Therapeutic Communication Skills Training: An Effective Tool to Improve the Caring Behaviors of ICU Nurses

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Abstract- Caring behaviors are crucial in intensive care units (ICU) because patients in these wards require high levels of care. Effective communication with patients is one of the most important factors in the caring behaviors of nurses working in ICUs. This study aimed to evaluate the effect of therapeutic communication skills training on the caring behaviors of ICU nurses. This experimental pre-test/post-test study was carried out on 105 nurses working in ICUs of hospitals affiliated with Yazd University of Medical Sciences in Iran in 2019. Nurses were randomly assigned into control (52 nurses) and intervention (53 nurses) groups. A two-day therapeutic communication training workshop was conducted for the participants. Data were collected using a demographic information questionnaire and caring behaviors questionnaire before and one month after the intervention. The findings showed no significant difference between the control and intervention groups regarding the nurses' caring behaviors in the pretest (P=0.148). However, after the implementation of the training program, a significant difference was observed in the mean scores of caring behaviors between the two groups. In the control group, the mean scores of caring behaviors decreased significantly after the intervention (P=0.001); whereas, the mean scores of the intervention group increased significantly after the intervention (P=0.001). According to the results, ICU nurses' training in therapeutic communication skills had a positive effect on their caring behaviors. Therefore, we suggest the authorities prepare and implement educational packages of therapeutic communication skills as a coherent program for other nurses. As a result, the caring behaviors and the quality of care can be improved for patients.

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Introduction

The intensive care unit (ICU) is one of the most important wards in hospitals. Due to the critical and complex conditions of patients, careful and standard provision of caring behaviors is crucial in these wards (1). The nurses of ICUs have more communication with the patients than the other healthcare providers; therefore, their caring behaviors cause a significant impact on the patient's treatment and recovery (2). The important tasks of ICU nurses include conducting effective communication with patients, supporting patients,

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continuing care, and increasing the patient's participation in treatment (3).

Caring behaviors in ICU consist of all critical care necessary for the patient's survival (4). These behaviors include the measures taken concerning the well-being of patients, such as their comfort, sensitivities, and calmness by listening and paying attention to them, being honest with them, and accepting them without judgment. Consequently, the sense of security is enhanced in patients (5). The physical caring behaviors are the daily routines, diagnostic interventions, treatments, procedures, training, and problem-solving. The psychosocial caring behaviors include trust, touch, body language, acceptance of emotions, faith, and honesty in behavior (6,7). Shalaby *et al*., studied the caring behaviors of altruism, trust, hope, positive expression, education, and support in Jeddah hospitals and suggested that although ICU nurses emphasized the importance of these caring behaviors, they acted poorly in dealing with patients (6). Nurses' caring behaviors increase the patient's satisfaction and well-being, which consequently lead to the improved performance of the health care organizations (8).

Nurses require therapeutic communication skills to show appropriate caring behaviors (9). Therapeutic communication refers to the process in which a nurse deliberately helps the patient improve using verbal and non-verbal communication (10). It refers to a purposeful relationship between the patients and caregivers. It is a tool for the therapist to communicate with the patient to create hope and positive change for the patient's recovery (11). Admission to ICU creates anxiety for the patients (12) due to the disease, separation from family, immobility, and environmental noise, which can lead to patients' impatience, depression, and irritability (13). In addition, ICU nurses have difficulty communicating with patients using mechanical ventilation due to their lack of knowledge and skills. Therefore, they need education on communication skills that improve patient care quality (9). Happ (2013) conducted a study in the USA on the effect of the intervention on the nurse-patient relationship in the ICU among intubated, awake, and responsive patients. The findings showed that communicating with these patients was a common problem that caused distress and fear in patients and stress among nurses (14). A study reported that unconscious ICU patients were able to hear (15). Since hearing is the last sensation lost in patients with brain damage, speaking to and touching these patients were considered important factors to communicate with these patients (16). A study in Canada investigated the effects of patient-based communication interventions on patients with communication disorders. The results showed that communicating with the patient had a positive effect on the patient's recovery (17).

