Communication Skills Training Programme to Improve Oncology Nurses' Relationships with Patients: An Observational Study

Onkoloji Hemşirelerinin Hastalarla İlişkilerini Geliştirmek İçin İletişim Becerileri Eğitim Programı: Bir Gözlem Çalışması

(Araştırma)

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ABSTRACT

This research was carried out to determine the impact of communication skills training programme on patient-nurse interactions in oncology setting. The research consisted of a single group pre-, post-test and non-participant observation. Thirty-six nurses volunteered to participate. In the first evaluation method, the nurses were evaluated both before and after the training using "Empathic Tendency", "Empathic Skill" and "Communication Skills Evaluation Scales". In the second one, researcher observed nurse-patient interactions in the clinics and evaluated them using the Communication Skills Observation Form. The training improved nurses' empathic tendency ($p<0.001$), empathic ($p<0.001$) and communication skills ($p<0.05$). "Respect to patients, giving constructive feedback, using effective body language, using continuing and leading reactions" showed gradual improvement during observations while self-disclosure and "ineffective commnunication techniques" were lower in the last observation. Training improved nurses' communication skills to effectively interact with their patients. Therefore, communication skills training should be taught and expanded during in-service training programs.

Key Words: *Oncology, nurse-patient relations, communication.*

ÖZET

Bu çalışma iletişim becerileri eğitim programının, onkolojide çalışan hemşirelerin hastalarla iletişimine etkisini değerlendirmek amacıyla yapılmıştır. Tek grupta ön test-son test düzeni ve katılımsız gözlem kullanılmıştır. Araştırmanın örneklemini iki ayrı hastaneden olan 36 gönüllü hemşire oluşturmuştur. Değerlendirmede kullanılan birinci yöntemde katılımcılara eğitim öncesi ve sonrasında "Empatik Eğilim", "Empatik Beceri" ve "İletişim Becerileri Değerlendirme Ölçeği" uygulanmıştır. İkinci yöntemde araştırmacı seans aralarında kliniklerde hemşire hasta etkileşimlerini gözlemlemiştir. Gözlemde "İletişim Becerileri Gözlem Formu" kullanılmıştır.

Eğitim sonunda hemşirelerin empatik eğilim ($t=5.37$, $p<0.001$), empatik ($t=7.54$, $p<0.001$) ve iletişim becerileri ($t=2.48$, $p<0.05$) önemli ölçüde artmıştır. Hastaya saygı gösterme, yapıcı geri bildirim verme, etkili beden dili, devam ettirici ve yol açıcı tepki kullanmada zaman içinde artış saptanmıştır. Son gözlemde "kendinden referans verme ve etkisiz iletişim teknikleri"nin kullanım oranları düşük bulunmuştur.

Eğitim, hemşirelerin hastalarla etkili iletişim kurma becerilerini geliştirmiştir. Bu doğrultuda hastanelerde hizmet içi eğitim programlarında iletişim becerileri eğitimlerinin verilmesi ve yaygınlaştırılması önerilmektedir.

Anahtar Kelimeler: *Onkoloji, hemşire-hasta ilişkileri, iletişim.*

Introduction

Effective communication skills are one of the important tools providing nurses ways in which to reach patients, determine their problems, care for and help them.[1,2]. Oncology clinics are special areas where communication skills are particularly important in working and communicating with cancer patients. These patients experience difficult phases and challenges during their illness. Therefore, careful and effective communication skills are required to deliver the news of their illness, obtain consent from patients for various procedures and tests and, in general, to help them cope with what they are going through[3-7].

Nurses on the treatment team play an important role in providing emotional care and practical support to patients and their families regarding the care and treatment of the patient and their feelings of uncertainty about the future[8-10]. Effective communication skills necessary, first of all, to know and understand patients well since supportive nurse-patient relationships were complicated processes[11]. Tamburini et al.[12] and Soothill et al.[13], while determining needs for cancer patients, reported that patients were not satisfied with the way the medical staff communicated with them. Kruijver et al.[3] found that 60 % of cancer nurses worked "process centered" (give priority to practical and medical tasks), had shallow feeling expressions, and did not discuss feelings openly. Razavi & Delvaux[14] reported that oncology nurses mostly needed guidance for communication skills. Wilkinson[15] also added that a higher proportion of nurses were afraid to deal with the patients because they lacked communication skills and, therefore, they practiced blocking behaviours when interacting with their patients. Booth et al.[16] added similarly that nurses exhibited blocking behaviours with patients because they lacked confidence in their ability to effectively deal with the difficult situations of their patients. Balikci[17] also added that nurses lacked the communication

skills to effectively express patients' feelings, thoughts, and behaviours clearly. Nurses can not help patients to express their own feelings and act defensively and do not discuss feelings if they are uncomfortable. Therefore, improving communication skills and preparing training curricula on the subject for oncology nurses should be a very high priority. In the literature, using training techniques such as "informing/didactic approach", "role playing/group study", "experiential approach", "question-answer", "group discussion", and "complete sentences" together were thought to be effective in the improvement of communication skills. These methods to improve empathy and communication skills with patients have been utilised in different studies. One of these was by Tiernan[3] who reported in a study reviewing communication training models, that the didactic approach, role-playing, feedback and experiential approach were the bases for communication skills training. Wilkinson et al.[18] determined that training programs including modeling, didactic approach, discussion, and role play with feedback significantly improved nurses' communication skills. Oz[19] also found that nurses' empathic communication skills significantly improved through a training program that included didactic, modeling, role play, and experiential approaches, but there was no change in their empathic trends.

