

Differences in Perception Between Nurses and Patients in Jordanian Nurses' Effectiveness in Practicing Communication Skills**

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Abstract

Background: Communication skills are considered a significant component in a nurse-patient relationship and can influence the quality care outcome. The purpose of this study is to examine the difference in perception between nurses and patients related to the perception of nurses' effectiveness in practicing communication skills.

Methods: This is a descriptive – correlational study that utilized a sample of 180 nurses and 178 patients from three major hospitals representing three health care sectors in Jordan. Data were collected in regards to the perception of nurses' effectiveness in practicing communication skills.

Results: Nurses had higher levels of perception of effectiveness in practicing communication skills (M=4.03, SD=.22) than their patients (M= .63, SD=.21) and this difference was statistically different (t= - 10.84, p< .001). No statistical differences were found between patients and nurses in regards to personal and demographic characteristics (P> .05).

Recommendations: It is recommended that there should be programs to improve nurses' communication skills, with further research to evaluate its effectiveness. More work is needed to improve nurses' ability to evaluate their communication skills and their impact on patients' quality of care.

Keywords: Communication skills, nurses, Jordan.

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Introduction

Nurses' communication with patients is an important aspect and an essential component in

nursing care. According to Parburry,¹ the most integral part of nursing is caring. However, the nurse-patient relationship is considered the foundation of nursing care.² Nowadays, nurses

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are providing care to more acutely and chronically ill patients with increased workloads and fewer resources, thus interfering with the ability to develop a successful relationship with their patients.³ However, effective communication skills are one of the important tools providing nurses ways to reach patients, determine their problems, care for and help them. Effective communication is an essential aspect of high-quality patient care.⁴ Through effective communication, nurses are able to meet patients' needs and improve their well-being.⁵ Moreover, the literature showed that effective communication skills contribute to a positive experience of the health-ill cycle.¹ However, nurses' effectiveness in practicing communication skills might be affected by a patient's age, type of disease, medication side effect and work load.^{6,7}

Nurses are frequently described in the literature as poor communicators; however, few studies have examined patients' experiences of how nurses communicate. Shattell⁸ reviewed all the studies in the literature related to nurse-patient interaction and concluded that most of the studies focused entirely on the nurse's communication in the encounter, assuming the power position in the relationship. However, Wilkinson⁹ maintained that although nurses had the clinical competencies, their patients had complaints of failure to communicate and nurses' inability to adequately convey a sense of care. This might be due to the actual role of the nurse and the patient in the nurse-patient relationship. Nurses make decisions by power and patients are passive recipients. This issue was studied decades ago when Parson¹⁰ proposed the definition of "sick role" and maintained that patients freely give up their power to professionals because they have specialized knowledge that the patients do not have; professionals willingly accept this power.

In conclusion, the partnership between nurses and patients is considered an essential part of the quality of health care. However, and as mentioned above, nurses are struggling to provide quality of care for more acutely and chronically ill patients with increased workloads

and fewer resources. The nurse-patient relationship has to be effective to positively influence the health care outcome. This requires the competency of practicing therapeutic relationships and high levels of awareness related to their actual role in the nurse-patient relationships. The nurse-patient interaction is considered an important component that enables achievement and fulfillment of a patient's needs. This requires that nurses have the quality to interact therapeutically with their patients and that patients have the ability to perceive this relationship as a therapeutic one. Therefore, studying the effectiveness of communication skills practiced by nurses in the Jordanian health care setting will allow investigating the foundation of the partnership between nurses and their patients toward improving health outcomes.

This study came to address this issue and to add to our knowledge regarding the effectiveness of nurses' communication skills in general health care settings in Jordan. To our knowledge, there is limited information available related to the difference in perception between nurses and their patients regarding the effectiveness of communication skills. Therefore, the purpose of this study is to examine the difference in perceptions between nurses and patients in relation to nurses' effectiveness in practicing communication skills. The specific aims were:

- To examine the nurses' and patients' perceptions in regards to the nurses' effectiveness in practicing communication skills.
- To examine the differences in the perception of nurses' effectiveness in practicing communication skills among nurses and patients in regards to selected demographic characteristics.

