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Knowledge, Attitude and Practice on Therapeutic Communication among Nurses in Teaching Hospitals, Kandy District, Sri Lanka

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ABSTRACT

Therapeutic communication (TC) is accepted as high standards of nursing care suitable for every nursing facility. As it improves the outcome of nursing care, general objective of the study was to determine the knowledge, attitude and practices regarding TC among nurses in teaching hospitals in Kandy district. Specific Objectives were to determine factors affecting knowledge, attitude and the practice of TC among nurses attached to teaching hospitals in Kandy district, evaluate the self- satisfaction on practicing TC among participants and to identify the barriers imposed on practice of TC by the participants. Ethical clearance was obtained from the Ethical Review Committee, Faculty of Allied Health Sciences, University of Peradeniya. Cross sectional study design was employed to gather data by a structured pre- tested and self-administered questionnaire from 200 nurses working in teaching hospitals in Kandy, Sri Lanka. The questionnaire included participants' socio-demographic background, knowledge, attitude, practice and opinion on barriers for practicing TC. Convenient sampling method was employed considering inclusion and exclusion criteria. All the hypotheses of the study were evaluated at a significance level of 0.05. The Pearson's Chi square test for association and Goodness of fit were used to assess the significance among the knowledge, attitude and practices. Whenever the distributional assumptions were violated, an equivalent non-parametric test was used to evaluate the significance of the hypotheses. Majority of the participants were strongly favorable towards the fact that active listening is the most important part in therapeutic communication between patient and the nurse while majority were with the attitude that TC prevents medical errors. Fifty-nine percent of nurses always applied TC in pre and post-operative care. There was a statistically significant association between socio-demographic variables and knowledge, attitudes and practice of TC among the participants (p-value < 0.05). In conclusion, there was a statistically significant association between educational status,position and number of years in service with knowledge, attitude and practice of TC (p-value <0.05). Majority agrees to promote the practice in their clinical setting but they are concerned about higher workload as a barrier. Findings reveal the necessity of introducing awareness programs by the authorities concerned highlighting advantages of applying TC in the nursing practice.

1. Introduction

Therapeutic communication (TC) skills focus on better understanding of patients by the nurses through verbal and non-verbal methods. It further supports in establishing a relationship of trust and cooperation between two parties. Furthermore, TC encourages the patient to express feelings and ideas in verbal and non-verbal manner [1]. It is also considered an important factor when assessing quality of health care [2] and has been recognized as fundamental to all nursing practices [3].

Touch is considered as one of the most powerful forms of TC and can be explained as bringing the

sense of caring by holding a patient's hand, using silence allowing the patient to think and gain some insight into the situation [1]. Communication skills support in providing information and feedback, giving hope to patient and help them to cope with anxiety during hospitalization [4]. Nurses could provide a higher patient satisfaction, better health outcomes, quality of treatment care and more active self-management to patients with chronic diseases with their practice of TC [5]. On the other hand, ineffective communication could result in stress, errors in diagnosis, decrease in patient participation in care plan and information exchange and poor quality of treatment outcome [4].

There has been wide discussion among the health care workers regarding the quality of outcome in the patient care.[6, 7] One of the aspects which has drawn attention is to investigate knowledge, attitude and practice of effective TC between the nurses and patients as patients spend most of their hospital stay with nurses in the clinics and wards. Although positive effects of TC have been identified, few research works in the field have been conducted in order to find the possibilities of further improving practice of TC by the nurses.

As we could not trace any peer reviewed articles in the study area in Kandy district in Sri Lanka, the outcome of this study will provide significant information on identification of specific problem areas in TC which may need improvement. It ultimately will uplift the quality of care at the state hospital sector in the country. Therefore, the general objective of the study was to determine the knowledge, attitude and practice regarding TC among nurses in teaching hospitals in Kandy district. Specific objectives were to determine factors affecting knowledge, attitude and practice of TC among nurses attached to teaching hospitals in Kandy district, evaluate the self- satisfaction on practicing TC among participants and to identify the barriers on practice of TC by the participants.