It has been thought, as shown in the literature, that measuring the effect of given training via some scales and observing directly in clinics could provide more ample and concrete data on nurse-patient relationships[20,21]. The aim of the present study was to evaluate the impact of a communication skills training program for oncology nurses' empathic communication skills and relationships with cancer patients.

Methods

Design

The study was carried out by using "pre- and post-test in a single group" and non-participant observation on nurse-patient communication"[22,23].

Sample

The research was carried out with nurses who have worked in oncology wards of Ankara University Ibn-i Sina Hospital and Ankara Numune Training and Research Hospital. Separate meetings were arranged with oncology clinic nurses in two hospitals and study information provided. Out of 73, only 36 volunteered to participate in all sessions and to be the sample of the study. Nurses who did not participate in the study attributed this to the fact that they could not attend regularly as there were too many sessions.

Instruments

Forms and Scales used for data collection were the following:

Nurse Information Form: This form consisted of questions on nurses' socio-demographic characteristics, service worked, job, total hours and hours worked in oncology department.

Empathic Tendency Scale (ETS): A likert type scale, consists of 20 expressions, each graded 1 to 5. Total grade 100 reflects the subject tendencies for empathy. A higher

grade means higher empathic tendency while the lower grade a lower empathic tendency. The scale was developed by Dokmen[24]. Cronbach's alpha value was r=0.82 for reliability and r=0.68 for validity of the scale.

Empathic Skill Scale (ESS): The scale consists of 6 daily cases and each case holds different grades for 12 empathic reactions. The highest grade to be received from the scale is 220. The Cronbach's alpha value for the reliability of the scale developed by Dokmen25 was r=0.83. In validity study, a significant difference was determined for the mean scores of psycholog and university students (t=8.15, p<0.001).

Communication Skills Evaluation Scale (CSES): The scale was developed by Korkut[26]. The scale consisted of 25 expressions being 5 wise likert type and the highest grade was 100. Cronbach's alpha value was r=0.76 in reliability. Factor analysis for validity determined a significant difference for the averages of male and female groups (t=3.00, p<0.01).

Communication Skills Observation Form (CSOF): This form was established based on the content of the communication skills training program. The CSOF prepared by the investigators was used in this way to determine the frequency of using communication skills when nurses worked with patients. Items in the form were the following: "respect to patient, feedback, body language, continuing reactions, leading reactions, self-disclosure, and ineffective communication techniques". Under these items, there were 42 expressions in the form (see Table 2).

Data Collection

The study was carried out between April 2003-January 2005. The trainer and the observer was the first author. The training sessions and observations were as follows in both hospitals: Four training groups each consisting of 9 nurses on the average were formed. The nurses joined the group with the scheduled training days that were more suitable for them. Each group had l.5 hours of training once a week for 9 sessions. Training was carried out at the clinic meeting room. A "U" sitting plan was used for each training session to facilitate face-to-face communication at the room.

Subjects in the program were the following: benefits of improving communication skills for nurses and oncology patients (I.session), body language and principles for giving effective feedback (II. session), continuing reactions: "hım"-and "mm" reactions, content reactions (III. session), continuing reactions: "feeling reactions (IV. session), leading reactions: "question asking reactions" (V. session), leading reactions: alternative presenting and influencing reactions (VI. session), self-disclosure reactions (VII. session), ineffective communication skills (VIII. session). The content was presented utilising various techniques and approaches including: "inform/didactic approach, role playing, group study, experiential approach, question-reply, group discussion and phrase filling". In the 1st session of the training, nurses were given information about the training program and benefits of improving communication skills. Later on, an information form, Empathic Tendency Scale, Empathic Skill Scale and Communication Skills Evaluation Scale were used to evaluate the nurses. In the 9th session of the training program the same forms were again used and participation certificates were given to the nurses. Observations were completed in four stages at the end of II., IV., VI., and VIII. sessions. The next training session was held once the observation was complete. Based on the observations at the end of sessions all

skills taught in previous training sessions were included in the Communication Skills Observation Form. Each subject was observed, in order to test repeatability of observations, 3 half days (3 half-days=12 hours) between 08-20 hours (08-12, 12-16, 16-20). The records were filled out in a separate area after observing nurses' communications with patients.

