

The significance of interpersonal communication in nursing

(Znaczenie komunikacji interpersonalnej w zawodzie pielęgniarstwie)

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Abstract - Introduction. Communication is a universal phenomenon. It is essential to people at every stage of their lives. In it of utmost importance to be able to communicate with sick people, also as a nurse.

The purpose of the study. The belief stated above has led the authors to undertake their own study, whose purpose was to assess communication activity in a randomly selected group of nurses.

Materials and methods. The study group was 121 nurses. The research was conducted between September 2010 and March 2011. In order to assess the communication activity, the Communication Activity Scale introduced by Zbigniew Nęcki was used. The results obtained were compared with selected data such as the age of the nurses studied, their experience as professional nurses and their education.

Results and conclusions. The research conducted allowed the authors to conclude that the nursing profession itself does not contribute to a statistically significant increase in the communication activity as compared to other professionals, e.g. IT specialists. The mean communication activity increased with the age of the interviewees – in the age groups of 30 to 49 years old, the increase was statistically significant in comparison with the youngest group interviewed. The lowest level of communication activity was characteristic of the least experienced nurses (no more than 5 years of experience). The mean communication activity of the interviewees increased along with the experience. The increase in the mean communication activity was also observable with reference to their education; however, it was statistically significant only in relation to the those who completed professional postgraduate courses as compared to the lower levels of education.

Key words - communicating with the sick, nurse, Communication Activity Scale.

Streszczenie – Wstęp. Komunikacja jest zjawiskiem wszechobecnym, towarzyszącym nam od samego początku naszego życia. Umiejętność komunikowania się z osobą chorą jest więc bardzo istotna, w tym również w zawodzie pielęgniarstwie.

Cel badań. Przekonanie to skłoniło autorów do podjęcia badań własnych mających na celu określenie aktywności komunikacyjnej w wybranej losowo grupie pielęgniarek.

Materiał i metody. Grupę badawczą stanowiło 121 pielęgniarek. Badania prowadzono w okresie od września 2010 roku do marca 2011

roku. Do określenie poziomu komunikacyjnej posłużono się Skalą Aktywności Komunikacyjnej Zb. Nęckiego Uzyskane wyniki odniesiono do wybranych cech takich jak wiek badanych, długość stażu pracy zawodowej oraz poziom wykształcenia.

Wyniki i wnioski. Przeprowadzone badania pozwoliły stwierdzić, że zawód pielęgniarki nie podnosi w sposób charakterystyczny (istotny statystycznie) poziomu aktywności komunikacyjnej w porównaniu do przedstawicieli innych grup zawodowych np. informatyków. Średnia aktywność komunikacyjna wzrastała wraz z wiekiem badanych, przy czym w przedziale wieku 30-49 r.ż. znamienne statystycznie w porównaniu do najmłodszej ankietowanej grupy pielęgniarek. Najniższy poziom aktywności komunikacyjnej wykazywały pielęgniarki o najkrótszym okresie pracy w zawodzie (do 5 lat). W miarę wydłużania stażu pracy średnia aktywność komunikacyjna badanych rosła. Średnia aktywność komunikacyjna wzrastała wraz ze stopniem wykształcenia zawodowego, przy czym wzrost ten miał cechy istotnie statystyczne, w porównaniu do niższych stopni wykształcenia, tylko w grupie pielęgniarek będących po studiach zawodowych II stopnia.

Słowa kluczowe - komunikowanie się z osobą chorą, pielęgniarka, Skalą Aktywności Komunikacyjnej

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Authors' contributions to the article:

- A. The idea and the planning of the study
- B. Gathering and listing data
- C. The data analysis and interpretation
- D. Writing the article
- E. Critical review of the article
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I. INTRODUCTION

Communication is a universal phenomenon. It is essential to people at every stage of their lives. The communication process includes, among others, the so-called body language – i.e. facial expressions, posture, eye contact, touching, spatial behaviour, appearance, smell, pupil size, the pitch and pace of speech, etc. Yet, the communication process is based predominantly on words. Speaking is also considered one of the most universal therapeutic tools. Speech can penetrate beyond the scope of medications' reach. Moreover, it can sow the seeds of hope deep down. Therefore, the ability to communicate with the sick is crucial, also in the nursing profession [1,2,3]. This belief has led the authors of this paper to undertake the research, whose objective was to assess the level of communication activity in a randomly chosen group of nurses. The results obtained were compared to the selected characteristics such as the age of the interviewees, their professional experience and education.

