



Communication Skills Training of Orthopedic Nursing Personnel and its Impact on Patients Satisfaction Levels: Experience at a Tertiary Care Hospital in Karachi

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Abstract

Introduction: Healthcare provision is changing fast globally. Patient satisfaction is one of the established standards to evaluate the achievement of any services being provided in the hospitals. Effective communication by nursing team also has a pivotal role in increasing patient satisfaction levels.

Objective of the study: To evaluate patient satisfaction levels before and after communication skills training of nursing personnel.

Methodology: This was a quasi-experimental study conducted at Liaquat National Hospital orthopedic ward during July to October 2018. A questionnaire was devised to calculate patient satisfaction levels. This questionnaire was presented to patient's pre (Group A) and post (Group B) "Communication skills training for nurses" and the impact of the training session was evaluated.

Results: There were 153 (81%) males and 36 (19%) females enrolled in pre data survey while 144 (79.1%) males and 38 (20.9%) females were in post data survey. The Group A patients' responses was found to be in a category of satisfactory level for while the Group B mean of patients' response was very good for the nurses' manner ($p < 0.01$).

Conclusion: Communication Skills Training for Nurses is helpful in providing better patient care and yielded higher patient satisfaction levels.

Keywords: Training impact; Patients satisfaction; Communication skills; Nursing care; Healthcare outcomes

Introduction

With advancement of medical sciences and ever-increasing number of patients requiring medical attention, deliverance of high-

quality care from medical personnel to patients is difficult than ever. There has been a steady increase in patient dissatisfaction. Shan L et al has reported this dissatisfaction rate to be as high as 24% in China [1]. However, the author also noted that a good staff attitude can actually help in gaining trust of patient. In order to provide quality care, doctors also undergo training sessions

to enhance their communication skill [2]. In fact, in a recent systematic review Riedl D observed that improvement in doctor-patient communication may also improve healthcare outcomes [3].

Healthcare standards vary internationally and patient satisfaction is one of the conventional standards to appraise the achievement of any services being provided in the hospitals. As Mulugeta H, et al. articulated that Patients' satisfaction is considered as an important outcome criterion to evaluate nursing services [4]. There are various patient satisfaction levels, it is important to measure patient satisfaction of nursing care because it is a primary determinant of overall satisfaction during a hospital stay [5,6].

The objective of the study was to assess the efficacy of specialized training of nursing personnel communication skills in improving patient satisfaction levels.

Methodology

This quasi-experimental study was conducted in Liaquat national hospital Karachi in the year 2018. After approval from ethical review committee, patients admitted in orthopaedic department for surgical procedures during July and August 2018 were evaluated for their treatment satisfaction levels via a Performa as mentioned. These patients were labelled as Group

'A'. Patients who underwent emergency surgical procedure and later got admitted in ward or with any ICU stay within the same admission were excluded from the study. Similarly, patients with dementia or any other mental illness and children less than 12 years of age were also not included.

Following this a workshop on "**Communication skills for Nurses**" was arranged and all the nursing staff providing care in the orthopedic department was trained to become better at the art of communication with the patient. In September and October 2018, the same questionnaire was re used in the orthopedic ward on patients labelled as Group 'B' and results were evaluated to study the impact of the training session.

Statistical analysis

Statistical Package for the Social Sciences Software (SPSS) version 21 was used for data analysis. Mean \pm SD was presented for quantitative variables. Frequency and percentage were computed for qualitative variables. Chi square was used for finding association between categorical data. $P \leq 0.05$ was considered as significant.

Results

In our survey of orthopedic ward, the basic parameters like age, gender and length of hospital stay were found to be comparable in both groups as shown in Table 1.

	Group 'A' (N=189)	Group 'B' (N=182)
Age (in years)	41.30 \pm 18.63	42.13 \pm 18.97
Gender ratio (M/F)	153:36	144:38
Length of stay (days)	3.22 \pm 1.81	3.50 \pm 1.79
Elective cases	128 (67.7%)	117 (64.3%)
Emergency cases	61 (32.3%)	65 (35.7%)

Table 1: Basic patient data of both groups.

The overall satisfaction level of patients in Group 'A' was found very good in 160 (84.7%) nurses and satisfactory in 29 (15.3%) nurses while in Group 'B', the responses for nurses were found 72 (39.6%) excellent, 91 (50%) very good, 7 (3.8%) satisfactory and 1 (0.5%) need improvement. These improvements were significant statistically ($p < 0.01$). Detailed responses are mentioned in Table 2.