In general, the nurse-patient relationship improves the patient's health. The care team should be aware that the patient-nurse relationship not only improves the patients' disease, physical condition, and treatment, but also affects the patient's physical, mental, and social health significantly (18). Communication skills training can improve the care team's ability to show empathy and the patient's ability to express their feelings (19,20). Popa-Velea *et al*., reported that therapeutic communication training was necessary for the health care teams, especially physicians and nurses. Furthermore, they believed that communication barriers were a tendency to judge, criticize, advise, and label patients, which lead to patients' distrust. They stated that the type of words used to speak with the patients to transfer the sense of trust and empathy, the tone and melody of the voice, body language, honest attitude, and observance of the confidentiality principle were important in establishing a therapeutic relationship (21). Alasad *et al*., in Jordan argued that ICU patients wished to know more about the treatment measures taken for them. So, nurses should be trained about the importance of verbal and non-verbal communication with patients regardless of their prior knowledge. Nurses need knowledge and skills to create therapeutic communication and are also required to learn communication-based care (22). Therefore, due to the lack of study on the effect of communication skills on the caring behavior of nurses, the present study was conducted. The aim was to determine the effect of communication skills training on the caring behaviors of nurses who work in ICUs. The results of this study can be considered a positive step in increasing the nurses' therapeutic communication skills and caring behaviors.

Materials and Methods

Design and setting

This experimental pre-test/post-test study was conducted on the control and intervention groups. The study was carried out in ICUs (surgical and general ICUs, dialysis and cardiac ICUs) of hospitals affiliated with Yazd University of Medical Sciences in the center of Iran in 2019.

Sample/participants

The statistical population of this study was all nurses working in intensive care hospitals of the University of Medical Sciences who entered the study using a simple

random sampling method. In other words, out of the total number of nurses working in the intensive care unit, which was 300, 110 were eligible to enter the study using the sample size determination formula. To prevent the exchange of information between research units in the hospital, the hospitals were randomly divided into two groups: intervention and control. The number of people in each group was 55. The inclusion criteria consisted of having at least six months of work experience in the ICU, a Bachelor's degree or higher in nursing, no mental or psychological diseases, and no participation in the educational workshop on "therapeutic communication skills" during the past six months. The exclusion criteria included non-attendance in the educational program, lack of cooperation throughout the research, and incomplete questionnaires (23). Finally, out of a total of 55 nurses in the intervention group, two nurses were excluded from the study due to incomplete questionnaires. (53 intervention groups). Three nurses of the control group were excluded from the study due to the non-return of the questionnaire. (52 control groups). For this reason, the effect of educational intervention on 105 couples was performed in the return questionnaire.

Intervention procedure

This educational program aimed to familiarize the nurses with therapeutic communication skills and to enhance their caring behaviors. In this study, a training program was carried out to promote the psychosocial and communication aspects of care in nurses. The two-day educational workshop was held for eight hours and included therapeutic communication skills (24) taught by the researcher, who was an MSc student in nursing, and a psychologist, who was a faculty member. To increase the nurses' participation in the workshop, the intervention group was divided into two groups of 26 and 27 members, and the workshops were held with the same training protocol for four days. The training curriculum was prepared and developed by the psychologist and researchers based on the literature review.

The educational content was approved by two faculty members in the field of psychiatric nursing. This content included interpersonal communication skills, communication goals, effective and ineffective communication, verbal and non-verbal communication and their barriers, effective listening, and empathy with the patient. In addition, the stages of communicating with patients, therapeutic communication techniques, communication barriers in nursing, skills to communicate with patients having mental problems such as anxiety, ability to communicate with patients having physical problems such as speech and audio disorders, and a brief education on body language (23,25-27). In this workshop, education was provided using educational slides, lectures, clips, questions and answers, brainstorming, and practical training.

Instruments

The data collection tool was a questionnaire consisting of two parts; the first was the demographic information questionnaire and the second part was the Larson's caring behaviors questionnaire. The demographic information questionnaire included the participants' age, gender, marital status, educational level, employment status, service records in hospital and ICU, as well as service area. The standard caring behaviors questionnaire developed by Larson (1987) included 57 items dealing with six sub-skills of being accessible, explaining and facilitating, comforting, anticipating, trusting relationships, monitors, and following through. The questions should be answered on a five-point Likert scale ranging from least important (1) to most important (5). The minimum score on this scale is 57, while the maximum attainable score is 285 (28). The Persian version of this questionnaire was validated by Pashaei (2014) using the translation re-translation method. To determine the content validity, the experts' viewpoints were used and to determine the reliability, the test/re-test method was applied (r=0.87) (29). The questionnaire was also previously used by nurses in intensive care units, and our study population was nurses in intensive care units.

