

Knowledge, Attitude and Practice Regarding Therapeutic Communication among Nurses in Selected Government Hospitals in Oromia, Western Ethiopia, 2016

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To cite this article:

Thanasekaran P., Birhanu Yadecha, Shivaleela P. Upashe, Dereje Chala. Knowledge, Attitude and Practice Regarding Therapeutic Communication among Nurses in Selected Government Hospitals in Oromia, Western Ethiopia, 2016. *American Journal of Nursing Science*. Vol. 6, No. 3, 2017, pp. 159-164. doi: 10.11648/j.ajns.20170603.13

Received: January 30, 2017; **Accepted:** February 16, 2017; **Published:** March 11, 2017

Abstract: Communication takes a special form in care and cure aspect which is totally different from the social communication or personal communication. Thus, the this study was to assess the knowledge, attitude and practice regarding therapeutic communication among nurses in selected Governmental Hospitals in Oromia, Western Ethiopia. Institution based cross-sectional study design was employed to collect data by structured self-administered questionnaire from 169 nurses working in hospitals in Oromia, Western Ethiopia and analyzed by SPSS version 20. About 83.3% of study participants have good knowledge, 72.2% of study participants have positive attitude and 75.8% of nurses utilize therapeutic communication. Majority of study participants have good knowledge and positive attitude regarding therapeutic communication.

Keywords: Knowledge, Attitude, Therapeutic Communication, Nurses

1. Introduction

Communication takes a special form in care and cure aspect which is totally different from the social communication or personal communication. The professional communication that goes in the medical field is called therapeutic communication [1]. Repeated human contacts are essential to develop trust, love, tenderness, concern and acceptable nature. Accordingly, a nurse should be concerned with all the client does, his learning capabilities, his leisure time activities. For this, she needs to accept him with all his shortcomings and demonstrate poise even when he acts drastically at times [2].

According to Hildegard Peplau, nurse patient relationship passes through four overriding phases and the nurse's role changes from that of a stranger to the clients to a surrogate of the client. Knowledge of nature of therapeutic relationship would help the nurse to pass through each phase with confidence [3].

It is a well-known fact that when a person is sick he needs love and care more than the medical treatment. It is also

proved through researches that the response to the pharmacotherapy improves with the compassionate dialogue with the clients of any illness. Mentally ill is a distressed client having difficulties with social skills and communication. It is all the more vital for these clients to be treated with dignity and concern so as to improve their self-confidence and self-esteem. Because nurses are with the clients round a clock they are in a better position to establish such warmth in their relationship with the clients that can bring about desirable changes in the response pattern of the medicines [4].

2. Methods and Materials

An institution based cross-sectional study design was conducted from February to March, 2016 at four selected hospitals from Oromia, Western Ethiopia namely Nekemte Referral hospital, Shambu hospital, Gimbi hospital and Dambi Dollo hospitals. Nurses who were willing to participate in the study included in the study. 169 nurses working in those hospitals and who fulfilled the inclusion

criteria selected by convenience sampling techniques were participated on the study. Gender, age, marital status, work experience, and educational level are socio-economic factors and other organizational factors were considered as the study variables.

The pretested questionnaire which previously developed and used by ICN/WHO/PSI/ILO and American ENA and modified according to objectives of the study was used. After ethical clearance from Wollega University (Ethiopia) Institutional Review Board and study participants obtained, the data was collected by using structured self-administered questionnaire with close ended questions. After data collected, each questionnaire was checked for completeness and coded before data entry. The data was entered and analyzed by using SPSS software package version 20. Different frequency tables, graphs and descriptive summaries were used to describe the study variables. Binary and multiple logistic regressions were performed to see the existence of association between KAP of therapeutic communication and other variables. For statistically significant variables, logistic regression models were evaluated by using both forward and backward stepwise elimination procedures. *P*-value less than 0.05 were used to show statistically significant. Frequency, percentage and logistic regression were used for analysis. Result was presented by tables, graphs, pie charts and narrated by text.

The knowledge and attitude level of the respondents were operationally defined as good knowledge if overall knowledge base questions correct response is from 7-11 and poor if wrong response score is 0-6. For overall attitude related questions, it was assumed that as positive attitude if overall score is 9-13 and negative from 0-8 for delivered questions.

3. Results

Socio-demographic characteristics of study participants: One hundred sixty nine nurses were participated on the study. About 56.2% were male, and majority of them were <=30 years old. Regarding the educational status most of the participants were Bachelor science degree holder and were graduated from governmental higher education institutions. Among the participants, 58.6% have work experience of 5 year or less (Table 1).

Table 1. Socio-demographic characteristics of Nurses working in Hospitals Oromia Region, Western Ethiopia, 2016.