Ethics

Written approvals from the organisations and oral consent from the individuals were obtained before the study was initiated. The patients were informed and their verbal consent was received to observation procedures.

Data analysis

The "paired t test" was used to compare the mean of ETS, ESS and CSES pre- and post-test grades. "Percentage" was used to evaluate the values obtained via "Communication Skills Observation Form". "Pearson Correlation Analysis" was used to evaluate the relationships between nurses' communication skills in the last stage (4th) observation and the mean of the last test grades from ETS, ESS, and CSES[27].

Findings and Discussion

Findings about nurses' descriptive characteristics and ETS, ESS and CSES

Nurses in the research aged between 22-42, most between 29-35, more than half were married (63.9%) and 2-year school graduates (58.3%), worked in the active treatment oncology clinics (83.3%) and were clinical nurses (69.4%). More than half of nurses worked in oncology for 1-5 years (52.8%) and had a working period of 10 years and more (61.1%). As seen that Table 1 after communication skills training, their empathic tendency ($p<0.001$), empathic skills ($p<0.001$), and communication skills levels ($p<0.05$), showed a significant increase.

Table 1. Descriptive Statistics for Pre- and Last-Tests ETS, ESS, CSE (n=36)

Scales	Mean	SD	Median	Min.	Max.	Test
Empathic Tendency Scale						
pre-test	68.53	9.57	69.00	49.00	90.00	**t=5.37 p=0.000**
last-test	76.83	7.63	75.50	61.00	91.00	
Empathic Skill Scale						
pre-test	134.53	27.17	131.50	72.00	200.00	**t=7.54 p=0.000**
last-test	162.36	21.51	162.00	119.00	213.00	
Communication Skills Evaluation Scale						
pre-test	80.08	8.65	82.00	62.00	96.00	**t=2.48 p=0.018**
last-test	83.36	6.31	84.00	67.00	96.00	

It could be said that giving a training program after taking pre- and post results differences in ETS, ESS, CSES into account turned out to to have a positive effect on nurses' "empathic tendency", "empathic skills" and "communication skills". Therefore, training programs on communication skills such as "respect to patients, feedback, body language, continuing responses, empathic tendency, empathising, sympathy, identification, leading responses, self-disclosure and ineffective communication skills" must be made available for improving nurses' communication skills. Korkut[26] reported a significant increase in students' communication skills after participation in a communication skills-training program. Korkut in her study emphasized the same topics as we emphasized in this study such as "the importance of communication, self-awareness, the importance of listening, body language", and used the same techniques such as "discussion, question-answer, didactic and experiential approaches". There are some other results in the literature on nurses' improvement of communication skills. La Monica & Karshmer[28] reported a significantly increased empathic skills level in nurses after a 7-week 16-hour empathic skills-training program. They have defined communication skills and empathy as follows: Communication skills consist of empathy, respect, warmth, genuineness, self-disclosure, concreteness, confrontation and immediacy of relationship. Empathy is an understanding of the private world of the helpee in terms of feelings, attitudes, wants and goals. It is more than a simple understanding and reflection of a patient's verbalizations, but rather a feeling n the helpee's world. Oz[19] also reported an increased empathic skill level and steady empathic tendency levels after a 10-week and twice- a- week training program. Similarly, Dokmen[24] and Ozdag[29] found that a 14-session training program increased empathic skills but not empathic tendencies in students. Oz[19], Ozdag[29] and Dokmen[24] used scales which we used in this study for evaluating empathic skill and tendency. While training programs did not increase the levels of empathic tendencies in these mentioned studies, communication skills training programs in our study did increase the level of empathic tendencies. In our study, in addition to what was studied in the aforementioned research, nurses were monitored and observed for approximately 11 months through both training sessions and clinic observations. This might have supported empathic tendency development in nurses which were expected to take longer to develop than empathic skills.

Herbek & Yammarino[30] determined an increase in empathic tendency and skills of nurses with a 7-week one-hour training program. Practice included the use of techniques such as didactic approach, role-playing, experiential, feedback, which are similar to techniques in our research and were so important for improving empathic tendency and skills. According to this, it could be said that practical training techniques for these skills are as important as the actual training period. In addition, these techniques are believed to increase self-awareness and therefore provided and increased the skills necessary to understand others better.