II. MATERIALS AND METHODS**The methods used in the research**

In order to assess the level of communication activity, the Communication Activity Scale developed by Zbigniew Nęcki was used [4]. The Communication Activity Scale is a test whose aim is to evaluate the interviewee's communicativeness. It is divided into 10 subscales (communication fluency, empathy, excitability, disguise, sensitivity to one's appearance, moderate egocentricity, openness, the ease at establishing relationships, eloquence and patience).

The interviewees were expected to respond to 38 statements, choosing one out of 5 answers representing 5 grades on a scale. The following interpretation of the Communication Activity Scale results was assumed:

86 or less – low level of communication,

87 to 94 points – below average,

95 to 105 points – average,

106 to 113 points – above average,

114 to 122 points – high,

123 or more – very high.

The people studied and the procedure

The study group (SG) was formed by 121 nurses employed in healthcare institutions located in the Małopolskie and Ma-

zowieckie provinces, which were randomly nominated for the research. The ages of the respondents varied from 26 to 56. The nurses were studied individually at their workplaces or in a location of their preference between September 2010 and March 2011. They were given the sets of tools, explained the purpose of the research and asked to read the instructions and carefully fill in the questionnaires on their own. They were assured of the anonymity of the study. The structure of the respondents' age, work experience and education is shown in Tables 1, 2 and 3. The level of communication activity was also assessed in a control group formed by IT specialists and mathematicians working in the same environments as the nurses. The control group (CG) had 35 people, their ages varying from 26 to 46.

Table 1. The structure of the age in the study group

Age range	number	%
29 or less	27	22,3
30-39	38	31,4
40-49	41	33,9
over 50	15	12,4

Table 2. The professional experience of the study group

Professional experience	number	%
up to 5 years	39	32,2
6-10 years	34	28,1
11-15 years	26	21,5
over 15 years	22	18,2

Table 3. The education of the study group

Education	number	%
secondary	25	20,6
Bachelor's Degree	48	39,7
Postgraduate, Master's Degree	48	39,7

Statistical analysis

All the statistical calculations were performed using the Statistica 6.0 analysis system. The significance of the differences between the groups analysed was assessed with reference to the significance level of $p < 0,05$; $p < 0,01$; $p < 0,001$, using the Student's t-test and the Wilcoxon test.

III. Results

The mean communication activity in the group of nurses was 88,16 (SD±12,18), whereas in the control group it was 83,43 (SD± 13,89). These differences are not statistically significant. The distribution of the mean communication activity with reference to the age is presented in Table 4.

Table 4. The mean communication activity with reference to the age structure of the study group

Age range	The mean communication activity ± SD	The statistical significance level (p) ^{1/}
29 or less	83,53±13,58*	### do #### p<0,05 ### do #### p<0,05
30-39	91,27±14,83**	
40-49	90,40±12,59 ***	
over 50	87,43±13,69 ****	

^{1/} only the statistically significant differences included

The data in Table 4 suggest that the mean communication activity had the lowest level in the youngest group (no more than 29 years old). The level rose in the older groups but it was statistically significant only in the group between 30-49 as compared to the youngest group of nurses.

The distribution of the mean communication activity as compared to the professional experience is presented in Table 5.

Table 5. The mean communication activity with reference to the work experience of the study group

Professional experience	The mean communication activity ± SD	The statistical significance level (p) ^{1/}
up to 5 years	82,28±10,89*	### do #### p<0,005 ### do #### p<0,001 ### do #### p<0,01
6-10 years	87,48±9,28**	
11-15 years	92,13±11,89***	
over 15 years	90,75±12,13***	

^{1/} only the statistically significant differences included

Table 5 shows that the mean communication activity changed in relation to the duration of one's work as a nurse. The lowest level of communication activity was observed in nurses who's professional experience was the least extensive (up to 5 years). The mean communication activity grew along with the experience. Its level was significantly higher in the groups with over 5 years of experience in comparison to the least experienced group. Nevertheless, after the first five years

of work as a nurse no further significant increases in the communication activity were observed.

