducted by researchers Visser et al. They conducted 3 3-year in-service communication training program in a cancer ward. They concluded that the training raised the quality and quantity of communications of healthcare providers with patients and colleagues. It also resulted in an increased level of patient satisfaction and an increased level of patient care. 15 Kerr D et al in their study concluded that communication skills training for nurses has long been overlooked, resulting in nurses deficient in communication skills. This leads to nurses avoiding difficult conversations with patients and their families, causing detrimental effects on patient care, carers, clinicians and the health care system.¹⁶ No such local study has been done, but many other international studies have reached to conclusion that communication skills training for nurses improves patient satisfaction. 17,18 One possible limitation of this study is that we could not measure the long-term effects of the short course on communication skills training. It is suggested that a study should be conducted to observe the long-term effects as well as the effects of regular training sessions.

Conclusions

It is concluded in our study that there was a great improvement in the patient satisfaction level after the conduct of the short-duration course on communication skills for nurses in our institute.

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