2. Material and Methods

This was a descriptive cross-sectional study with use of a pre-tested self-administered questionnaire (developed by the investigators) among nurses in teaching hospitals in Kandy district (Teaching hospital Peradeniya, Sirimavo Bandaranaike Specialized Children's Hospital (SBSCH) and Teaching Hospital Kandy). Nurses with six-month service or longer in the respective hospital were included and who informed as busy with work were excluded. Written informed consent was obtained from participants. Convenient sampling method was used to collect data and the sample size was 200 according to calculation with statistical assessment.

The questionnaire included participants' socio-demographic background, knowledge, attitude, practice, self-satisfaction on practice of TC and opinion on barriers for practicing TC. Eight questions to assess knowledge, seven to assess attitude and six to assess practice of TC in the clinical settings were included in the questionnaire. Knowledge and attitude were assessed by selecting answers according to Likert scale criteria of strongly agree, agree, disagree, and strongly disagree for the statements provided. Practice of TC was assessed by selecting answers from always, sometimes, occasionally and never for the statements provided. It also included questions related to participants' current practice and interest towards TC, whether they are interested in promoting TC in the clinical setting and their opinion on barriers for practicing TC. The questionnaire was pre-tested to clarify comprehensibility and understanding of questions and to identify the time required to complete by the participants. Twenty-five nurses were selected at Peradeniya hospital for the pretest and they and their wards were excluded from the study sample. The questionnaire was modified according to the comments and data analysis of the pre-test. Ethical clearance was obtained from the ethical review committee of the Faculty of Allied Health Sciences, University of Peradeniya. Permission to carry out the study was sought from Directors of relevant hospitals.

2.1 Statistical Analysis

Microsoft Excel spread sheet used to enter the collected data and Statistical Package for Social Sciences (SPSS) version 22 and MINITAB version 18.0 were used to analyze the data. Data set was preprocessed for missing values and errors prior to the data analysis. Non-numerical data was coded into a unique numerical pattern to ease the phase of data analysis. A descriptive analysis was conducted on the demographic measurements and other interested variables as the first phase in the study. All the hypotheses of the study were evaluated at a significance level of 0.05. The Pearson's Chi square test for association and Goodness of fit were used to assess the significance among the participants' knowledge, attitude and practices of TC. Whenever the distributional assumptions were violated, an equivalent non-parametric test was used to evaluate the significance of the hypothesis.

3. Results

Out of 200 nurses, 113(56.5%) participants were from Teaching hospital, Kandy and the majority 79.46% were females. Forty-three (21.5%) were from Teaching hospital Peradeniya where 93.02% of them were females (Tables 1 and 2).

Table 1: Gender of the study population in teaching hospitals of Kandy district (n=200)

	Female (%)	Male (%)
Kandy (n=113)	79.46	20.53
SBSCH(n=44)	100%	0%
Peradeniya(n=43)	93.02%	6.97%

SBSCH- Sirimavo Bandaranaike Specialized Children's Hospital

Knowledge and attitude on TC were assessed according to the Likert scale criteria of 'strongly agree, agree, disagree and strongly disagree'. Practice of TC was assessed with the criteria of 'always, sometimes, occasionally and never'.

- *Participants' knowledge of TC*

Sixty-three percent of the nurses strongly agreed to the fact that active listening is the most important part in TC. 94% agreed to the statement that empathy is the ability to understand & accept another person's reality. Findings showed that 68.11% nurses were favorable towards the fact that TC is not false reassurance of the patient (Table 3).

Table 2: Age and marital Status of the study participants in teaching hospitals in Kandy district

	Age		Marital Status	
	<30 %	>30 %	Single %	Married %
Kandy	28.18	71.81	16.07	83.92
Peradeniya	27.90	72.09	13.95	86.04
SBSCH	23.25	76.74	9.30	90.70

SBSCH- Sirimavo Bandaranaike Specialized Children's Hospital

Table 3: Knowledge of TC among nurses of Teaching Hospitals in Kandy district

SN	Variables	Strongly agree (%)	Agree	Disagree	Strongly disagree
1	Therapeutic communication helps to encourage the expression of feelings & ideas of patients.	47.96	52.04	-	-
2	Active listening is the most important part in therapeutic communication with a patient.	63.63	36.36	-	-
3	Empathy is the ability to understand & accept another person's reality	31.28	63.07	5.64	-
4	Therapeutic communication technique is not a false reassurance of patient.	15.13	68.11	14.05	2.70
5	Arguing with a patient is not suitable in therapeutic communication.	33.67	54.59	9.18	2.55
6	Arguing with a patient might make patient to tell lies and misinformation.	18.04	57.21	20.61	4.12
7	Therapeutic communication involves the exchange of information in verbal or non-verbal manner.	33.67	61.6	3.62	1.03
8	To achieve to the therapeutic communication nurses must protect the privacy of patient.	64.10	34.87	1.03	-

