Awareness of Nurses' Working in Health Centers and Health Offices Regarding Communication Skills

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Abstract

Background: The lack of effective communication can lead to misunderstanding, poor performance, interpersonal conflict, ineffective program development, medical mistakes, and many other undesirable outcomes. **This study aimed to** assess awareness of nurses' working in health centers and health offices regarding communication skills. **Research design:** A descriptive research design was utilized to conduct this study. **Setting:** The study was conducted in all health centers and health offices in Benha City. **Sampling:** Convenient sample was used in study which included all the nurses' work at health centers and health offices in Benha City, the total number of nurses were 124 nurses. **Tools:** Three tools were used in this study: **I-** A structured interviewing questionnaire to assess nurses' socio- demographic characteristics, nurses' knowledge regarding communication skills and factors affecting nurses' skills regarding communication. **II**-The second tool: Likert scale to assess nurses' attitude regarding communication skills **III-**The third tool: Observational checklist to assess skills of nurses regarding communication. **Results:** More than two fifths of studied nursing aged 45 years or more with the mean age 41.97±9.88 years, more than two thirds of nurses had good knowledge about communication skills, the most factors highly affected communication skills were physiological factors of internal confusion, factors enhancing in communication and the principles to overcome communication barrier, more than three quarters of studied nurses had positive attitude toward personal communication and had satisfactory skills about communication. **Conclusion:** There was a statistically significant relation between nurses' total knowledge with their socio- demographic characteristics regarding their marital status and work setting, there was a statistically significant relation between nurses' total skills score and their socio- demographic characteristics regarding their marital status. There were highly positive correlation between total knowledge with total factors of studied nurses and there was no a statistically relation with total skills and total attitude. **Recommendation:** Develop and implement health educational program for nurses at health centers and health offices to improve nurses' knowledge and practice regarding communication skills and booklets should be available and distributed in all health care centers to all nurses about the communication and ways to over comes the barriers faced.

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Keywords: Nurses, Communication, Factors affecting, Skills.

Introduction

Nursing is a science and important part of the health care system, involves protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations (***American Nurses Association, 2016).***

The Egyptian health centers service is an integral component of a comprehensive system of the family services in Egypt. The service provides a universal health service, focusing on promotion of health and development, prevention, early detection and intervention for physical, emotional and social factors affecting the family members (**World Health Organization, 2016).**

Health offices in Egypt has many roles as; compulsory vaccinations for children, national campaigns for vaccination, extract the birth and death certificate of the born inside the office circle, sick leave for employees non-affiliated health insurance, follow-up medical conditions and infectious contacts, environmental sanitation, medical examination on the deceased within the office and the department of extracting the burial permit, food control department office, early detection of a lack of thyroid hormone in children, follow-up to a healthy child (**Egyptian Ministry of Health, 2015).**

Communication can define the exchange of information, thoughts, facts and feelings among people using speech or other means. Therapeutic practice involves the oral communication of public health officials and nurses on the one hand and the patient or his relatives on the other. It is a two way process. The patient conveys fears and concerns to the nurse and helps to make a correct nursing diagnosis. The nurse takes the information and in turn transmits other information to the patient with discretion and delicacy as to the nature of the disease and advises with treatment and a rehabilitation plan for health promotion (**Papagiannis A, 2019).**

Communication can be classified in to verbal and nonverbal. Verbal communication entails the use of words in delivering the intended message; the words account for 7% of the overall message, the two major forms of verbal communication include written and oral communication. Verbal communication makes the process of conveying thoughts easier and faster, and remains the most successful form of communication. Nonverbal communication entails communicating by sending and receiving wordless messages, nonverbal communication account for 93%; divided 38% account for tone of voice, and 55% account for body language; these messages usually reinforce verbal communication, but they can also convey thoughts and feelings through gestures, body language, facial expression and eye contact (**Nayab, N, 2015).**

Effective communication requires an understanding of the patient and the experiences to express. Effective communication requires skills and simultaneously the sincere intention of the nurse to understand what concerns the patient; to understand the patient only is not sufficient but the nurse must also convey the message that the patient understandable and acceptable. Effective communication is a reflection of the knowledge of the participants, the way the patients think and feel (**Thompson, N, 2018).**