Findings about Nurse-Patient Observations

Table 2. Observed Reactions for Communication Skills by Nurses in Nurse-Patient Communications

Behaviours for Communication Skills	Observations							
	1.Obs. (n=845)		2.Obs. (n=804)		3.Obs. (n=773)		4.Obs. (n=755)	
	Count	%	Count	%	Count	%	Count	%
I. Respect to patient								
1.Introducing herself to patient	34	4.0	29	3.6	41	5.3	79	11.0
2.Call patient by name	289	34.2	427	53.1	467	60.4	545	72.2
3.Express aim to patient	319	37.8	494	61.4	478	59.5	449	59.5
4.Concentrate on patient not on other person or work	215	25.4	323	40.2	253	32.7	400	53.0
5.Wait for the patient to stop talking	385	45.6	592	73.6	663	85.8	604	80.0
II. Feedback by rules								
1.To clarify	68	8.0	109	13.6	123	15.9	122	16.2
2. Use a non-technical language	150	17.8	177	22.0	170	22.0	198	26.2
3.Short, but sufficient expression	164	19.4	175	21.8	175	22.6	187	24.8
4.Tending to behaviour not personality	99	11.7	143	17.8	137	17.7	178	23.6
5. Use a non-judgmental expression	89	10.5	134	16.7	123	15.9	174	23.1
III. Use body language effectively								
1.Eye connection	318	37.6	472	58.7	522	67.5	536	71.0
2.Keep body facing to patient	516	61.1	633	78.7	624	80.7	659	87.3
3.Head and face indicates listening	298	35.3	399	49.6	423	54.5	502	66.5
4.Speak at easy-to-follow pace	633	74.9	715	88.9	738	95.5	724	95.9
5.Speak in an audible voice	659	78.0	730	90.8	744	96.3	733	97.1
6.Do not do anything distracting (e.g. play with something, eat something, move hand or legs)	309	36.4	400	49.8	312	40.4	459	60.8
7.Use a language, patient could understand easily (not a technical language)	562	70.1	666	82.8	708	91.6	691	91.5
IV. Show "content reaction" of continuing reactions								
1.Re-express what was understood from patients' words	-	-	294	36.6	347	44.9	434	57.5
2.Use expressions to show nurse listening to patient (e.g."yes, I am listening to you; continue; hımm. mm")	-	-	440	54.7	495	64.0	505	66.9

Table 2. Continued

Behaviours for Communication Skills	Observations							
	1.Obs. (n=845)		2.Obs. (n=804)		3.Obs. (n=773)		4.Obs. (n=755)	
	Count	%	Count	%	Count	%	Count	%
V. Show "feeling reactions" of continuing reactions								
1.Determine patient's feelings and tell the patient	-	-	80	10.0	100	12.9	146	19.3
2.Express the reason for the feelings	-	-	37	4.6	59	7.6	86	11.4
VI. Show " asking question reaction" of leading reactions								
1.Asking close ended question	-	-	-	-	521	67.4	550	72.8
2.Asking open ended question	-	-	-	-	249	32.2	347	46.0
VII. Using "presenting alternatives" of leading reactions properly								
1.Determine patient's problem	-	-	-	-	185	23.9	300	39.7
2.Presenting a new/untried alternative for patient	-	-	-	-	134	17.3	249	33.0
3.Applicable alternative for patient	-	-	-	-	140	18.1	282	37.5
4. Uniqueness for patient's problem	-	-	-	-	143	18.5	281	37.2
VIII. Using "influencing reaction" of leading reactions								
1.Unjudgmental attitude toward patient	-	-	-	-	136	17.6	197	26.1
2.Express unapproved patient's behaviour/thought	-	-	-	-	195	25.2	247	32.7
3. Express approved patient's behaviour/thought	-	-	-	-	49	6.3	97	12.9
IX. Use "self-disclosure" reactions								
1.Tell what she feels about patient	-	-	-	-	-	-	49	6.5
2.Express feelings without judging patient	-	-	-	-	-	-	45	6.0
3.Give own examples by linking patient's experiences	-	-	-	-	-	-	27	3.6
X. Use "ineffective communication techniques"								
1.Give unclear assurances	-		-	-	-	-	65	8.6
2.Use cliche expressions / reply without thinking	-		-	-	-	-	81	10.7
3.Present exaggerated praises	-		-	-	-	-	27	3.6
4.To console	-		-	-	-	-	67	8.9
5.Judge / scold / shout	-		-	-	-	-	48	6.4

Table 2. Continued

Behaviours for Communication Skills	Observations							
	1.Obs. (n=845)		2.Obs. (n=804)		3.Obs. (n=773)		4.Obs. (n=755)	
	Count	%	Count	%	Count	%	Count	%
6.Use accusing expressions	-	-	-	-	-	-	16	2.1
7.Use defending expressions	-	-	-	-	-	-	18	2.4
8.Stop/minimize/feelings and tease	-	-	-	-	-	-	40	5.3
9.Change the topic	-	-	-	-	-	-	45	6.0

As seen in Table 2 communication skills of nurses were assessed by numbers and percentages indicating how many times each behaviour was practiced. Each observation consisted of assessments on the use of communication skills learnt in previous training sessions. Observation where behaviours were not included were left blank. In all observations, respect to patient, feedback by rules, effective use of body language; 2nd, 3rd, and 4th observations on continuing behaviours, 3rd and 4th observations on leading behaviours, 4th observation on self-disclosure took place. With regards to showing "respect to patients", the nurses showed great improvement over time in all observations in their ability to "wait for the patient to stop talking". "Introduce herself to patient", though, increased by the 3rd and 4th observation.