The distribution of the mean communication activity with reference to the education of the respondents is presented in Table 6.

Table 6. The mean communication activity with reference to the education of the study group.

Education	The mean communication activity ± SD	The statistical significance level (p) ^{1/}
secondary	84,15±10,72 *	### do #### p<0,01 ### do #### p<0,01
Bachelor's Degree	86,56±11,15 **	
Postgraduate, Master's Degree	93,79±9,81 ***	

^{1/} only the statistically significant differences included

The results in Table 6 indicate that the mean communication activity increased along with the level of education. The increase was statistically significant only in the postgraduate group with Master's Degrees as compared to the groups with the lower education.

IV. DISCUSSION

There are several impediments to the communication between nurses and patients. One of them is the nurse's lack of interest in the patient. Another is the clash of codes, as it renders the understanding of the information sent impossible and discourages the patient from attempting to communicate. Communication can also be impaired by the tendency to judge, due to which a person may withdraw instead of being open. Another troublesome factor in nurse – patient relationships is sending contradictory messages, as words may convey a different meaning than the non-verbal communication. The willingness to communicate is also effectively inhibited by the low esteem of the person one asks for help, their lack of trustworthiness or competence [3,4,5]. One has to remember that a sick person is especially sensitive to the intentions of somebody who takes care of him or her. Because of that, the ability of interpersonal communication has special significance in nursing care [1,2]. In the authors' opinion, nursing is inseparably related to that capability. The study conducted using the Communication Activity Scale suggests that the profession of nursing has no statistically significant correlation with the increase of the communication activity level as compared to other professionals, e.g. IT specialists (who formed the control group in this study). What is more, the intensity of communication ac-

tivity is not distributed evenly among nurses. Their age, professional experience and education all influence its level. The analysis shows that the mean communication activity was on the lowest level in the youngest age group (up to 29 years of age). It rose for the subsequent age groups and in the group between 30 and 49 years old the increase was statistically significant in comparison with the youngest group. It was also established that the mean communication activity is related to a nurse's experience in the profession. The lowest level of communication activity was obtained in the group with the briefest experience (up to 5 years). The mean communication activity level increased along with the work experience. The increase after 5 years of work was statistically significant in relation to the group with the least experience in nursing. However, no further significant differences were observed beyond the aforementioned 5 years. Additionally, the study showed that the mean communication activity increased with one's education. Yet, it was statistically significant only in reference to the nurses who had Master's Degrees in comparison to the remaining two lower levels of education. The authors are aware that building a patient – nurse relationship is dependent on both parties involved, i.e. not only on the attitude of the nurse but also the patient's behaviour. The mutual understanding, interactional level and satisfaction must be established as a result of the efforts of both; also the inhibitions may be introduced by nurses as well as patients. However, it is the authors' opinion that the obligation to skilfully establish good interpersonal relationship with a sick person is (because of that person's peculiar situation) lies within the competences of a nurse. The authors share the opinion expressed by Marcinkowski [6], Kazura *et al.* [7] and Bartnik *et al.* [8] that the importance of training that particular skill should be emphasized in the course of medical education, also during nursing courses.

V. CONCLUSIONS

1. The nursing profession is not synonymous with a (statistically) significant increase of communication activity as compared to other professions, e.g. IT specialists.
2. The mean communicative activity increased along with the age of the interviewees, but the increase was statistically significant only in the age group between 30 and 49 as compared to younger nurses.
3. The lowest level of communication activity was observed in the nurses who worked in the profession for the shortest period of time (up to 5 years). The mean activity level rose along with the age of the respondents.

4. The mean communication activity increased with the education of the nurses, but the increase was statistically significant only in the group with Master's Degrees as compared to lower levels of education.

VI. REFERENCES

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