Significance of the study

The significance of the communication process increased in organizations and it has become an integral part of the success, through the direct interaction with the patients to make them familiar of the organizations' vision, mission strategic goals, and also with the methods to obtain the objectives efficiently (**Akan, B., et al., 2016).**

Effective communication is a vital component of nursing care; however, nurses often lack the skills to communicate with patients care and other health care

professionals, and this lack of effective communication can lead to misunderstanding, poor performance, interpersonal conflict, ineffective program development, medical mistakes, and many other undesirable outcomes. Communication skills training programs are frequently used to develop the skills. However, the data on how best to evaluate such courses is paucity *(Williams, C. & Gossett, M, 2018).* So this study will be conducted to assess awareness of nurses regarding communication skills in different health centers and health offices at Benha City.

Aim of the study

The aim of this study is to assess awareness of nurses working in health centers and health offices regarding communication skills.

Research questions:

- Is there a relationship between socio demographic characteristics of nurses and their knowledge toward communication skills?
- Is there a relation between nurses' knowledge and their skills regarding communication?
- Is there a relation between nurses' skills and factors affecting communication?

Subjects and Method

Research design: A descriptive research design was utilized to conduct this study.

Setting: The study was conducted at all health centers and health offices in Benha City which include; 2 health centers and 4 health offices.

Sampling: A Convenient sample of all nurses worked in the previously mentioned settings. 124 nurses were recruited 60 nurses working

at health centers and 64 nurses working at health offices in Benha City.

Tools of data collection: The following tools were designed and used after reviewing related literature and revised by supervisors' staff.

I-A structured interviewing questionnaire; included the following parts:

PART (I): Concerned with the socio-demographic data which included 8 items age, sex, marital status, work setting, educational qualification, residence, experience years and training courses about communication.

PART (II): Concerned with knowledge of nurses regarding communication, which included 24 items (definition, importance, nature communication forms, communication levels, methods, features of good communication, elements, types of communication, methods of verbal communication, advantages of verbal oral communication, disadvantages of verbal oral communication, principles of good oral communication, forms of verbal written communication, advantages of verbal written communication, disadvantages of verbal written communication, characters of good message, forms of nonverbal communication, advantages of nonverbal communication, body language needs, definition of therapeutic communication, importance of therapeutic communication, importance of ascending communication in health organization, principles of good therapeutic communication and barriers of communication).

Scoring system of knowledge regarding communication skills: Each item was assigned a score of (2) given when the answer was correct and complete answer, a score of

(1) was given when the answer was correct but incomplete answer and a score of (0) was given when the answer was not known or incorrect answer. The total score of each section was calculated by summation of the scores of its items. The total score was 48 for knowledge of participants was calculated by the addition of the total score of all section. The total knowledge score was classified as the following:

The total knowledge scores = 48

- **Good** when the total scores ≥ 85% (≥ 41).

- **Average** when the total scores 50: < 85% (24-< 41).

- **Poor** when the total score < 50% (< 24).

PART (III): Concerned with factors affecting on communication skills as reported by studied nurses, which included 13 items (main points affect communication, factors hinders to communication, physiological factors of internal confusion, psychological factors of internal confusion, external factors affecting receiver, factors enhancing in communication, environmental factors at work, communication barriers with patient, sender errors in communication, channel errors in communication, receiver errors in communication, sender errors in replying the message and the principles to overcome communication barriers).

Scoring system of factors affecting communication: Each item was assigned a score of (2) given when the answer was highly affected, a score of (1) was given when the answer was affected and a score of (0) was given when the answer was unaffected. The total score of each section was calculated by summation of the scores of its items. The total score was (26) for knowledge of participants was calculated by the addition of the total score of all section. The total knowledge score was classified as the following:

- **The total knowledge scores = 26**

- **Highly affected** when the total score ≥ 85% (≥22).

- **Affected** when the total score 50< 85% (13< 22).

- **Unaffected** when the total score < 50% (< 13).