Nurses, in general, used the following communication techniques less than other communication skills: "introducing themselves; providing effective feedback; understanding patients' feelings and communication/words; showing a nonjudgmental attitude toward patients while influencing them; expressing positive attitudes and manner towards patients; and self-disclosure". On the contrary, nurses used body language more effectively. Lower ineffective communication techniques could be explained by an increased use of communication skills and this was a preferred result in our study. More effective body language use by nurses revealed that nurses preferred body language to empathise with their patients. Wilkinson[15] also reported that nurses used body language more to empathise with patients.

Lower rates in "talking about the patient's feelings" made us think that the training program did not contribute enough to helping patients cope with their emotional problems. Nurses' increased communication skills over time made us believe that nurses might have developed more self-confidence while trying to overcome difficulties caused by working with patients. Various studies showed that nurses used blocking communications since they felt unsure and lacking in confidence before training programs. Nurses developed a higher level of self-confidence after participating in a communication skills training program[31], which were parallel with the Maguire[32] study which indicated that nurses were fearful or anxious by thinking they could not cope with the expressed (or unexpressed) feelings and ideas of patients. Wilkinson[15] reported that nurses blocked communications to prevent themselves and patients from psychological problems. Other studies also reported that nurses blocked communications with patients since they felt inadequate[18,33,34]. Fallowfield et al.[31], too,

similar to findings in our study, found an increase in communication after training for "asking open-ended questions", "asking close-ended questions and defining the problem". Brown et al.[35] reported that communication training increased statistically in the areas of "asking open-ended questions" and "speaking about patient's feelings". Maguire et al.[34] found that an interview skills development training program for health workers (of which 70% were nurses) increased the asking of open-ended questions, asking psychological questions, and defining basic problems; decreases were noted in pre-recommendations and asking physical focus questions yet there was a stabilised use of empathic expressions. Similar studies reported increases in asking open-ended questions; emphasis on psychological problems; use of empathic expressions and summarising; and reductions in asking targeted questions, concentrating on physical directions, making recommendations without listening to the patient, and giving guarantees or unrealistic assurances[34,36].

In other research, communication training programs showed an increase in nurses' abilities in these areas: acceptance and empathy toward patients; allowing patients to explain their case; capacity to cope with the disease; responding to patients; talking about psychological problems; and evaluating reactions expressed by patients and the grade significance of these skills at the end of the training[37]. Lucio et al.[38] determined that active listening, empathic expression use, inform, present alternatives, allow and recognise feelings increased in nurse-patient communication for oncology nurses. Kruijver et al.[39] reported that the research they reviewed was insufficient for method, time and inducing behaviour changes.

The difference in our research was to allow nurses to play roles in smaller groups in training sessions, receive feedback after exercises, discuss problems encountered while working with patients, and receive feedback about homework. In addition, opportunities to learn about problems as well as challenges experienced with cancer patients were presented and it is believed that the rates for nurses' self-awareness and communication skill rates might have increased. Various studies also supported the fact that the techniques used in our study improved communication skills[18,40-42].

Findings on Relationships between Last Test Grades Means of Scales (ETS; ESS; CSES) and Communication Skills in Last (4th Stage) Observation

Table 3. Relationship Between Nurses' Last Observation Communication Skills Behaviours and Last-Test Grade Mean (n=36)

Behaviours for Communication Skills	Scales					
	ETS Last-test Grade Mean		ESS Last-test Grade Mean		CSES Last-test Grade Mean	
	r	p	r	p	r	p
I. Respect to patient communication						
1. Introducing herself to patient	0.166	0.398	-0.046	0.817	-0.033	0.867

Table 3. Continued

Behaviours for Communication Skills	Scales					
	ETS Last-test Grade Mean		ESS Last-test Grade Mean		CSES Last-test Grade Mean	
	r	p	r	p	r	p
2. Call patient by name	-0.117	0.499	0.107	0.533	0.285	0.092
3. Express aim to patient	-0.162	0.344	0.235	0.168	0.318	0.059
4. Concentrate on patient not to other person or work	-0.113	0.511	-0.024	0.888	0.303	0.073
5.Wait for patient stop talking	-0.285	0.092	0.206	0.228	0.297	0.079
II. Feedback by rules						
1.Concreating	0.071	0.682	0.271	0.110	0.071	0.682
2. Use a non-technical language	-0.055	0.751	**0.388**	**0.019**	-0.055	0.752
3.Short, but sufficient expression	0.000	0.998	0.217	0.203	-0.016	0.925
4. Tending to behaviour not personality	0.079	0.647	**0.428**	**0.009**	0.058	0.736
5. Use a none-judging expression	0.156	0.364	**0.413**	**0.012**	0.061	0.725
III. Use body language effectively						
1. Eye connection	-0.166	0.334	0.295	0.080	0.318	0.058
2. Keep body facing to patient	-0.328	0.051	0.161	0.348	0.065	0.707
3. Head and face mimics showing listened	-0.169	0.323	0.328	0.051	0.205	0.230
4.S peak in a easily followable speed	**-0.393**	**0.018**	0.027	8.878	0.001	0.993
5. Speak in a hearable voice	**-0.351**	**0.036**	-0.008	0.963	0.031	0.859
6.Do not do anything disconcentrating (e.g. play with something, eat something, move hand or legs)	-0.287	0.090	0.124	0.471	0.226	0.185
7. Use a language, patient could understand easily (Not a technical language)	-0.303	0.073	0.010	0.956	0.160	0.353
IV. Show "content reaction" of continuing reactions						
1. Re-express what understood from patients' sayings	-0.190	0.266	0.291	0.085	0.270	0.111
2. Use expressions to show nurse listening to patient (e.g."yes, I listen to you; continue; hımm. mm")	-0.167	0.331	0.123	0.473	0.273	0.107
V. Show "feeling reactions" of continuing reactions						
1. Determine patient's feelings and tell the patient	0.265	0.080	0.273	0.107	-0.057	0.741
2. Express the reason of the feelings	0.210	0.240	0.216	0.227	-0.155	0.388