Questionnaire	Need Improvement		Satisfactory		Very good		Excellent	
	Grp A	Grp B	Grp A	Grp B	Grp A	Grp B	Grp A	Grp B
Availability of nursing staff at time of admission	2 (1.1%)	2 (1.1%)	12 (6.3%)	11 (6%)	127 (67.2%)	85 (46.7%)	48 (25.4%)	84 (46.2%)
Courtesy and Discipline of staff	20 (10.6)	1 (0.5)	32 (16.9)	12 (6.6)	71 (37.6)	90 (49.5)	66 (34.9)	79 (43.4)
Caring concern towards patient care	21 (11.1)	2 (1.1)	32 (16.9)	7 (3.8)	88 (46.6)	91 (50)	48 (25.4)	82 (45.1)
Willingness to listen	23 (12.2)	1 (0.5)	10 (5.3)	18 (9.9)	79 (41.8)	77 (42.3)	77 (40.7)	86 (47.3)
Response of nursing staff on call	31 (16.4)	4 (2.2)	12 (6.3)	12 (6.6)	75 (39.7)	78 (42.9)	71 (37.6)	88 (48.4)
Timely administration of medication	14 (7.4)	5 (2.7)	34 (18)	5 (2.7)	98 (51.9)	77 (42.3)	43 (22.8)	95 (52.2)
Follow-up visits by supervisor or manager involved in patient teaching	36 (19)	3 (1.6)	47 (24.9)	7 (3.8)	58 (30.7)	86 (47.3)	48 (25.4)	86 (47.3)
Behavior with colleagues and Attendants	34 (18)	1 (0.5)	27 (14.3)	9 (4.9)	116 (61.4)	90 (49.5)	12 (6.3)	82 (45.1)
Counseling of patient at time of discharge regarding medication & OPD Visits	31 (16.4)	1 (0.5)	19 (10.1)	7 (3.8)	89 (47.1)	91 (50)	50 (26.5)	83 (45.6)

Table 2: Questionnaire for data collection and patient responses.

The association of overall patient's satisfaction level of the nurses' manner with gender is statistically insignificant in both Group 'A' ($p=0.807$) and Group 'B' ($p=0.352$). Similarly, patient's satisfaction level of the nurses' manner with age group is also statistically insignificant in both 'A' ($p=0.290$) and 'B' ($p=0.257$). Both groups had significant association of overall satisfaction level with shorter duration of hospital stay ($p=0.045$ and $p=0.038$).

Discussion

Medical communication is a challenging aspect these days as what one said and what is perceived may differ substantially and leads to major errors and avoidable litigations. Communication is a vital element in all areas of activity [7]. Although some kind of ground rules and hospital policies are always present to enforce these practices, lines of communication can frequently be crossed and lead to lower patient satisfaction scores, illnesses or worse. According to information shared from Becker's Hospital Review 2016 [8], twenty five percent of hospital readmissions could be avoided if there had been better communication between medical team and the patients. Recent literature clearly indicates that patients are mostly satisfied by the treatment provided by the nursing team but not with their information sharing process and nurse patient communication is the most important factor contributing to patient satisfaction [9].

Communicating patients with effective information resolves many of their unpleasant experiences as services delay in wards and other units is possible especially in our region of the world where burden is mostly overwhelming. However, some factors affecting patient satisfaction levels are non-modifiable. Reported by Sharew NT, et al. through a cross sectional study that patients who have received a higher-level education had a lower satisfaction rate, while those who had been admitted in the past had higher satisfaction levels [10]. A study from China elaborated further that specialized centers and higher cost of treatment also has its fair contribution to patient dissatisfaction levels [11]. Since nurses work alongside with other team members, they try to do their part and make sure that patient receive their expected care from hospital.

The most noteworthy fact to improve on communication is to both engage patient and family. By doing this their trust and satisfaction is gained and leads to smoother working environment. A thorough communication with patient and family prior to starting a treatment or procedure increases the proficiency with which the health care providers carry out their respective tasks. This also reduces the time spent on obtaining consent and gaining patient confidence every step of the treatment process, hence improving clinical performance and patient safety. However, these effects

have not been observed in cancer patients [12].

The communications workshop organized at our institution covered effective use of verbal and non-verbal communication, active listening, empathy, dealing with aggressive patients and limitation of role as health care professionals. Even with the unexpected change of duties of three key nursing members after their training and appointment of staff who did not attend the workshop the improvement of patient care and satisfaction was remarkable. Nursing personnel also felt more confident and capable in communicating with patients after completing the workshop; a well-studied fact in literature as well [13]. After the workshop, there was a definite positive change reported by the nursing team with regard to working environment and teamwork although not evaluated since it was not part of our objective. It is the duty of administration and nursing leaders that they organize such learning forums so these positive skills can be developed by nursing staff [14].

Conclusion

With a little more enthusiasm and courtesy towards patients, nursing personnel can improve the value of care provided by the hospital dramatically. In the light of above research, we propose the idea that some kind of continuing education and assessment should be carried out in every institution periodically so that the level of patient satisfaction is kept high.

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