II-Likert scale: It was used to assess attitude of nurses toward personal communication. The questionnaire was measured on a Likert type scale of (Agree, Uncertain and Disagree). It was translated into Arabic by the investigator which included 13 items (think that communication process is subject to several factors either increase or decrease the communication process, think that accuracy affect communication, think that internal confusion affect communication, think that distortion of information is one of the communication barriers, feel that personal judgment of the receiver cause failure to message, think that the social and cultural system has an impact on the sender for the effectiveness of communication, think that level of knowledge has effect on nature and composition of communication, feel that good standard environment is necessary to communication process, think that costs of using the medium affect the communication, think that the sender should have the ability to speak, listen and observe, think that personal experience affects understanding of the message, feel that congestion affect the good understanding of the message, and think that combine between verbal and nonverbal communication help to get good communication).

Scoring system: Attitude scale score was calculated as (2) scores for agree, (1) scores for uncertain and (0) for disagree. The total attitude score (26) was considered positive if the score ≥75 % and considered negative if it is <50%.

- **The total attitude scores = 26**

- **Positive** when the totals score ≥75 % (≥ 20).

- **Negative** when the totals score < 50% (<13).

III- Observational checklist: It was used to assess the skills of nurses regarding communication and included two main parts:-

Frist part: Concerned with communication skills with health team, which included 18 items (express ideas clearly, change talking style according to person who talks with, talk to the group of colleagues without being confused, maintain enough distance when speak with others, maintain consistency between facial expressions, maintain eye to eye contact when speak, use a clear tone of voice, listen to others without any interruption, wait until others complete their speech then start to talk, accept the other's opinion, receive feedback to ensure that information send has been understood, stop other talking when disagree with their point of view, repeated the received message to ensure understanding, maintain a suitable place for communication, choose a suitable time for communicating with others, admit when she is wrong, take more space in a conversation and resolve problems without losing temper).

Second part: Concerned with communication skills with consumer, which included 21 items (provide a comfortable environment, sit near to service recipients while talking to them, introduce herself to service recipients, keep questions brief and simple, keep the sentences brief and simple, give the service

recipients enough time to answer, use understandable language to service recipients, ask one question at a time, choose a suitable time when speaking with service recipients, use a facial expression appropriate to the situation, facing the service recipients when speaking, use open end question when speak, transmit gradually from simple idea to complex one, avoid interruption of service recipients when complain or speak, keep the service recipients in comfortable position, use a clear tone voice during speech, change talking style according to service recipients level of education, maintain consistency between verbal and non-verbal language, receive feedback from the service recipients to ensure their understanding, observe recipients nonverbal expression and talk in sympathetic way).

Scoring system: The scoring system for nurse's skills was calculated as follows (1) score for done the skills, while (0) score for not done the skills. The score of the items was summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a present score. The total skills score (39 points) was considered satisfactory if the score of the total skills > 80%, while considered unsatisfactory if it is < 80%.

- **The total skills score = 39**

- **Satisfactory** when the totals score > 80% (>31).

- **Unsatisfactory** when the totals score < 80% (< 31).

Instructional guideline: Illustrated booklet guideline was distributed to nurses about communication skills, included meaning, communication process, importance, elements, types, characters of body language,

barrier to verbal communication, skills for effective communication, characters of good message, nature of communication, main point affecting communication, factors affecting communication, meaning of barriers, barriers to communication, sender errors, receiver errors, message errors, channel errors, feedback errors, how to improve communication .

Content validity: The tool validity was done by four experts from Faculties Nursing Staff from the Community Health Nursing Specialties department reviewed the tool and gave their opinion for clarity, relevance, comprehensiveness, and applicability.

Content reliability: Reliability of the tools was applied by the investigator for testing the internal consistency of the tool, by administration of the same tools to the subjects under similar condition on one or more occasion.

Ethical consideration: An official permission from the selected health centers and health offices was obtained for the fulfillment of the study. The aim of the study was explained to all nurses before applying the tools to gain their confidence and trust. The researcher took oral consent from nurses to participate in the study and confidentiality was assured and all nurses have the freedom to withdraw from participation in the study at any time.

Administrative approval: A written official letter was obtained from the Dean of the Faculty of Nursing, Benha University and delivered to the manager of each health centers and health offices, in order to obtain their approval for conduction of the study after explaining its purpose. At the time of data collection, a verbal agreement was taken from every participant in the study after a

clear and proper explanation the aim of the study.

Pilot Study: The pilot study was carried out with10% (13) of the total sample to test the clarity, practicability and applicability of tools. According to the results obtained from data analysis, item didn't need for correction or modification, so the pilot study included in the total sample.

