

Effectiveness of Educational Program on Pediatric Nurses Toward Communication Management at Al Amara City

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ABSTRACT

Communication in nursing as a professional is normal and unavoidable, and it occurs on a regular basis in healthcare settings. As a result, communication management is critical for organizational success and efficiency, and pediatric nurses must be able to effectively communicate in order to create an environment that fosters personal growth while also ensuring high-quality patient care.

Aim: The aim of this study was to assess the skills of staff nurses toward communication management at al amara city

Method: Quasi experimental design was undertaken on 70 pediatric nurses who worked in intensive care units linked with the hospital. to AL-sadder teaching hospital in Iraq-Misan . communication management techniques assessment questionnaire was used to collect data.

Results: Most studied pediatric nurses had poor in communication management pre- program and the minority had high in managing communication post and after 3 months program implementation.

Conclusion: There was a high statistically significant improvement pre-post and after 3 months pediatric nurses skills about communication management.

Recommendation: For pediatric nurses, a consistent educational program on communication management should be implemented.

Keywords: Communication Management, Pediatric Nurses, ICU care unit

INTRODUCTION

Organizations in the health-care industry are extraordinarily complex, with a variety of deep interdependent links and job ambiguity, all of which contribute to stress and miscommunication. Communication Management is a natural condition and an inevitable reality exist in every organization where nurses interact and work together. It is an outcome of behaviors and an, values, preferences, desires, interests, beliefs, and objectives. It is within healthcare teams, it is an ongoing and unavoidable problem¹. The intensive care unit (ICU) is one of the most critical and demanding areas of a hospital. Patients with severe conditions and life-threatening conditions are cared for by a team of specialists in this unit. which contributes to increase communication among staff nurses². It focuses on core communication skills, their definitions and the positive outcomes that result when applied to practice. Effective communication is central to the provision of compassionate, high-quality nursing care. The article aims to refresh and develop existing knowledge and understanding of effective communication skills. Nurses reading this article will be encouraged to develop a more conscious style of communicating with patients and carers, with the aim of improving health outcomes and patient satisfaction³. Communication is integral to the nurse-patient relationship and is one of the six fundamental values of nursing identified in the government's strategy to deliver high-quality, compassionate care for patients.

Organizational complexity, differing role expectations, interdepartmental competition, decision-making limits, competition for limited resources, and imprecise job boundaries and personality variations are all elements that can lead to conflict. It also increased with poor leadership, inadequate working conditions, communication issues, and a lack of resources, organizational support⁴.

This study aimed to

- Assess staff pediatric skills toward communication management at al amara city. **Research question:**
- What are the pediatric nurses' skill levels in communication management pre, post and after three months intervention?

SUBJECTS AND METHODS

Research Design: A quasi experimental research design was used to conduct this study.

Settings: The study was conducted in all intensive care units which are surgical intensive care unit, medical intensive care unit and cardiac intensive care unit, of AL-sadder teaching hospital in Misan, the hospital represent Ministry of Health- Iraq, which provides a wide spectrum of health services. It provides multiple inpatient and outpatient services such as medical, surgical and cardiopulmonary.

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Subjects: The study sample was included all available pediatric nurses (n=70) assigned to work in intensive care units, during the data collection period with at least one year experience to be oriented for working condition and able to express their opinion about communication.

Tool of Data Collection:

Tool 1: Communication Management Techniques assessment questionnaire

It was created by the researcher based on literature review of [15] to collect data about the following:

Part I: Characteristics of studied pediatric nurses (5items) such as age, gender, marital status, educational level, years of experience.

Part II: Communication Management Techniques (pre- post and afer 3months) composed of (70) questions to assess the communication management techniques among pediatric nurses during different phases of program. The domains of managing communication among pediatric nurses them self-skills consists of 20 items, managing communication with physician consists of 20 items, and finally, managing communication with patient consists of 30 items.

Scoring System: Scoring system based on albert cut of point was used, low level of communication skills among pediatric nurses (< 50%), moderate level from (50-75%), and high level (>75%)

Data Collection: The study was conducted through the following three phases. All of these phases are approximately 9 months. Began from January 2019 to the end of September 2019 in ICU.

First Phase: The period before the intervention (preprogram) phase that lasted around two months from start to finish (January 2019 to the end of February 2019). The pre -program , pediatric nurses completed tests prior to the start of the training program. The communication management technique assessment questionnaire was derived from 20-30 minutes to be finished. This pre-study test was created to give researchers a baseline assessment of pediatric nurses' communication management post and follow-up program. The data gathered 4 days/ week in the morning and afternoon shift (Sunday, Monday, Tuesday, Wednesday). In addition, a timetable, teaching sessions, media to be included.

Second Phase: The training program was launched the researcher. The time plan of the program implemented over the period from the beginning of March 2019 to end of June 2019. Pediatric nurses were divided into 3 units. The data was collected in the morning and afternoon shifts four days a week. The training program has taken 10 hours distributed as the following; five session for each group every session (2) hours. 4days/week. The researcher implemented the program with one group in the day by utilizing accessible assets, for each session, appropriate content and instructional tactics Lectures, group discussion, and brainstorming were all used as instructional approaches. The researchers created a handout that was provided to all participants on the first day as educational media.

Third Phase: The post-intervention (evaluation) phase entails: During this stage, the impact of the program was evaluated, It was conducted immediately following the program's implementation and again three months later, using the same tools as before the program's implementation. The data collecting took place over a period of time three months from the beginning of July 2019 to end of September 2019.