Variables	Categories	Frequency	Percent
Sex	Male	95	56.2
	Female	74	43.8
	Total	169	100
Age	<=30	117	69.3
	>31	52	30.8
	Total	169	100.0
Educational status	B. Sc. nursing	76	45.0
	B. Sc. midwifery	25	14.8
	Diploma	65	38.5
	any other	3	1.8
	Total	169	100.0
Graduated from	government university	132	78.1
	private university	37	21.9
	Total	169	100.0
Position	Head nurse	24	14.2
	staff nurse	140	82.8
	others	5	3.0
	Total	169	100.0
	<=5	99	58.6
Service year	>5	70	41.4
	Total	169	100
	protestant	102	60.4
Religion	orthodox	38	22.5
	catholic	19	11.3
	others	10	5.9
	Total	169	100
	Oromo	155	91.4
Ethnic	Amara	8	4.7
	Tigre	4	2.4
	Gurage	2	1.2
	Total	169	100
Marital status	single	75	44.4
	married	93	55
	Widowed	1	0.6
	Total	169	100

Knowledge of therapeutic communication

One hundred fifty-nine (94.1%) nurses were said therapeutic communication helps to success of the nursing plans. Only 8 (4.7%) nurses were correctly responded to the item of communication between therapist and patient is not called therapeutic communication (Table 2).

Table 2. Correct responses to the items on therapeutic communication given by nurses working in Hospitals Oromia Region, Western Ethiopia 2016. n=169.

S. No	Variables	Frequency n= 169	Percentage
1	Communication between therapist and patient is called therapeutic communication	8	4.7
2	Therapeutic communication is same as social communication	94	55.6
3	Therapeutic communication facilitates mutual growth for nurse and patient	152	89.9
4	Therapeutic communication includes verbal, non-verbal, and meta communication	155	91.7
5	Therapeutic communication is useful in all clinical settings	145	85.8
6	Therapeutic communication means giving advice to the patient	30	17.8
7	Therapeutic communication helps to deliver specific nursing intervention	146	86.4
8	Therapeutic communication helps to determine the clients problems	157	92.9
9	Therapeutic communication helps to success of the plans	159	94.1
10	In the therapeutic communication, the family members should be the primary focus of interaction	56	33.1
11	Nurse can focus on patient problem in therapeutic communication, thus therapeutic communication is diagnostic as well as prognostic	156	92.3

The mean value of knowledge score is 7.44 and standard deviation is 1.38. Accordingly, 83.3% of study participants have good knowledge and the rest participants have poor knowledge (Table 3).

Table 3. Level of Knowledge among nurses, Oromia, Western Ethiopia, 2016(n=169).

Knowledge level	Score	Nurses		Cut off score	Mean value	Standard deviation
		No	%			
Good	7-11	141	83.3	7	7.44	1.38
Poor	0-6	28	16.7			

Attitude towards therapeutic communication About 109 (64.5%) of nurses were strongly agreed and 55 (32.5%) of nurses agreed regarding therapeutic communication improves nursing care. 75 (44.4%) and 68 (40.2%) nurses were strongly agreed and agreed the nurse is accountable for therapeutic communication respectively (table 4).

Table 4. Item Wise Distributions and percentage of attitude of nurses on therapeutic communication, Oromia, Western Ethiopia (n=169).

S. n	Variables	Strongly agree	agree	Don't know	Disagree	Strongly disagree
1	Therapeutic communication improves nursing care	109	55	1	4	0
2	Therapeutic communication is time-bound	50	73	15	26	5
3	Therapeutic communication is an planned activity	60	67	14	25	3
4	Therapeutic communication encourages withholding distressing thoughts	44	76	26	19	9
5	Therapeutic communication promotes self-care and independence	78	68	12	11	0
6	Therapeutic communication is influenced by values, attitudes and beliefs of interacting people	68	69	11	17	4
7	Therapeutic communication is need based	55	67	18	25	4
8	Therapeutic communication need be goal directed	73	70	16	10	0
9	Therapeutic communication uses personal resources to meet unique needs of patients	47	68	19	32	3
10	The nurse is accountable for therapeutic communication	75	68	8	16	2
11	Therapeutic communication includes rejecting the patient if he does not listen to the nurse	18	39	22	50	40
12	Therapeutic communication requires active listening and wise use of silence by the nurse	66	77	12	13	1
13	Therapeutic communication requires reasonably stable self- concept	54	84	18	12	1

About 72.2% of study participants have positive attitude and the rest participants have negative attitude (Table 5).

Table 5. Level of attitude among nurses, Oromia, Western Ethiopia(n=169).