Methods

Design

This study utilized a cross sectional, descriptive - correlational design to collect data using self-report questionnaires from general nurses and their patients in general wards in different health care agencies in Jordan. Data was collected in

regards to the perception of nurses' effectiveness in practicing communication skills.

Sample and Setting

A total of 180 nurses and 178 patients filled and returned the self-reported questionnaires. The samples were recruited from the main three health sectors in Jordan: educational hospitals, governmental hospitals, and private hospitals. One hospital was selected randomly and nurses and patients were recruited using a convenience sample. Inclusion criteria for nurses included nurses who had a working experience in the health field for at least 6 months. For patients, the inclusion criteria included: 1) above the age of 18 years, 2) admitted to general wards, and 3) able to read and write in Arabic. Exclusion criteria included patients having cognitive or physical disability that may contribute to not understanding or filling out the survey.

Data Collection Procedure

Prior to data collection, the principal investigator obtained approval from the Scientific and Research Committee at the Faculty of Nursing at the University of Jordan, the Board of Scientific Research at the Deanship of Scientific Research at the University of Jordan, and the targeted institutions. The heads of each unit served as liaisons to approach both patients and nurses. A co-investigator was available during the distribution and receipt of the packages, so nurses and patients returned them directly to the co-investigator. The questionnaires were arranged in packages and only those who expressed an interest in participation were asked to fill out the questionnaires. The package had a cover letter that included information about the purpose of the study, what was expected from them, where to return the packages, and that the study was anonymous. In addition, the cover letter included contact information of the principal investigator and co-investigators for any further information or answers to questions related to the study. The cover letter included a statement informing the subjects that returning the questionnaire would be considered an

approval to participate in the study. At the end of the cover letter, there was a statement included that their participation in the study was voluntary and their decision was of their own choice without any direct or indirect influence. Confidentiality was maintained as the data was kept in a closed cabinet at the Faculty of Nursing, University of Jordan.

Instrumentation

The data was collected using an Arabic version of the self-report questionnaires. After obtaining approval from the author to use their scale, a translation and a validation translation were carried out by linguistic professionals for the medical terminologies, and a pilot testing of the instrument was carried out to check for understanding, clarity and time required for filling out the questionnaires. A number of procedures were used to determine the reliability and validity of the tool. The tool was first translated into the Arabic language by a researcher and back translated into English language by another independent researcher as described by Brislin¹¹ and Champan and Carter.¹² The two English forms (the original and the translated) were compared in terms of conceptual rather than literal meaning of the items. The translator and the back translator met to examine the difference in the two forms. Pilot testing was conducted using nurses (n = 10) and patients (n = 10) requesting their appraisals for the appropriateness of the tool. In addition, an author-developed profile was used to obtain demographic and personal information.

The instruments were:

1. Therapeutic communication skills measured using the Communication assessment tool (CAT).¹³ CAT measures patient perceptions of communication with a health team. CAT is a validated instrument developed to assess communication across different specialties and environments. The CAT includes 15 items and a 5-point response scale (1= poor, 2= fair, 3= good, 4= very good, 5= excellent). It was originally designed to assess a patient's perception of an individual physician's communication effectiveness. The CAT was

field tested with 950 patients and 38 physicians across multiple specialties (dermatology, family medicine, neurosurgery, ophthalmology, orthopedic surgery, physical medicine and rehabilitation).¹³ The CAT was adapted for a nurse's environment. The adaptation included replacing statements regarding doctors with nurses. First, references in the original CAT to "your doctor" or "the doctor" was changed to "your nurse". Second, the stem of item 15 focused on "the doctor's staff" in the original CAT and was changed to "the nurse's staff". Consistent with previous research on the CAT, results are reported as the percentages of "excellent" responses. In this study, the language of the scale was modified by a professional language editor to reflect the nurses' perceptions of their communication skills. The original scale had been developed to reflect the medical team that included nurses and non-nurses. However, for the purpose of this study, we have limited the responses to nurses' communication skills. This was only a linguistic modification replacing "medical team" with "nurse".

2. Covariates

- A. For nurses, personal details were obtained on a participant's age, gender, details about their nursing education, years in nursing, primary work duties, job title, length of employment on current ward, and length of employment in the nursing profession.
- B. For patients, information was collected on a patient's age, gender, medical diagnosis, length of stay at the hospital, number of admissions to the hospital in the last 12 months, level of education, marital status, and type of education.