Preparatory Phase: An extensive review of the current and past available national and international references related to the research tittle was done, using journals, textbooks and internet search was done. This was necessary for the investigator to be acquainted with and oriented about aspects of the research as well as to assist in the development of data collection tools, it was developed by the investigator based on reviewing related literatures and it was written in simple clear Arabic language.

Field work: Approval of manager of health centers and health offices obtained through an official permission and oral consent took from each nurse. The investigator introduce her-self and explained the purpose of the study, the collection of data conducted by the investigator using the study tool for nurses in the selected health centers and health offices through period of four months. The actual field work started from the beginning of March, 2020 to the end of June, 2020. The investigator was attended two day a week from 9 a.m. to2 p.m., range of interviewed nurses daily was 4-5 nurses. Implementation of study was carried out in health centers and health offices in Benha city. The average time to complete each part ranged from 15-25 minutes.

Statistical analysis: The collected data was analyzed, tabulated and presented in figures

using the number and percentage distribution, mean and stander deviation using Statistical Analysis Package for Social Science (SPSS) version 20. Data were presented using proper statistical tests and if there were positive correlation or not. The following statistical tests that were used: number and percentage: Mean, Stander deviation (SD), Chi-square X^2 and r test were used for qualitative data. Also P-value was used to determine significance of results as follows: <0.05 is statistically significant relation: >0.05 is not statistically significant relation and <0.01 is highly significant relation.

4-Rseults:-

Table (1) Shows that 43.5 % of the studied nurses aged 45 years and more with mean age was 41.97±9.88 years, 94.4% of them were female, 92.8% of them were married, 51.6% of studied nurses work in health centers, 72.6% had secondary nursing education, and 74.2% of studied nurses had 15 years and more of experience, while 75.8% lived in the rural, and 66.1% of them hadn't received any training courses.

Figure (1) Shows that 70.2% of studied nurses had a good knowledge about communication skills, 27.4% of studied nurses had average rate of knowledge about communication skills, while 2.4% of them had poor knowledge about communication skills.

Figure (2) Shows that 77.4% of studied nurses reported that all previous factors highly affected on communication skills, and 20.2% of them reported that factors just affected communication

Figure (3) Shows that 89. 5% of studied nurses had satisfactory skills about communication, while 10.5% of nurses had unsatisfactory skills about communication.

Table (2) Shows that there were a significant relation between nurses' totals knowledge and socio-demographic characteristics regarding their marital status and work setting, and there was no relation between nurses' total knowledge and other socio-demographic characteristics.

Table (3) Shows that communication skills score of studied nurses had no a statistically relation with total knowledge score p-value >0.05.

Table (4) Shows that communication skills score of studied nurses had no a statistically relation with total factors score affecting communication p-value>0.05.

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Table (1): Frequency distribution of studied nurses regarding their socio-demographic characteristics (n=124).