Table 3. Continued

Behaviours for Communication Skills	Scales					
	ETS Last-test Grade Mean		ESS Last-test Grade Mean		CSES Last-test Grade Mean	
	r	p	r	p	r	p
VI. Show " asking question reaction" of leading reactions						
1.Asking close ended question	-0.014	0.934	0.096	0.578	0.320	0.057
2.Asking open ended question	0.083	0.632	0.219	0.200	0.301	0.074
VII. Using "presenting alternatives" of leading reactions properly						
1.Determine patient's problem	0.265	0.118	0.073	0.671	0.324	0.054
2.Presenting a new/untried alternative for patient	0.197	0.250	0.191	0.266	0.287	0.090
3.Applicable for patient	0.211	0.216	0.121	0.481	0.283	0.095
4. Uniqueness for patient's problem	0.244	0.152	0.097	0.573	0.259	0.127
VIII. Using "influencing reaction" of leading reactions						
1.Unjudge patient	0.254	0.135	0.157	0.362	0.255	0.134
2.Share her ideas for non-approved patient's behaviours	0.222	0.194	0.037	0.831	0.270	0.111
3.Share her ideas for approved patient's behaviours	**0.397**	**0.033**	-0.031	0.872	0.083	0.668
IX. Use "self-disclosure" reactions						
1.Tell what she feel about patient	-0.085	0.723	0.087	0.714	-0.251	0.285
2.Express feeling without judging patient	0.126	0.597	-0.083	0.727	-0.011	0.965
3.Give own examples by linking patient's experiences	0.152	0.574	0.135	0.617	0.246	0.358
X. Use "ineffective communication techniques"						
1.Give unclear assurances	-0.031	0.882	-0.173	0.398	0.194	0.343
2.Use cliché expressions / reply without thinking	-0.050	0.780	-0.089	0.621	0.166	0.356
3.Present exaggarated praises	-0.291	0.287	-0.091	0.739	-0.258	0.354
4.To console	-0.066	0.742	-0.103	0.609	-0.003	0.986
5.Judge / scold / shout	0.070	0.752	-0.008	0.972	0.219	0.316
6.Use accusing expressions	-0.116	0.750	0.076	0.834	0.191	0.597
7.Use defending expressions	-0.305	0.391	-0.035	0.924	-0.293	0.411
8.Stop expression of feelings/ tease feelings	-0.305	0.391	-0.034	0.893	-0.006	0.982
9.Change the topic	-0.080	0.753	0.004	0.986	0.168	0.465

No significant increase or decrease was determined for "respect to patient", "continuing", "leading" "self-disclosure" or "using ineffective communication techniques" (CSOF) depending on the changes in empathic tendency (ETS) or empathic skills (ESS) or communication skills (CSES) ($p>0.05$). But use of ineffective communication skills decreased in general, though not statistically significant, with increase in use of empathic tendency, empathic skill, and communication skills. During the training sessions, nurses' empathic skills showed gradual improvement in the areas of feedback behaviours such as "use of non-technical language", "tendency to remark about behaviour rather than personality", and "use of non-judgmental expression"($p<0.05$). It was determined that increases in empathic tendency and communication skills did not increase the nurses' use of feedback based on principles ($p>0.05$). While increases in nurses' empathic tendencies in "speaking at an easy-to-follow pace or tempo" and "speaking in an audible voice" decreased ($p<0.05$), "tell/ explain the approved behaviour/ thought to the patient" increased ($p<0.05$). Increases in nurses' empathic skills and communication skills did not provide a significant increase in the use of effective body language and "influencing reaction" of leading reactions ($p>0.05$). While training increased nurses' empathic tendency, empathic skills and communications skills, there was no relationship between helping skills and levels of empathic tendency, empathic skills and communications skills. That might have resulted from nurses' failure to fully incorporate what they had learned in training programs into practice. The reason for that might be that they received no expectations/no encouragement from fellow workers in the clinics for application of these skills. Since an increase in communication skills could change over time, regular observations on nurse-patient communications should be conducted in order to understand the magnitude of change. Setting requirements for nurses' effective uses of communication skills and providing ongoing training might improve the quality of health care. Here, we have to note that doing observations only between 08-20 limited our comments. Although 20-08 hours were sleeping hours for patients, problems faced by cancer patients decreased the time for sleeping. Therefore, adding observations between 20-08 hours could increase research reliability on the communication skills of nurses.