Data Analysis

Descriptive statistics in terms of mean scores and standard deviation were used to describe the variables of the study. Perception of nurses' effectiveness in practicing communication skills was described using the central tendency measures (means and medians) and the dispersion measures (standard deviation and

ranges). The main variable of the study, communication skills, was described among each group and then compared in terms of demographic characteristics. The t-test was used to examine differences in the perceptions of nurses' effectiveness in practicing communication skills in relation to their demographic characteristics. Also a t-test for two-independent samples and Pearson r were used to examine the differences and relationships to the selected demographic and personal factors.

Results

Descriptive Characteristics

A total of 180 nurses and 178 patients completed and returned the questionnaires. For nurses (see table 1), the age ranged from 22 to 52 years with a mean age of 27.5 (SD= 4.7). About 50% of them were between the ages of 24 to 26 years. There were 104 male nurses (57.8%) and 76 female nurses (42.2%). About 22.2% (n= 40 nurses) received a special course in therapeutic relationships. Regarding the patients, their ages ranged from 18-88 years with a mean of 42.7 (SD= 15.9). About 50% of the patients were between the ages of 30-54 years. There were 94 male patients (52.2%) and 84 female patients (47.2%). Patients' length of stay at the hospital ranged from 1- 90 days with a mean of 7.5 days (SD= 10.0) and about 50% of them had a length of stay ranging from 2- 8 days.

Effectiveness in Practicing Communication Skills

Regarding nurses' perceptions of effectiveness of practicing communication skills, the analysis (see table 2) showed that the items' mean score ranged from 4.37 (SD = .82) for item 1 (Greeted patient in a way that made him/her feel comfortable) to 3.71 (SD = 1.11) for item 8 (Talked in terms patient could understand). Nurses had a moderate to high level of confidence in practicing communication skills as the mean score for the total scale was 4.03 (SD = .22). Moreover, the analysis showed that the highest mean scores were observed in items 1 (Greeted patient in a

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way that made him/her me feel comfortable, M= 4.37, SD= .82), item 2 (Treated patient with respect, M= 4.36, SD= .88), and item 13 (Showed care and concern about patient, M=

3.31, SD= .93). While the lowest mean scores observed were item 8 (Talked in terms patient could understand, M= 4.03, SD= .22) and item 10 (Encouraged patient to ask questions, M= 3.72, SD= 1.07).

Table (1): Demographic characteristics of nurses (N = 180) and patients (N = 178).

<i>Variable</i>		<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>	<i>n</i>	<i>%</i>	
Nurses	Age in years	27.5	4.7	22	52			
	Years of experience	4.8	4.9	2	7			
	Gender	Male					104	57.8
		Female					76	42.2
	Marital status	Single					86	47.8
		Married					92	51.1
		Divorced					2	1.1
	Level of education	Diploma					13	7.2
		Undergraduate					160	88.9
		Graduate					6	3.3
Special course in therapeutic relationship	Yes					40	22.2	
	No					138	76.7	
Patients	Age in years	42.7	15.9	18	88			
	Period of diagnosed in months	6.8	14.7	1	120			
	Number of admissions	3.2	4.1	1	30			
	Length of stay in days	7.5	10.0	1	90			
	Gender	Male					94	52.8
		Female					84	47.2
	Marital status	Single					49	27.5
		Married					122	68.5
		Divorced					1	.6
		widow					2	1.1
Level of education	Diploma					119	64.0	
	Undergraduate					51	28.7	
	Graduate					8	4.5	

Table (2): Nurses' perceptions of effectiveness of practicing communication skills.