- *Participants' attitude of TC*

Around 88% of the study participants agreed that TC prevents medical errors. Additionally, 99% of the study participants agreed with the statement that trust, respect and privacy are important in TC. Fifty six percent of the participants agreed that TC can help to relieve anxiety of family members. 51.77% participants believed that TC improves self-satisfaction (Table 4).

- *Participants' practice of TC*

Our study showed that, around 59% of nurses always applied TC in pre- and post-operative care and when admitting patients to the ward. However, only 38% of the participants applied TC in health education (Table 5).

Table 4. Attitude of TC among nurses working in teaching hospitals in Kandy district

S.N	Variable	Strongly Agree	Agree	Disagree	Strongly disagree
1	Therapeutic communication improves self-satisfaction of nurses.	46.19	51.77	2.03	-
2	Therapeutic communication decrease anxiety, and fear of patient.	44.38	48.46	6.12	1.02
3	Therapeutic communication prevents medical errors in patients.	23.73	64.64	10.10	1.51
4	Therapeutic communication helps continuous nursing care for patients.	39.19	59.29	1.50	-
5	Trust, respect & privacy are important in therapeutic communication.	53.76	45.22	1.00	-
6	The nurse has a responsibility for improving therapeutic communication.	48.98	50.50	0.50	-
7	Therapeutic communication can help to relive anxiety of family members.	42.13	55.83	2.03	-

Table 5. Percentage of nurses working TC in teaching hospitals in Kandy district.

S.N.	Variables	Always	Sometimes	Occasionally	Never
1	Apply therapeutic communication in health education.	38	55	7	-
2	Apply therapeutic communication in preoperative & post-operative care.	59.29	28.64	11.55	0.5
3	Apply therapeutic communication in admission of patient in ward.	58.5	31.5	8.5	1.5
4	Apply communication to patients with impaired hearing problems.	29.64	52.76	14.57	3.01
5	Apply therapeutic communication after admission of patient.	51.25	40.70	7.03	1.00
6	Discussion with family members of patient	41.41	46.96	10.10	1.51

- *Association of socio demographic variables with knowledge of TC among participants*

The Pearson's chi squared test for association revealed that there was a statistically significant association between age and the knowledge that arguing with a patient is not suitable in TC. ($\chi^2 = 12.43, df = 3, p = 0.005$). Moreover, a statistically significant association was observed between education status and knowledge that TC isn't false reassurance of patient ($\chi^2 = 12.87, df = 6$,p=0.045). Furthermore, there was a statistically significant association between position of the respondent and knowledge that arguing with a patient is not suitable in TC ($\chi^2 = 14.91, df = 6$,p=0.021).

Length of service is one of the most important tools to measure professional experience. There was a statistically significant association between number of years in service and the knowledge that TC helps to encourage the expression of feelings and ideas of patients ($\chi^2 = 12.83, df = 3$,p=0.005). Moreover, a statistically significant association was observed between number of years in service and knowledge that TC involves exchange of information in verbal or non-verbal manner ($\chi^2 = 22.3, df = 9$, p=0.008) and the knowledge that nurses must protect the privacy of patient in order to achieve TC ($\chi^2 = 14.67, df = 6$,p=0.023) (Table 6).

Table 6. Association of knowledge on TC with socio demographic variables of nurses working in teaching hospitals in Kandy district.