Conclusion

Communication skills training programs have effectively improved the empathic tendencies, empathic skills, and communication skills of nurses. Therefore, expanded training programs on communication skills programs during in-service programs could improve nurses' communication skills. Nurses' communication skills after the training program improved but how nurses and patients were affected by the programs was not evaluated. It is therefore recommended for further studies to measure nurse and patient satisfaction both at the beginning and end of the training programs. This could provide a more detailed conclusion on the results of training programs. Effective communication skills have been improved via the communication skills training program in this study. Since observations between 08.00-20.00 hours might have limited results, further studies on training programs should be conducted throughout the entire day to obtain detailed results on nurse-patient communications. Not all behaviours on nurse-patient communication were included in all 4-stage observations. During the research process with training

sessions and observations afterwards each observation between sessions covered evaluations about the use of studied helping skills taught in previous training sessions. Therefore, skills taught in the first session were evaluated in all four observations while skills taught in the 7th and 8th session could only be evaluated after the 4th (last) observation. In particular, behaviours only measured in the last observation were not evaluated for continuity and gradual changing over time. Observation rates for empathic tendency, empathic skills, communication skills and all communication skills behaviours did not increase at the same level. Reflecting the skills presented during training programs takes time, repeated measurements and observations over a period of time would be helpful to follow skills improvement by nurses. This might have also resulted from nurses' not receiving enough support to transfer these learnt skills to practice in clinics. Continual and successful nurse-patient communication requires hospital administration personnel to set expectations for nurses concerning the integration of patient treatment and communication skills and for nurses to be monitored or supervised to ensure that objectives in this area between nurses and patients are being met.

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References

1. Egan G. Psikolojik danışmaya giriş: Kişilerarası ilişkiler kurmada ve kişisel yardım hizmeti vermede sistematik bir model Çev.: Akkoyun F, Duyan V, Eylen B & Korkut F. Ed. Akkoyun F. Brooks/Cole Publishing Company; 1997.
2. Terakye G. Hemşire hasta ilişkileri. 4. Baskı. Aydoğdu Ofset: Ankara; 1995.
3. Kruijver I, Kerkstra A, Bensing J. et al. Nurse-patient communication in cancer care. Cancer Nursing 2001; 23(1): 20-31.
4. Quinn B. Exploring nurses' experiences of supporting a cancer patient in their search for meaning. European Journal of Oncology Nursing 2003; 7:164-171.
5. Tiernan E. Communication training for professionals. Supportive Care in Cancer 2003; 11:758-762.
6. Mcillmurray MB, Thomas C, Francis B. et al. The psychosocial needs of cancer patients: Findings from an oservational study. European Journal of Cancer Care 2001; 10:261-269.
7. Radwin LE, Faarquhar SL, Knowles et al. Cancer patients' descriptions of their nursing care. Journal of Advanced Nursing 2005;50:162-169.
8. Corner J. Nurses' experiences of cancer. European Journal of Cancer Care 2002; 11: 193-199.
9. Moorey S & Greer S. A comparison of adjuvant psychological therapy and supportive counselling in patients with cancer. Psycho-Oncology 1998;7:218-228.

10. Üstün B. Kanser hastalarına nasıl yardım edilir. Hemşirelik Forumu 1998;1:221-223.

11. Skilbeck J & Payne S. Emotional support and role of clinical nurse specialist in palliative care. Journal of Advanced Nursing 2003;43:521-530.

12. Tamburini M, Gangeri L, Brunelli C. et al. Cancer patients' needs during hospitalisation: A quantitative and qualitative study. BMC Cancer 2003. URL: http://www.biomedcentral.com/1471-2407/3/12 April 06, 2005.

13. Soothill K, Morris SM, Harman J. et al. The significant unmet needs of cancer patients: Probing psychosocial concerns. Supportive Care in Cancer 2001;9:597-605.

14. Razavi D & Delvaux N. Communication skills and psychological training in oncology. European Journal of Cancer 1997;33:15-21.

15. Wilkinson S. Factors which influence how nurses communicate with cancer patients. Journal of Advanced Nursing 1991;16:677-688.

16. Booth K, Maguire P. & Hillier V.F. Measurement of communication skills in cancer care: Myth or reality. Journal of Advanced Nursing 1999;30:1073-1079.