Attitude	Score	Nurses		Cut of score	Mean	Standard deviation
		No	%			
Positive	9-13	122	72.2	9	9.34	2.26
Negative	0-8	47	27.8			

Practice of therapeutic communication

About 128 (75.8%) of nurses utilize therapeutic communication and others are not. 66 (52%) of nurses were always applying therapeutic communication in clinical areas and 54 (42%) of the participants are applying therapeutic communication sometimes. only 8 (6%) of governmental nurses occasionally applying therapeutic communication.

Factors affecting practice of therapeutic communication

Sales

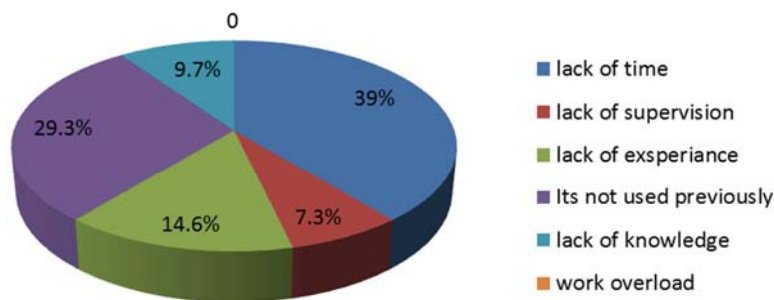


Figure 1. Reasons for poor practice of therapeutic communication among, Oromia, Western Ethiopia, 2016 (n=41).

Regarding poor practice of nurses on therapeutic communication, 16 (39%) nurses said lack of time in poor practice, 6 (14.6%) of the participants were having lack of experience, 4 (9.7%) lacked knowledge, 3 (7.3%) lacked supervision and 12 (29.2%) nurses never practiced therapeutic communication (Figure 1).

Nurses were asked the stimulating factors for implementation of therapeutic communication. Majority of

nurses, 151 (89.3%) said in-service training to update the skills, 86 (50.9%) nurses said salary and promotion of the staffs, 71 (42%) nurses responded nurse patient ratio is important to apply therapeutic communication in clinical areas.

Logistic regression analysis was done and significance was considered if $P < 0.05$. No variable is significant for good and poor knowledge of nurses.

Table 6. Association of knowledge with socio demographic variables among nurses, Oromia, Ethiopia, 2016 (n=169).

Socio demographic variables		Good knowledge	Poor knowledge	OR	Confidential interval (95%)	p-value	AOR	95%CI	p-value
Sex	Male	82(86.3)	13(13.68)	1.604	0.710-3.621	0.256	1.251	0.505-3.100	0.629
	female	59(79.72)	15(20.27)	1(R)			1(R)		
Age	<=30	101(86.3)	16(13.67)	1.894	0.823-4.357	0.133	1.358	0.422-4.371	0.608
	>30	40(76.9)	12(23.07)	1(R)			1(R)		
Service years	<=5	86(86.8)	13(13.1)	1.804	0.798-4.081	0.156	1.396	0.413-4.720	0.592
	>5	55(78.5)	15(21.4)	1(R)			1(R)		
Educational status	Bsc(N)	60(78.9)	16(21)	1.382	.591-3.230	.455	1.625	.589-4.486	.348
	Bsc(M)	24(96)	1(4)	.216	.026-1.767	.153	.342	.035-3.312	.354
	Diplo	57(83.8)	11(16.1)	1(R)			1(R)		
Graduated from	Govt	111(84)	21(15.9)	1.233	0.479-3.175	0.664	1.622	0.539-4.879	0.390
	private	30(81)	7(18.9)	1(R)			1(R)		
Position	Head nurse	19(79.1)	5(20.8)	0.716	0.243-2.112	0.545	0.737	0.244-2.229	0.589
	Staff nurse	122(84.13)	23(15.860)	1(R)			1(R)		

Hence it is interpreted that there is a significant association (AOR= 3.40, CI= 1.31-8.79, $P_c = 0.012$) between attitude scores of the nurses regarding therapeutic communication with their professional qualification. This BSc nurses 3.4 times have positive attitude regarding therapeutic communication compared with other midwives and diploma holders (Table 7).

Table 7. Association of attitude with socio-demographic variables among nurses, Oromia, Western Ethiopia, 2016 (n=169).