Outcome measurement

The caring behaviors questionnaire was used to measure the nurses' care behaviors in control and intervention groups. The goal was to determine the effectiveness of therapeutic communication skills on the improvement of caring behaviors in nurses. Prior to the intervention and one month after the intervention, questionnaires were distributed among the participants. During this period, the control group did not receive any training with regard to communication skills.

Ethical consideration

The Ethics Committee affiliated with Kerman University of Medical Sciences approved this study with the code (IR.KMU.REC.1396.1726). Initially, the hospital authorities were provided with an introduction letter and the necessary coordination was made to conduct the study. A cover letter explaining the study goals and the data collection procedure was also presented to the eligible participants before the data

collection. Then, signed written consent forms were obtained from the participants and they were ensured data confidentiality and anonymity. Furthermore, they were explained about the voluntary participation in the study. Upon the completion of the intervention and collection of the second phase data, the therapeutic communication skills package was also administered to the control group in the form of a CD and handbook.

Statistical analysis

Data were analyzed by SPSS version 21 using descriptive (frequency, percentage, mean, and standard deviation) and inferential statistics (independent samples t-test, paired t-test, and chi-square). The significance level was set at $P<0.05$.

Results

Most nurses in both groups were married women with a work experience of less than five years in ICUs. Most participants had a bachelor's degree and were in the age range of 23-33. Table 1 shows the results of Chi-Square and Fisher's exact tests. The findings showed that the participants of the two groups were not significantly different in terms of demographic variables, except for their employment status ($P=0.005$).

The results of table 2 show that the mean score of total caring behaviors in the intervention group (231.34±18.17) was not significantly different from that of the control group (238.28±27.74) (t= -1.45, $P=0.148$). Also, there was no significant difference between the mean scores of all dimensions of care behaviors except dimensions of "Explanation to the patient" ($P=0.021$) and "Trusting relationship with patients" ($P=0.001$) in the two groups of control and intervention. However, in the post-test stage, the mean score of caring behaviors in the intervention group (269.08±4.92) increased significantly (t=12.06, $P=0.001$) in comparison with the control group (226.93±68.22). Considering Table 2 follows, the post-test scores of the intervention group showed that the mean scores of all dimensions of caring behaviors improved significantly. In the intervention group, of all the caring behavior dimensions, the highest mean difference was related to the "trusting relationship" dimension (13.38), whereas, the lowest difference was related to the "being accessible" dimension (2.97). The paired t-test results indicated that after the education, caring behaviors and their dimensions improved significantly in the intervention group; whereas, they had a significant decrease in the control group (Table 2).

Table 1. Comparison of demographic information of nurses in the intervention and control groups

Variables		Intervention		Control		*P*
		n	**%**	***N***	**%**	
Age	**23-33**	29	54.71	31	59.6	0.771
	34-44	18	33.9	17	32.6	
	45-55	6	11.32	4	7.6	
Gender	**Male**	16	30.18	19	36.53	0.539
	Female	37	69.81	33	63.46	
Marital status	**Single**	12	22.64	13	25	0.974
	Married	40	75.47	38	73.07	
	Other cases	1	1.88	1	1.92	
Employment Status	**Service program**	14	26.41	5	9.61	0.005
	Agency staff (labour hire)	9	16.98	4	7.69	
	Contractor (hired staffs)	6	11.32	19	36.53	
	Permanent	24	45.28	24	46.15	
Level of Education	**Masters**	50	94.33	49	94.23	0.99
	Master of Science	3	5.66	3	5.76	
Work experience (year)	**<5**	18	33.96	10	19.23	0.176
	5-10	17	32.07	24	46.15	
	>10	18	33.96	18	34.61	
Work experience in ICU	**<5**	34	64.15	25	48.07	0.218
	5-10	9	16.98	15	28.84	
	>10	10	18.86	12	23.07	
Ward	**ICU**	27	50.94	41	78.84	0.008
	CCU	22	41.50	8	15.38	
	Dialysis	4	7.54	3	5.76	