| Socio-demographic characteristics	No	%
Age		
<25	5	4.0
25-	25	20.2
35-	40	32.3
45+	54	43.5
Mean ±SD 41.97±9.88		
Sex		
Female	117	94.4
Male	7	5.6
Marital status		
Married	115	92.8
Single	3	2.4
Divorced	3	2.4
Widow	3	2.4
Work setting		
Health center	64	51.6
Health office	60	48.4
Educational qualification		
Secondary nursing education	90	72.6
Technical nursing education	24	19.4
Bachelor of nursing	10	8.1
Residence		
Urban	30	24.2
Rural	94	75.8
Experience years		
<5	7	5.6
5-	11	8.9
10-	14	11.3
15+	92	74.2
Mean ±SD 22.60±10.54		
Training courses		
Yes	42	33.9
No	82	66.1
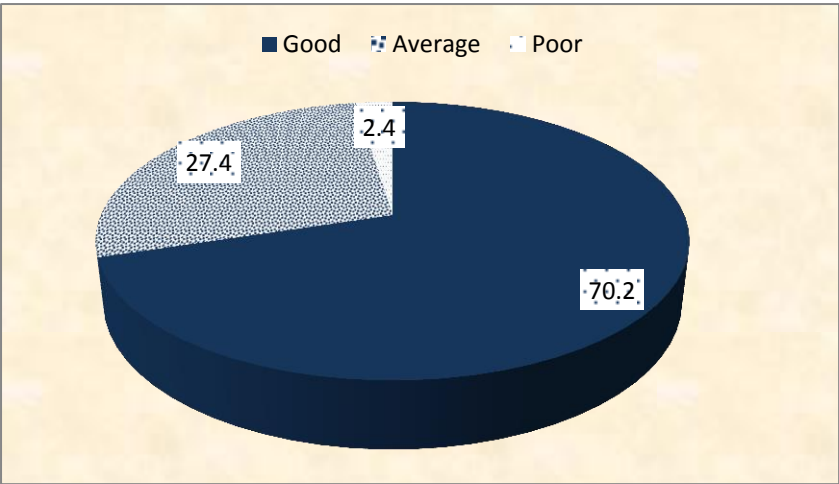
Figure (1): Percentage distribution of studied nurses regarding their total knowledge about communication skills
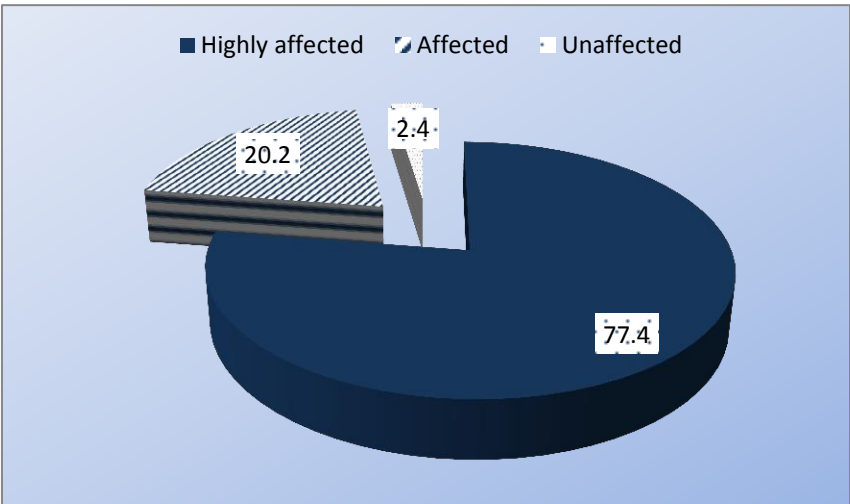

Fig. (2): Percentage distribution of studied nurses regarding total factors affecting communication skills
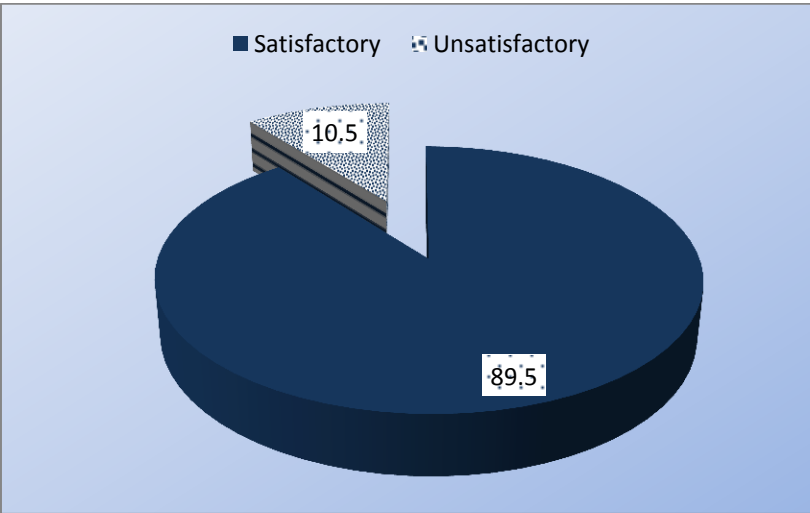

Fig.(3): Percentage distribution of studied nurses regarding total skills about communication skills

Table (2): Statistically relation between nurses' total knowledge and their demographic characteristics