17. Balıkçı NE. Hemşire hasta ilişkilerinde iletişim problemleri ve nedenleri hakkında hemşire görüşleri. Egitim Bilimleri ABD Yüksek Lisans Tezi, Çukurova Üniversitesi Sosyal Bilimler Enstitüsü, Adana; 2001.

18. Wilkinson SM, Leliopoulou C, Gambles M. et al. Can intensive three-day programmes improve nurses communication skills in cancer care. Psycho-Oncology 2003;12:747-759.

19. Oz F. Impact of training on empathic communication skills and tendency of nurses. Clinical Excellence for Nurse Practitioners 2001;5:44-51.

20. Chant S, Jenkinson T, Randle J. et al. Communication skills: Some problems in nursing education and practice. Journal of Clinical Nursing 2002a;11:12-19.

21. Verhallen WC, Timmermans L. & Dulmen SV. Observation of nurse-patient interaction in oncology: Review of assessment instruments. Patient Education and Counseling 2004;54:307-320.

22. Aksayan S. & Emiroğlu ON. Araştırma tasarımı. "Hemşirelikte araştırma, ilke ve yöntemleri" (Ed.: İ. Erefe), İstanbul: Odak Ofset; 2002. s. 65-124.

23. Balcı A. Sosyal bilimlerde araştırma. Figen Yayıncılık: Ankara; 2001.

24. Dökmen Ü. Empatinin yeni bir modele dayanılarak ölçülmesi ve psikodrama ile geliştirilmesi. Ankara Üniversitesi Eğitim Bilimleri Dergisi 1988;21:155-190.

25. Dökmen Ü. Yeni bir empati modeli ve empatik becerinin iki farklı yaklaşımla ölçülmesi. Psikoloji Dergisi 1990;7:42-50.

26. Korkut F. İletişim becerileri eğitiminin lise öğrencilerinin iletişim becerilerini değiştirmesine etkisi. 3P Dergisi 1996; 4:191-198.

27. Özdamar K. Tıp, biyoloji, eczacılık ve diş hekimliği öğrencileri için SPSS ile Biyoistatistik. 4. Baskı. Kaan Kitabevi: Eskişehir; 2001.

28. La Monica LE. & Karshmer FJ. Empathy: Educating nurses in professional practice. Journal of Nursing Education 1978;17:3-11.

29. Özdağ S. Psikodramanın hemşirelik yüksekokulu öğrencilerinin atılgan davranış, benlik saygısı, empatik eğilim ve empatik becerilerinin gelişimine etkisi. Psikiyatri Hemşireliği Programı Doktora Tezi, Hacettepe Üniversitesi Sağlık Bilimleri Enstitüsü, Ankara; 1999.

30. Herbek TA & Yammarino FJ. Empathy training for hospital staff nurses. Group & Organization Studies 1990;15(3):279-295.

31. Fallowfield L, Saul J. & Gilligan B. Teaching senior nurses how to teach communication skills in oncology. Cancer Nursing 2001;24:185-191.

32. Maguire P. Improving communication with cancer patients. European Journal of Cancer 1999;35:1415-1422.
33. Dunniece U. & Slevin E. Nurses' experiences of being present with a patient receiving a diagnosis of cancer. Journal of Advanced Nursing 2000;32(3):611-618.
34. Maguire P, Booth K, Elliot C. et al. Helping health profesionals involved in cancer care acquire key interviewing skills-the impact of workshops. European Journal of Cancer 1996;32:1486-1489.
35. Brown LD, Negri BD, Hernandez O. et al. An evaluation of the impact of training honduran health care providers in interpersonal communication. International Journal for Quality in Health Care 2000;12:495-501.
36. Delvaux N, Razavi D, Marchal S. et al. Effects of a 105 hours psychological training program on attitudes, communication skills and occupational stress in oncology: a Randomised study. British Journal of Cancer 2004;90:106-114.
37. Wilkinson S, Gambles M. & Roberts A. The essence of cancer care: the impact of training on nurses' ability to communicate effectively. Journal of Advanced Nursing 2002;40:731-738.
38. Lucio LG, Lopez FG, Lopez MTM. et al. Training programme in techniques of self-control and communication skills to improve nurses' relationships with relatives of seriously ill patients: A randomized controlled study. Journal of Advanced Nursing 2000;32:425-431.
39. Kruijver IPM, Kerkstra A, Francke AL. et al. Evaluation of communication training programs in nursing care: A review of the literature. Patient Education and Counseling 2000;39:129-145.
40. Chant S, Jenkinson T, Randle J. et al. Communication skills training in healthcare: a review of the literature. Nurse Education Today 2002b;22:189-202.
41. Lotzkar M. & Bottorff JL. An observational study of the development of a nurse-patient relationship. Clinical Nursing Research 2001;10:275-294.
42. Schapira L. Communication skills training in clinical oncology: The ASCO position reviewed and an optimistic personal perspective. Critical Reviews in Oncology/Hematology 2003;46:25-31.