Socio-demographic Variable	Variable		p value
Age	**Arguing with a patient is not suitable in therapeutic communication.**		0.005**
<=30yrs	80.3% (agree)	19.2%(disagree)	
>=31yrs	96.9%(agree)	3.9%(disagree)	
Educational Status	**Therapeutic communication technique is not a false reassurance of patient**		0.045**
B.sc Nursing	85.5% (agree)	14.5%(disagree)	
Diploma of Nursing	66.9% (agree	33.1%(disagree)	
Master of Nursing	96.6% (agree)	3.4%(disagree)	
Position	**Arguing with a patient is not suitable in therapeutic communication.**		0.021**
Ward sister	97.9% (agree)	2.1%(disagree)	
In charge nurse	86.6% (agree)	13.3%(disagree)	
Staff nurse	79.5% (agree)	20.5%(disagree)	
Service year	**Therapeutic communication helps to encourage the expression of feelings & ideas of patients.**		0.005**
<5y	94.3% (agree)	5.7%(disagree)	
5- 10y	97.8% (agree)	2.1%(disagree)	
11-15y	100% (agree)	0%(disagree)	
15y	100% (agree)	0%(disagree)	
	Therapeutic communication involves the exchange of information in verbal or non-verbal manner		0.008**
<5y	86.4% (agree)	13.6%(disagree)	
5- 10y	92.4% (agree)	7.6%(disagree)	
11- 15y	97.4% (agree)	2.6%(disagree)	
>15y	99.5% (agree)	0.5%(disagree)	
	To achieve to the therapeutic communication nurses must protect the privacy of patient		0.023**
<5y	96.7% (agree)	3.2%(disagree)	
5- 10y	97.6% (agree)	2.4%(disagree)	
11- 15y	99.7% (agree)	0.3%(disagree)	
>15y	100% (agree)	0%(disagree)	

**Tests of significance done by chi-square test p value<0.05 is significant

- *Association of socio demographic variables with attitude of TC among participants*

There was a statistically significant association between participants' age and attitude of trust, respect and privacy are important in TC ($\chi^2 = 6.2, df = 2$,p=0.045). Interestingly, the study reveals that there was a statistically significant association between educational status and the nurse's attitude that he/ she has a responsibility of improving TC ($\chi^2 = 6.20, df = 6$, p=0.010). Further, a statistically

significant association between participants' graduate form and the attitude that TC improves self-satisfaction of nurses was also observed ($\chi^2 = 13.06, df = 4$, p=0.011) (Table 7).

- *Association of socio demographic variables with practice of TC among the participants*

There was a statistically significant association between education status and participants applying TC to patients with impaired hearing problems ($\chi^2 = 21.96, df = 9$, p=0.009). A statistically significant association was observed between position of the respondent and application of TC in health education ($\chi^2 = 9.91, df = 4$,p=0.0420).

- *Participants' level of satisfaction on practice of TC*

As a strong positive fact, we found that almost all participants in all three hospitals are satisfied and interested in promoting TC in clinical settings. Our findings showed that over 60% of participants from Teaching hospitals of Peradeniya and SBSCH think that TC will not increase their workload during the shift.

Table 7. Association of attitude on TC with socio demographic variables of nurses working in teaching hospitals in Kandy district.

Socio-demographic variables	Variables	P- value
Age	**Trust, respect & privacy are important in therapeutic communication**	0.045**
<30 yrs	98.7% (agree) 1.3%(disagree)	
>31 yrs	100% (agree) 0%(disagree	
Educational Status	**The nurse has a responsibility to improve therapeutic communication**	0.010**
B.Sc Nursing	99.7% (agree) 0.3%(disagree)	
Diploma of Nursing	96.4% (agree) 4.3%(disagree)	
Master of Nursing	100% (agree) 0%(disagree)	
Graduate Form	**Therapeutic communication improves self-satisfaction of nurses**	0.011**
Government University	99.5% (agree) 0.5%(disagree)	
Private University	97.8% (agree) 3%(disagree)	
Open University	95.4% (agree) 6%(disagree)	
Other Institute	96.1% (agree) 3%(disagree)	

**Tests of significance done by chi-square test p value<0.05 is significant.

- *Participants' opinion on barriers for practice of TC*

Our findings showed that the majority of participants from Teaching Hospital, Peradeniya & SBSCH were on opinion that TC will not increase their workload during the shift. However, majority of participants from all three hospitals think that TC will increase the workload. We were unable to identify any statistically significant association between sociodemographic variables and the opinion on barriers for practice of TC.

4 Discussion

TC is considered a vital aspect of nursing care. It acts favorably on improving knowledge, attitude and practice of care by the nurses. Thereby patients can receive expected care from staff in the hospital.