Table 2. Comparison of mean scores of caring behaviors and its dimensions between the intervention and control groups at pre-test and post-test stage

Variables	Time	Pre test *M* ± SD	Post test *M* ± SD	Mean difference	Statistic *t** and *P*
Total caring behaviors	Intervention	231.34±18.17	269.08±4.92		*t* = -16.53
	Control	238.28±27.74	226.93±68.22	37.74	*p* = 0.001
	Statistic *t*** and *p*	*t* = -1.45	*t* = 12.06	-11.35	*t* = 7.72
		p = 0.148	*p* = 0.001		*p* = 0.001
Nurse accessibility	Intervention	26.16±2.34	29.13±0.78		*t* = -11.22
	Control	27.25±2.18	26.47±2.02	2.97	*p* = 0.001
	Statistic *t*** and *p*	*t* = -2.44	*t* = 8.71	-0.78	*t* = 4.64
		p = 0.86	*p* = 0.001		*p* = 0.001
Explanation to the patient	Intervention	35.48±3.77	42.07±1.20		*t* = -14.53
	Control	36.60±5.34	35.10±4.52	6.59	*p* = 0.001
	Statistic *t*** and *p*	*t* = -1.13	*t* = 10.17	-1.5	*t* = 5.06
		p = 0.021	*p* = 0.001		*p* = 0.001
Physical and emotional comfort of the patient	Intervention	44.94±4.94	51.73±1.70		*t* = -10.91
	Control	45.65±5.90	42.88±5/02	6.79	*p* = 0.001
	Statistic *t*** and *p*	*t* = -0.66	*t* = 12.18	-2.77	*t* = 6.58
		p = 0.12	*p* = 0.001		*p* = 0.001
Supply needs	Intervention	19.41±2.68	23.62±0/83		*t* = -12.45
	Control	20.69±2.82	19.96±2.42	4.21	*p* = 0.001
	Statistic *t*** and *p*	*t* = -2.37	*t* = 10.37	-0.73	*t* = 3.35
		p = 0.56	*p* = 0.001		*p* = 0.001
Trusting relationship with patients	Intervention	70.65±7.44	84.03±2.24		*t* = -14.83
	Control	73.88±11.16	68.75±8.92	13.38	*p* = 0.001
	Statistic *t*** and *p*	*t* = -1.72	*t* = 11.98	-5.13	*t* = 7.26
		p = 0.001	*p* = 0.001		*p* = 0.001
Monitors and follows through	Intervention	35±3.74	38.50±1.50		*t* = -7.65
	Control	35.42±4.05	34.50±3.99	3.5	*p* = 0.001
	Statistic *t*** and *p*	*t* = -0.55	*t* = 6.83	-0.92	*t* = 4.17
		p = 0.35	*p* = 0.001		*p* = 0.001

**Paired t-test*
*** Independent t-test*

Discussion

This study showed that the educational intervention improved the nurses' caring behaviors in the intervention group. This indicates the positive effect of therapeutic communication skills on the caring behaviors of nurses. In a comprehensive review of the studies on the effect of communicative skills training on the caring behaviors of nurses, no similar study was found, which confirms the novelty of our research. According to the results of numerous studies in other countries (30,31) and Iran (32), improving communication skills enhanced the quality of nursing care. Porter *et al*., showed that nursing care behaviors were developed by applying the relationship-centered care professional model (33). Ratanawongsa *et al*., highlighted the importance of therapeutic communication skills in increasing the participation of patients in treatment, care, and acceptance of the diet (34).

In contrast to our study, Rask *et al*., reported that education did not have any significant effect on patients' perception of nurses' empathy, attention, and improved nursing care behaviors (35). It should be noted that the mentioned study did not address nursing care behaviors. The discrepancy between the results can be explained by the fact that in Rask's study, patients were surveyed, but in the present study, the findings are based on the nurses' self-reports.