<i>Item</i>	<i>Poor</i>		<i>Fair</i>		<i>Good</i>		<i>V. good</i>		<i>Excellent</i>		<i>M</i>	<i>SD</i>
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>		
1. Greeted patient in a way that made him/her feel comfortable	1	.6	5	2.8	19	10.6	57	31.7	98	54.4	4.37	.82
2. Treated patient with respect	3	1.7	5	2.8	15	8.3	59	32.8	98	54.4	4.36	.88
3. Showed interest in patient's ideas about his/her health	2	1.1	8	4.4	28	16.1	79	43.9	61	33.9	4.06	.89
4. Understood patient's main health concerns	5	2.8	9	5.0	26	14.4	79	43.9	61	33.9	4.01	.97
5. Paid attention to patient looked at him/her, listened carefully)	4	2.2	7	3.9	28	15.6	59	32.8	80	44.9	4.12	.97
6. Let patient talk without interruptions	3	1.7	10	5.6	19	10.6	75	41.7	73	40.6	4.13	.93
7. Gave patient as much information as he/she wanted	4	2.2	11	6.1	47	26.1	71	39.4	46	25.6	3.80	.97
8. Talked in terms patient could understand	11	6.1	14	7.8	36	20.0	74	41.1	45	25.0	3.71	1.11
9. Checked to be sure that patient understood everything	1	.6	15	8.3	24	13.3	71	39.4	68	37.8	4.06	.94
10. Encouraged patient to ask questions	7	3.9	14	7.8	49	27.2	61	33.4	48	26.7	3.72	1.07

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11. Involved patient in decisions as much as he/she wanted	3	1.7	17	9.4	41	27.8	75	41.7	44	24.4	3.78	.98
12. Discussed next steps with patient, including any follow-up plans	3	1.7	9	5.0	40	22.2	70	38.4	58	32.2	3.95	.98
13. Showed care and concern about patient	3	1.7	9	5.0	13	7.2	59	32.8	95	52.8	4.31	.93
14. Spent the right amount of time with the patient	5	2.8	10	5.6	31	17.2	72	52.8	61	33.9	3.97	.99
15. treated patient with respect	13	7.2	8	4.4	14	7.8	51	28.3	94	52.2	4.14	1.19

Regarding patients' perceptions of nurses' effectiveness in practicing communication skills, the analysis (see table 3) showed that the items mean scores ranged from 4.03 (SD= .95) for item 15 (The nursing staff treated me with respect) to 3.39 (SD= 1.15) for item 10 (Encouraged me to ask questions). Patients had a moderate level of

confidence in nurses' effectiveness in practicing communication skills as the mean score for the total scale was 3.63 (SD= .21). The highest mean scores were observed in items 15 (The nursing staff treated me with respect, M= 4.03, SD= .95), item 2 (Treated me with respect, M= 3.98, SD= .92), and item 13 (Showed care and concern, M= 3.84, SD= 1.07).

Table (3): Patients' perceptions of nurses' effectiveness of practicing communication skills.

Item	Poor		Fair		Good		V. good		Excellent		M	SD
	N	%	N	%	N	%	N	%	N	%		
1. Greeted me in a way that made me feel comfortable	7	3.9	11	6.2	43	24.2	65	36.5	52	29.2	3.81	1.05
2. Treated me with respect	5	2.8	2	1.1	41	23.0	73	41.0	57	32.0	3.98	.92
3. Showed interest in my ideas about my health	15	8.4	12	6.7	48	27.0	67	33.6	36	20.2	3.54	1.14
4. Understood my main health concerns	12	6.7	10	5.6	51	28.7	63	35.4	41	28.0	3.62	1.11
5. Paid attention to me (looked at me, listened carefully)	8	4.5	10	5.6	59	33.1	55	30.9	45	25.3	3.67	1.06
6. Let me talk without interruptions	8	4.5	8	4.5	51	28.7	64	29.8	47	26.3	3.75	1.04
7. Gave me as much information as I wanted	11	9.0	16	28.7	51	29.8	53	29.8	47	26.4	3.61	1.15
8. Talked in terms I could understand	12	6.7	26	14.6	47	26.4	54	30.3	39	21.9	3.46	1.18
9. Checked to be sure I understood everything	14	7.9	19	10.7	51	28.7	57	32.0	37	20.8	3.47	1.17
10. Encouraged me to ask questions	14	7.9	24	13.5	49	27.5	59	33.1	32	18.0	3.40	1.16
11. Involved me in decisions as much as I wanted	13	7.3	16	9.0	60	33.7	56	31.3	33	18.5	3.45	1.11
12. Discussed next steps, including any follow-up plans	11	6.2	16	9.0	60	33.7	60	33.7	30	16.9	3.46	1.07
13. Showed care and concern	6	3.4	13	7.3	36	20.7	70	39.3	53	29.8	3.84	1.07
14. Spent the right amount of time with me	12	6.2	29	16.3	45	25.3	62	34.8	30	16.9	3.39	1.15
15. The nursing staff treated me with respect	5	2.8	5	2.8	31	17.4	74	41.6	61	34.3	4.03	.95