Socio-demographic data	Poor (n=3)		Average (n=34)		Good (n=87)		X^2	p-value
	No	%	No	%	No	%		
Age								
<25	0	0.0	0	0.0	5	5.7	5.636	0.465
25-	0	0.0	6	17.6	19	21.8		
35-	2	66.7	14	41.2	24	27.6		
45+	1	33.3	14	41.2	39	44.8		
Sex								
Female	3	100.0	31	91.2	83	95.4	1.004	0.605
Male	0	0.0	3	8.8	4	4.6		
Marital status								
Married	2	66.7	33	97.1	80	92.0	14.364	0.026*
Single	0	0.0	1	2.9	2	2.3		
Divorced	0	0.0	0	0.0	3	3.4		
Widow	1	33.3	0	0.0	2	2.3		
Work setting								
Health center	0	0.0	25	73.5	39	44.8	11.343	0.003*
Health office	3	100.0	9	26.5	48	55.2		
Educational qualifications								
Secondary nursing education	3	100.0	28	82.4	59	67.8	5.995	0.200
Technical nursing education	0	0.0	6	17.6	18	20.7		
Bachelor of nursing	0	0.0	0	0.0	10	11.5		
Residence								
Urban	1	33.3	13	38.2	16	18.4	5.389	0.068
Rural	2	66.7	21	61.8	71	81.6		
Experience years								
<5	0	0.0	0	0.0	7	8.0	8.369	0.212
5-	0	0.0	3	8.8	8	9.2		
10	0	0.0	1	2.9	13	14.9		
15+	3	100.0	30	88.2	59	67.8		
Training courses								
Yes	1	33.3	8	23.5	33	37.9	2.264	0.322
No	2	66.7	26	76.5	54	62.1		

Table (3): Statically relation between total communication skills score of studied nurses and their total knowledge score about communication skills

Total knowledge score	Total skills score				X^2	p-value
	Unsatisfactory (n=13)		Satisfactory (n=111)			
	No	%	No	%		
Poor (n=3)	1	7.7	2	1.8		
Average (n=34)	4	30.8	30	27.0	1.882	0.39
Good (n=87)	8	61.5	79	71.2		

Table (4): Statistically relation between total communication skills score of studied nurses and total factors affecting on communication skills

Total factors affecting communication	Total skills score				X^2	p-value
	Unsatisfactory (n=13)		Satisfactory (n=111)			
	No	%	No	%		
Unaffected (n=3)	1	7.7	2	1.8		
Affected (n=25)	3	23.1	22	19.8	1.856	0.395
Highly affected (n=96)	9	69.2	87	78.4		

Discussion

The comprehensive understanding of communication refers to the sharing of information, ideas, and feelings, typically aimed at mutual understanding. In this way, you must consider the sender, the recipient, and the transaction. Simply put, the sender is the person sharing the message, the recipient is the person receiving and interpreting the message, and the transaction is the way that the message is delivered and the factors that influence the context and environment of the communication. Also, communication is a complex process. It involves more than just what you say and takes many forms (*Lapum, J., et al., 2020*).

The lack of effective communication can lead to misunderstanding, poor performance, interpersonal conflict, ineffective program development, medical mistakes, and many other undesirable outcomes. Communication skills training programs are frequently used to develop the skills (*Williams, C. & Gossett, M 2018*)

The finding of the current study will be discussed under five parts, characteristics of

studied nurses, their knowledge regarding communication, their attitude regarding communication and their practice regarding communication.

Regarding to socio-demographic characteristics of studied nurses (table 1). The current study showed that two fifths of studied nurses aged 45 years or more with mean age 41.97±9.88, the majority of them were female and married, more half of them worked at health centers, about three quarters of them had secondary nursing education, lived in rural area and had experience 15 years or more with mean age 22.60±10.54 and two thirds of studied nurses didn't receive any training courses.

Regarding total knowledge of studied nurses about communication skills, the current study showed that three quarters of studied nurses had a good knowledge about communication skills (figure 1). This finding agreed with **Norouzinia et al., (2016),** who Studied "Communication Barriers Perceived by Nurses and Patients, Alborz University of Medical Sciences, Karaj, Iran, a Cross sectional, descriptive analytic study was used" and showed that 80% of studied sample had good knowledge about communication skills.

Regarding to total factors affecting communication skills, the current study showed that about three quarters of studied nurses reported that all mentioned factors were highly affected communication skills (figure 2). This finding agreed with **Forsgren et al., (2016),** who study was about "Communicative barriers and resources in nursing homes from the enrolled nurses' perspective, in western Sweden" and reported that the enrolled nurses' communication skills had affected and nurses had awareness about the importance of the development of personal relationships with residents in order to facilitate interaction. This might be due to

facing many factors limit their communication with others.