Failure to comprehend the essence of communicating with patients verbally or non-verbally can adversely affect the level of support that health professionals can offer and risk of increasing patients' suffering and isolation [8]. Another study in Western Ethiopia reported that 94% nurses were with opinion that TC helps to

succeed the nursing plans and most of the nurses strongly agreed to the fact that TC improves their care [9]. These results are favorable with our findings that 88.5% of participants in the study were with attitude that TC prevents medical errors and over 90% participants practice TC in all aspects of nursing care including health education. Our findings are consistent with another study which highlighted that 52% of the nurses always applied the technique in clinical settings [9].

There was a statistically significant association between age and knowledge that arguing with a patient is not suitable in TC. Majority of our participants were aged >30 years. Most of nurses in Sri Lanka join with Ministry of Health at their young age. Their high level of knowledge could be explained as they improve their skills and knowledge with experience in nursing. Although our results showed that there was a statistically significant association between socio demographic statuses (age, educational status,graduate form, position, number of years in service and monthly income) and knowledge, attitude and practice of TC among nurses in our study, the study in Western Ethiopia showed a significant association only between professional status and attitude towards TC [6, 9]. Statistically significant association between all variables of age, educational status,graduate form,position and service year with attitude onTC of nurses can be explained by the fact that most of the participants in our study were married and living with families bound with Sri Lankan culture. Therefore, they understand patients' feelings and emotional levels than individuals who live isolated and in care faciltiesas in some developed countries.

Education status is an important qualification to improve patient management skills. Report by Shafakhah et al in 2015 which evaluated nursing students' communication abilities had shown that students who had completed higher semester had better communication skills [4]. Another study in Greece which assessed communication abilities of nurses had confirmed that there is a statistically significant association between nurses studying at the university and those with two years training. Nurses at the University responded with higher number of correct answers about communication [10].On the contrary to our findings, another study had shown that there is no statistically significant association between nurses' education and position with their perception of TC (11). However, they had identified that experience is more important in successful practice of TC. Another study emphasized the importance of nursing experience in good practice of TC. (12) We have identified a statistically significant association between educational status and the position with practice of TC. We also consider number of years in service is an important tool to show the level of experience of nursing practice. As a result of the changes in the nursing curriculum and continuing education programs, nurses in our country too have improved their skills and knowledge on patient care including facts on TC. It could be an explanation to the statistically significant association between positions and the knowledge that arguing with a patient is not suitable in TC.It further explains high knowledge of TC among study participants.

Similar to our findings, 39% of the nurses had complained of lack of time as the reason for their poor practice of TC [10]. Maame et al.,2018 had also identified that high workload is the major barrier for successful TC by nurses[13]. We can describe the similar reason for the Teaching hospital in Kandy as its patient output is higher than other two Teaching Hospitals involved in the study.

The current challenge in health care is to create a suitable environment for the improved communication. Promoting effective communication in health care is challenging due to the nature of hospital environment. Environment in the state sector hospitals is often stressful and pressurized owing to high demand for free health service. Therefore, nurses need to be supported by high-quality and evidence-based training in order to meet those challenges [10]. TC had been identified as central to the compassionate high quality nursing care [14]. Therefore, outcome of this study would be helpful to reassess nurses' knowledge, attitude and practice of TC for improved quality of care in hospitals in Kandy and in the whole country. Further, this study will help to identify the causes for failure to practice TC to plan to overcome those barriers.

5. Conclusion

There was a statistically significant association between education status and knowledge that TC isn't false reassurance of patient. Furthermore, there was a statistically significant association between position of the respondent and knowledge that arguing with a patient is not suitable in TC.

A statistically significant association was identified between educational status and the nurse's attitude that he/ she has a responsibility of improving TC and between participants' graduate form and the attitude that TC improves self-satisfaction of nurses.

There was a statistically significant association between education status and participants' applying TC to patients with impaired hearing problems. A statistically significant association was observed

between position of the respondent and application of TC in health education. Active listening was considered as the most important part in TC which prevents medical errors.

Most of the nurses are interested in applying TC in nursing practice, but are concerned about higher workload. It is suggested that the workload in Kandy hospital is to be fairly distributed among other two hospitals in order to arrange a friendly environment in the hospital setting to allow more time to practice TC by the nurses, which ultimately will improve total patient care.

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