Differences Between Nurses' and Patients' Perceptions

Using t- tests to examine the differences in patients' and nurses' perceptions of nurses' effectiveness of practicing communication skills, the analysis (see table 4) showed that there is a significance difference between nurses and their

patients' perceptions (t= - 10.84, p< .001). The analysis also showed that nurses had a higher mean score (4.03, SD= .22) than patients did on the communication assessment scale (M= 3.63, SD= .21). One significant finding in this study is that the mean scores for nurses were higher among all items than patients' mean scores. In other words, patients had a lower perception of

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nurses' effectiveness in practicing communication skills than nurses had for themselves.

Table (4): Differences between nurses and patients' perceptions of nurses' effectiveness in practicing communication skills.

Items	Patients' mean score	Nurses' mean score	Test statistics	
			t-test	p-value
1. Greeted patient in a way that made him/her feel comfortable	3.81	4.37		
2. Treated patient with respect	3.98	4.36		
3. Showed interest in patient's ideas about his/her health	3.54	4.06		
4. Understood patient's main health concerns	3.62	4.01	-10.84	
5. Paid attention to patient (looked at him/her, listened carefully)	3.67	4.12		
6. Let patient talk without interruptions	3.75	4.13		
7. Gave patient as much information as he/she wanted	3.61	3.80		< .001
8. Talked in terms patient could understand	3.46	3.71		
9. Checked to be sure that patient understood everything	3.47	4.06		
10. Encouraged patient to ask questions	3.40	3.72		
11. Involved patient in decisions as much as he/she wanted	3.45	3.78		
12. Discussed next steps with patient, including any follow-up plans	3.46	3.95		
13. Showed care and concern about patient	3.84	4.31		
14. Spent the right amount of time with the patient	3.39	3.97		
15. Treated patient with respect	4.03	4.14		
Scale Mean Score (SD)	3.63 (.21)	4.03 (.22)		

Differences in Demographic Characteristics

Regarding differences in nurses' perceptions of effectiveness of practicing communication skills in relation to demographic characteristics, the analysis showed that there were no significance differences between nurses in regards to age, gender, marital status, educational level, and whether or not they had special courses in therapeutic relationships ($p > .05$). However, there was a significant, positive correlation between the effectiveness of practicing communication skills and nurses' years of experience ($r = .19$, $p < .001$). Regarding differences in patients' perceptions of nurses' effectiveness in practicing communication skills in relation to patients' demographic characteristics, the analysis showed that there were no significance differences between patients in regards to age, gender, marital status, educational level, number of times admitted, length of stay at the hospital, and period in months being diagnosed with the current disease ($p > .05$).

In summary, demographic characteristics have no contribution in both nurses' and patients' perceptions of effectiveness of practicing communication skills except among nurses in regards to years of experience in the nursing profession.

Discussion

Communication skills are considered a significant component in a nurse-patient relationship and can influence the quality care outcome.⁴ This study explored differences between nurses and patients in regards to nurses' perceptions of effectiveness of practicing communication skills. The findings of this study indicated that nurses had a moderate to high level of perception of their effectiveness of practicing communication skills, while patients had a moderate level of nursing effectiveness of practicing communication skills. This difference was statistically significant and infers that nurses and patients have no agreement on the level of effectiveness of the practiced communication skills by nurses. The results may indicate that nurses might be unable to meet their patients'

needs since using effective communication skills is needed to make appropriate assessments and diagnoses and manage patients' needs. . In a previous study, it was reported that communication skills are the mean through which nurses are able to improve a patient's well-being.⁵ Moreover, effective communication skills contributed to a positive experience of a health –ill cycle.¹ Therefore, nurses might have difficulty in managing patients' needs effectively which may result in patients' negative experiences of a health- ill cycle.