As regards to total skills of studied nurses were about communication skills. The current study showed that the majority of the studied nurses had satisfactory skills about communication (figure 3). This finding agreed with **Pereira & Puggina, (2017),** who study Validation of the self-assessment of communication skills and professionalism for nurses, at Brazil" and showed that the internal consistency of the scale presented moderate and satisfactory skills about communication.

As regards to the relation between total knowledge score of studied nurses with their socio-demographic characteristics. The current study showed that there was a significant relation between studied nurses' total knowledge and their socio-demographic characteristics regarding their marital status and work setting, and there were no relation between studied nurses' total knowledge score and other socio-demographic characteristics of nurses (table 2). These findings agreed with **Zangeneh et al., (2019),** who study of the communication skills in health care and the role of demographic variables (a case study of the nurses at the Educational, Therapeutic and Research Center of Imam Reza Hospital, Kermanshah, Iran" and reported that there were a significant relation between total knowledge of studied nurses with socio-demographic characteristics.

As regards to the relation between studied nurses total communication skills score with total knowledge score. The current study showed that communication skill had no statistically satisfactory relation with total knowledge p-value <0.001(table 3). These findings disagreed with **Quail et al., (2016),** who study was about "Student self-reported communication skills, knowledge and confidence across standardized patient, virtual

and traditional clinical learning environments – study, Curtin University Human Research Ethics Committee" and study showed that participants self-reported higher communication skill, knowledge and confidence. This difference may be due to training courses they had taken.

As regards to the relation between studied nurses' total communication skills score and total factors affected on communication skills. The current study showed that studied nurses communication skills score had no a statistically relation with total skills score and factors affecting on communication p-value<0.001(table 4). These finding was disagreed with **Lorié et al., (2017),** who study was about "Culture and nonverbal expressions of empathy in clinical settings: A systematic review, in Ireland" and revealed that the communication skills had statistically relation with factors affecting communication skills. This might be due to the nonverbal expressions of empathy varied across cultural groups and impacted the quality of communication and care.

Conclusion:

Based on the results of the present study and research questions, the study concluded that:

About three quarters of studied nurses had a good knowledge about communication skills, the most factors highly affected communication skills were physiological factors of internal confusion (feel of hunger), factors enhancing in communication (simplifying scientific facts) and the principles to overcome communication barrier (continued training). The majority of studied nurses had positive attitude toward personal communication and had satisfactory skills about communication. There was a significant relation between nurses' total knowledge and socio-demographic characteristics regarding their marital status and work setting, there

was a statistically significance relation between nurses' total skills and their socio-demographic characteristics regarding their marital status.

RECOMMENDATIONS:

Based on the finding and conclusion of the current study, the following recommendations are suggested:-

1. Health educational program should be developed and implemented for nurses to educate them about the importance of communication and the consequences of lacking in communication skills.

2. Booklets should be available and distributed in all health care centers to all nurses about the communication and ways to overcome the barriers faced.

3. Further studies need to be focusing on the associations between health organizations for enhancing the role of community health nurse in society.

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وعي الممرضات العاملين بالمراكز الصحية ومكاتب الصحة بمهارات الإتصال

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هدفت هذه الدراسة إلي تقييم وعي الممرضات العاملين بالمراكز الصحية ومكاتب الصحة بمهارات الإتصال. وقد أجريت الدراسة في جميع المراكز الطبية ومكاتب الصحة في مدينة بنها علي ١٢٤ ممرضة. حيث كشفت النتائج عن وجود علاقة كبيرة بين المعرفة الكلية لدي الممرضات والعوامل الكلية المؤثرة علي مهارات يعتبر النقص في مهارات التواصل أحد الاسباب المؤدية إلي سوء الفهم والأداء السيئ والصراعات الشخصية والتطوير البرمجي الغير فعال والأخطاء الطبية وكذالك العديد من النتائج الغير مرغوب فيها. لذلك هدفت الإتصال وعلي النقيد لم تكن هناك علاقة بين السلوك الكلي للمرضات ومهارات التواصل لديهم. كما أوصت الدراسة بأهمية تطوير وتنفيذ البرامج التعليمية الخاصة بمهارات الإتصال وذلك لرفع مستوي المعرفة والأداء لدي الممرضات.