The results showed that the highest mean difference in caring behaviors in the intervention group was related to the "trusting relationship" dimension, while the lowest difference was attributed to the "being accessible" dimension. The "trusting relationship" dimension was considered the most important factor in the current study because the educational content of therapeutic communication skills training as well as skills such as trust and empathy were emphasized in our study. In the same line with the present study, the results of a study by Hillen *et al*., indicated that effective communication between the treatment staff and patients, especially the application of non-verbal communication and body

language led to a sense of trust in patients (36). The improvement of nurse-patient communication increased the patients' trust and participation in the treatment process and improved the quality of care (37). In the study by Pashaei *et al*., the "trusting relationship" dimension had the highest priority for patients (29). The emphasis of accreditation standards of hospitals on the patients' information confidentiality is another reason for the high priority of this dimension in the patients' rights charter. In this regard, Berman *et al*., argued that observance of information confidentiality is achieved by creating a nurse-patient trusted relationship (38). Movahedi *et al*., conducted a qualitative study in Iran and proposed that patients' needs played an important role in the type of nurse-patient relationship in clinical settings. Therefore, nurse-patient communication would increase through the identification of the patient's needs in different wards (39). The fact that ICU nurses take care of patients with higher needs might have led the participants to consider the "trusting relationship" as the top priority.

Contrary to our results, some studies evaluated "trusting relationship" as a dimension with low priority. For example, Byrne *et al*., reported that nurses focused more on the patient's physical care than psychological needs such as anxiety reduction in critical situations (40). Patient's physical condition and prolonged hospitalization affect the nursing care in ICU and lead to prioritization of tasks related to the patient's survival, while it may reduce the value of communicating with the patient (41). Variables such as patients' gender, age, ethnicity, health status, care providers and their underlying problems, interpersonal skills, and organizational variables affect the development of trust between healthcare personnel and patients (42). This can justify the discrepancies in the prioritization of different dimensions in various studies. Regarding these differences, other reasons can be the self-report method applied in the present study, the evaluation of perceived caring behaviors without training communication skills in other studies, and prioritization based on a survey of patients and students (29,43).

In addition, we found that education had the least effect on the "being accessible" dimension, which can be explained by the nurses' high workload, occupational burnout, and being neglected by high-level managers. These factors can prevent nurses from the appropriate implementation of caring behaviors and effective communication with patients (44). The high workload of nurses, especially those in ICUs, the low number of nurses, and the lack of time make nurses just rely on the physical tasks and consider the "being accessible" dimension less important (45). Contrary to our findings, a study in Iran (43) showed that the "being accessible" and "patients' monitoring and follow-up" dimensions had the highest priority for students. Less important dimensions in this study were "explaining to the patient", "patient's physical and emotional comfort", "trusting relationship", and "predicting the patients' needs". The students of this study selected the "being accessible" dimension as the top priority, which indicates that they considered physical caring behaviors more important than emotional behaviors and they were more concerned with the physical problems of patients. The priority of "being accessible" dimension and timely implementation of the therapeutic orders show the students' most important caring behaviors that can be rooted in their education; their professors and teachers emphasized and gave too much attention to the patient's physical condition during the academic education.

Limitations

This study has several limitations that should be considered by future researchers. One was the investigation of hospitals affiliated with Yazd University of Medical Sciences. The other constraint was the lack of attention to the individual differences of participants. Moreover, the most important limitation of this study was the self-reporting data collection method. Therefore, we suggest the application of observational checklists or patient surveys in future studies. Another problem was the collection of information one month after the intervention. To achieve more accurate results, 3-6-month follow-ups are recommended. Then, the results of different follow-ups should be compared to determine the long-term impact of the training.

The findings showed that therapeutic communication skills training significantly improved the caring behaviors of ICU nurses. This allows nursing managers to use different educational approaches to enhance ICU nursing care behaviors. Since communication skills training had a small effect on the "being accessible" dimension, other interventions are required to improve it. Furthermore, considering the work difficulty and the type of patients in ICUs, nursing managers should pay special attention to these nurses and provide better conditions for them to improve their caring behaviors. More qualitative studies are also suggested to evaluate the strategies for improving nursing care behaviors in ICUs.

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