In this study, nurses had higher scores on items of the scale than did patients. This indicates that nurses may overestimate their effectiveness of communication skills. While patients' reports indicated that nurses had a moderate level of effectiveness of nurses' communication skills, the results may infer that patients were not seeing their nurses practicing effective communication skills at the same level of their nurses' perception. This might contribute to negative perceptions of nurses' communication skills. In a previous study,⁸ nurses were reported as poor communicators, and their competency was not enough to adequately convey a sense of care.⁹ This can be related to the lack of feedback that nurses might use to judge their effective communication skills. Another possible explanation might be related to misunderstandings and improper communication between nurses and their patients.

Moreover, in this study, there were no significant differences in either nurses' or patients' perceptions of nurses' effectiveness of practicing communication skills in regards to demographic characteristics. The results do not agree with previous reports that found that nurses' effectiveness in practicing communication skills might be affected by the patient's age, type of disease, medication side effect and work load.^{6, 7} This disagreement might be related to the type of patients in this study as the study used patients in general wards, while most of the previous studies used patients in specialized care settings such as oncology or palliative care units.

Implications for Research and Clinicians

In conclusion, Jordanian nurses were subjectively overestimating their effectiveness of practicing communication skills, and there were significant differences between nurses' and patients' perceptions of nurses' effectiveness of practicing communication skills. Consequently, there is a possibility that nurses might be unable to adequately meet patients' needs, improve patients' wellbeing, and provide a better quality of care. The study has an implication for nurses and health care providers in Jordanian health care settings. If nurses and health care professionals are to improve their quality of care and appropriately address their patients' need and problems, they have to consider seriously their effective practice of communication skills with their patients. It is recommended that there should be programs to improve nurses' communication skills, with further research to evaluate its effectiveness. More work is needed to improve nurses' ability to evaluate their communication skills and the impact on patients' quality of care. Further research is needed to explore the perceptions, competencies, and educational needs of nurses in the field of therapeutic relationships and effective communication skills. Health care administrators and professionals must respond to the challenge of assisting nurses to gain the necessary knowledge and skills in practicing effective practice of communication skills and to integrate evidence-based knowledge into nursing care practice.

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الفروقات بين الممرضين/المرضات الأردنيين ومرضاهم حول مفهوم فاعلية مهارات التواصل التمريضية

ليلى مرمرش، أيمن "حمدان منصور"، رنا عليان، صبا حيارات

الملخص

المقدمة: تعد مهارات التواصل المكون الرئيس للعلاقة العلاجية بين التمريض والمريض، ولها الأثر الإيجابي الكبير في نوعية مخرجات الرعاية الصحية.

الهدف: تهدف هذه الدراسة إلى تعرّف الفروقات بين الممرضين/المرضات الأردنيين ومرضاهم حول مفهوم فاعلية مهارات التواصل التمريضية. المنهجية: باستخدام النموذج الترابطي الوصفي، تم اختيار عينة صدفية من 180 ممرضاً/ممرضة و178 مريضاً من ثلاث مستشفيات أردنية رئيسة تمثل القطاعات الصحية الثلاث الرئيسة في الأردن (حكومي، جامعي، خاص) وقد تم انتقاء المستشفيات بطريقة عشوائية.

النتائج: خلصت الدراسة إلى أن هناك فرقاً ذا دلالة احصائية بين متوسط استجابات الممرضين/المرضات ومتوسط استجابات المرضى على مقياس مهارات التواصل، وقد كانت الفروقات لصالح الممرضين، مما يدل على أن مفهوم فاعلية مهارات التواصل عند الممرضين هو أعلى بكثير مما هو عند مرضاهم، وقد أظهرت النتائج كذلك أن السمات الشخصية للممرضين/المرضات والمرضى لم تشكل فرقاً أو أثراً على هذه الفروقات.

الاستنتاجات: هناك فرق بين ما يعتقده الممرضون/المرضات الأردنيون حول فاعلية مهارات التواصل لديهم عما يعتقده مرضاهم، وهذا يُدلل على الأثر السلبي الذي يمكن أن يترتب على ذلك من خلال رضى المرضى ونوعية الرعاية التمريضية المقدمه؛ لذا يُنصح بعقد برامج لتحسين مستوى مهارات التواصل وأسلوب تقييم فاعلية مهارات التواصل بطريقة علمية ومنهجية.

الكلمات الدالة: مهارات التواصل، الرعاية التمريضية، الأردن.