Socio demographic variables		Good attitude	Poor attitude	Total	OR	Confidential interval (95%)	p-value	AOR	95%CI	p-value
Sex	Male	72(75.7)	23(24.2)	95	1.503	0.764-2.955	0.238	1.397	0.650-3.002	0.392
	Female	50(67.5)	24(32.4)	74	1(R)			1(R)		
Age	<=30	84(71.7)	33(28.2)	117	0.938	0.450-1.952	0.864	0.644	0.226-1.835	0.410
	>30	38(73)	14(26.9)	52	1(R)			1(R)		
Service years	<=5	72(72.7)	27(27.2)	99	1.067	0.540-2.109	0.853	1.389		0.534
	>5	50(71.4)	20(28.5)	70	1(R)			1(R)	0.493-3.913	
Educational status	Bsc(N)	48(63.1)	28(36.8)	76	2.468	1.150-5.294	.020***	3.398	1.314-8.785	.012***
	Bsc(M)	19(76)	6(24)	25	1.336	.445-4.010	.605	2.282	.586-8.883	.234
	Diplo	55(80.8)	13(19.1)	68	1(R)			1(R)		
Graduated from	Govt	95(71.9)	37(28)	132	0.951	0.419-2.157	0.904	1.743	0.657-4.626	0.265
	Private	27(72.9)	10(27)	37	1(R)			1(R)		
Position	Head nurse	17(70.8)	7(29.1)	24	0.925	0.357-2.398	0.873	0.902	0.338-2.406	0.837
	Staff nurse	105(72.4)	40(27.5)	145	1(R)			1(R)		

Key: N: Nursing, M: Midwifery, **Significant

4. Discussion

Data was collected from 169 nurses. Among the study participants 56.2% were male, 45% BSc nurse. One hundred forty-one (83.3%) of study participants have good knowledge, 72.2% of study participants have positive attitude and 75.8% of nurses utilize therapeutic communication. lack of time, lack of supervision, lack of experience, lack of knowledge and work overload were reasons mentioned by the participants for not practicing therapeutic communication. one hundred and fifty-one [89.3%] of nurses

believed that in -service training is necessary on therapeutic communication to improve the utilization of therapeutic communication by nurses. Other, 86(50.9%) nurses were mentioned salary and promotion as stimulating factors to apply therapeutic communication.

Therapeutic communication has its significance in the life of a nurse at each stage of professional ladder. Nurses learn about therapeutic communication during their basic training and are expected to practice it throughout their professional life. A nurse may be a student nurse, a practical nurse of an administrator in the service sector or an nurse educator, she

comes across variety of nursing students and staff and people with different backgrounds. Therapeutic communication would help her to improve her interpersonal skills as an administrator which would contribute to her image positively.

5. Recommendations

Based on the finding of this study the following recommendations are forwarded

- A similar study on large scale including the clinical nurses working in all clinical settings should be conducted.
- An intervention to improve the knowledge of nurses further regarding therapeutic communication should be conducted.
- Much should be done to develop positive attitude of nurses
- There should be a mechanism of assessing nurses' performance regarding therapeutic communication.
- The administrators of hospital should make sure that the nurses practice against the professional standards.

6. Nursing Implications

6.1. Nursing Administration

Therapeutic communication has its significance in the life of a nurse at each stage of professional ladder. Nurses learn about therapeutic communication during their basic training and are expected to practice it throughout their professional life. A nurse may be a student nurse, a practical nurse of an administrator in the service sector or an nurse educator, she comes across variety of nursing students and staff and people with different backgrounds. Therapeutic communication would help her to improve her interpersonal skills as an administrator which would contribute to her image positively.

6.2. Nursing Education

- With the knowledge of therapeutic communication and its refreshment time and again the nursing students and staff nurses would be able to render quality care.
- They would develop an insight into the various factors which are invisible but contribute to the wellbeing of an individual.
- Knowledge of verbal and non-verbal communication and its therapeutic aspect would help nurses render culturally congruent care to the masses.
- An educator equipped with the knowledge of therapeutic communication would be in a better position to solve the grievances of the student nurses and complete student community at large.

6.3. Nursing Practice

- The therapists in the health sector would be most satisfied when they would see the rewarding outcome of their therapeutic communication with their clients.
- In this mechanized world where no one has time for

maintaining social contacts and where neck throat competition interferes with human relationships, it is all the more vital for the health professionals to be more vigilant about the practices of therapeutic communication wherever possible. The stress demands care and care is what rendered through therapeutic communication.

6.4. Nursing Research

Therapeutic communication is the least investigated area in the field of nursing research. There are studies and articles presenting its importance but there is little work available in the area of its use as an intervention. Researchers in the field of law, nursing sciences and psychosocial therapies can use these findings as baseline data to conduct further research in this area.

7. Conclusion

This research indicates that the nurses working in the selected governmental hospitals have good knowledge, positive attitude. Factors like: lack of time, lack of supervision, lack of experience, lack of knowledge and work overload were mentioned for underutilization of therapeutic communication. An intervention to increase knowledge of nurses regarding therapeutic communication should be carried out by the collaborative activities of federal ministry of health of Ethiopia, Regional Health bureau, universities and respective hospitals administrators.

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