Pilot Study: A pilot study was conducted before beginning data collection on (10% of the total study sample) selected randomly in order to check and ensure the clarity and applicability of the tools in addition to calculate the duration required to answer the tool's questions by each participant. Any necessary modification was done, participants in the pilot study was not included in the research.

Ethical Considerations: The committee on research ethics of Misan University's Faculty of Nursing granted ethical permission. An official permission to conduct the study was obtained from the Faculty of Nursing – Misan University to hospital director of AL-sadder teaching hospital in Misan, Ministry of Health- Iraq, after a brief explanation of the study's purpose After presenting the participants with complete information about the study, they gave their informed consent. Participants were advised that participation in research is completely optional, and that they are free to leave the study at any time. The collected information was kept confidential. The study sample's privacy was ensured.

Statistical Design: Using SPSS software V26, the acquired data was organized, tabulated, and statistically evaluated. Frequency and percentage were used to express categorical variables. The mean and standard deviation were used to represent continuous variables. The difference between two continuous variable means was tested using an independent t-test. The ANOVA test is used to see if there is a difference between two continuous variables' means. Friedman's Test was conducted to compare repeated measures of non-parametric continuous variables among the same subjects with Bonferroni post hoc. The Marginal Homogeneity test was conducted to compare the differences between categorical variables. The Chi-square test and Fisher exact test were conducted to test the association between two categorical variables. Pearson correlation coefficient test was conducted to test the association between two continuous variables. Statistically significant was considered at p-value ≤ 0.01 & 0.05.

RESULTS

Table 1: Demographic characteristic of studied nurses

Variables	n	%
Age years		
▪ 20-28 years	24	34.3
▪ 29-38 years	32	45.7
▪ 39-48 years	14	20.0
M \bar{X} (SD) 1.86 \bar{X} 0.728		
Gender		
▪ Male	42	60.0
▪ Female	28	40.0
Marital status		
▪ Single	13	18.6
▪ Married	57	81.4
Level of education		
Secondary school of nursing	10	14.3
Diploma degree in nursing	51	72.9
Bachelor degree in nursing	9	12.9
Experience years:		
1– 5 years	15	21.4
6 – 10 years	17	24.3
11-15 years	32	45.7
16-20 years	6	8.6
M \bar{X} (SD) 2.41 \bar{X} 0.925		

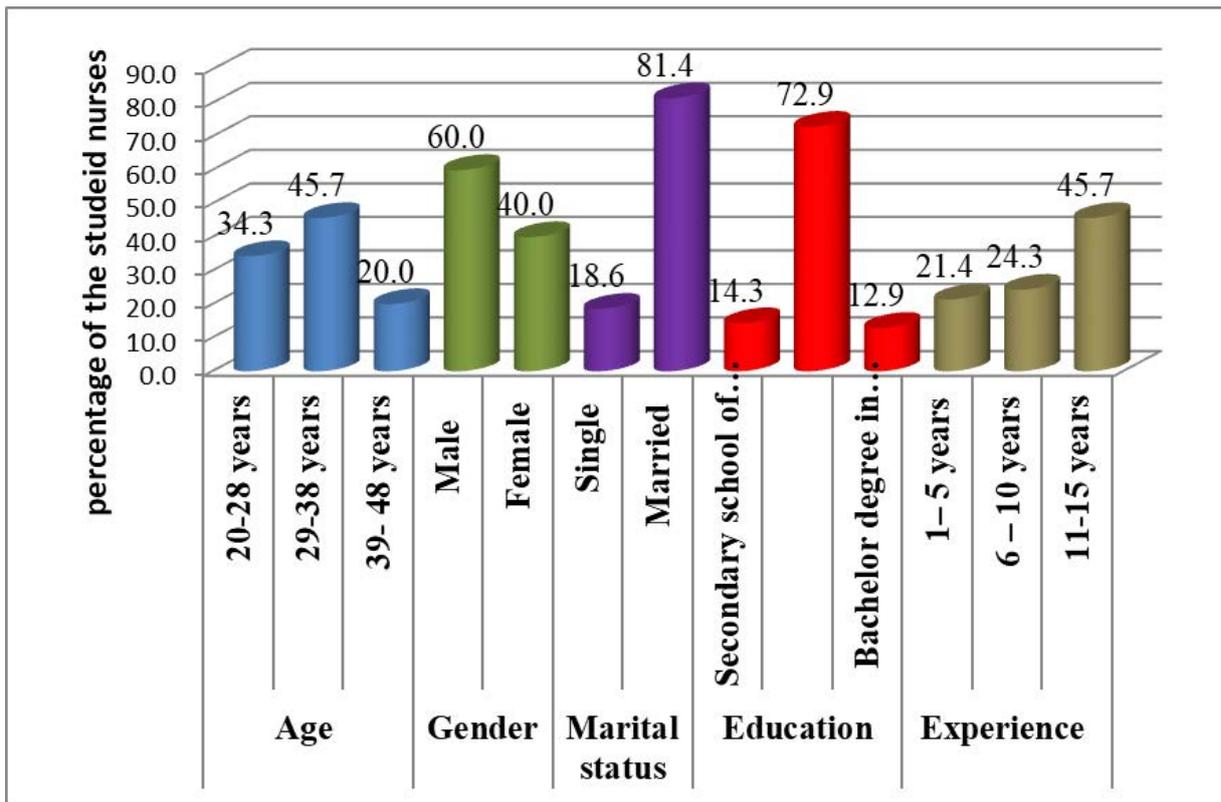


Figure 1: Demographic characteristic of studied nurses

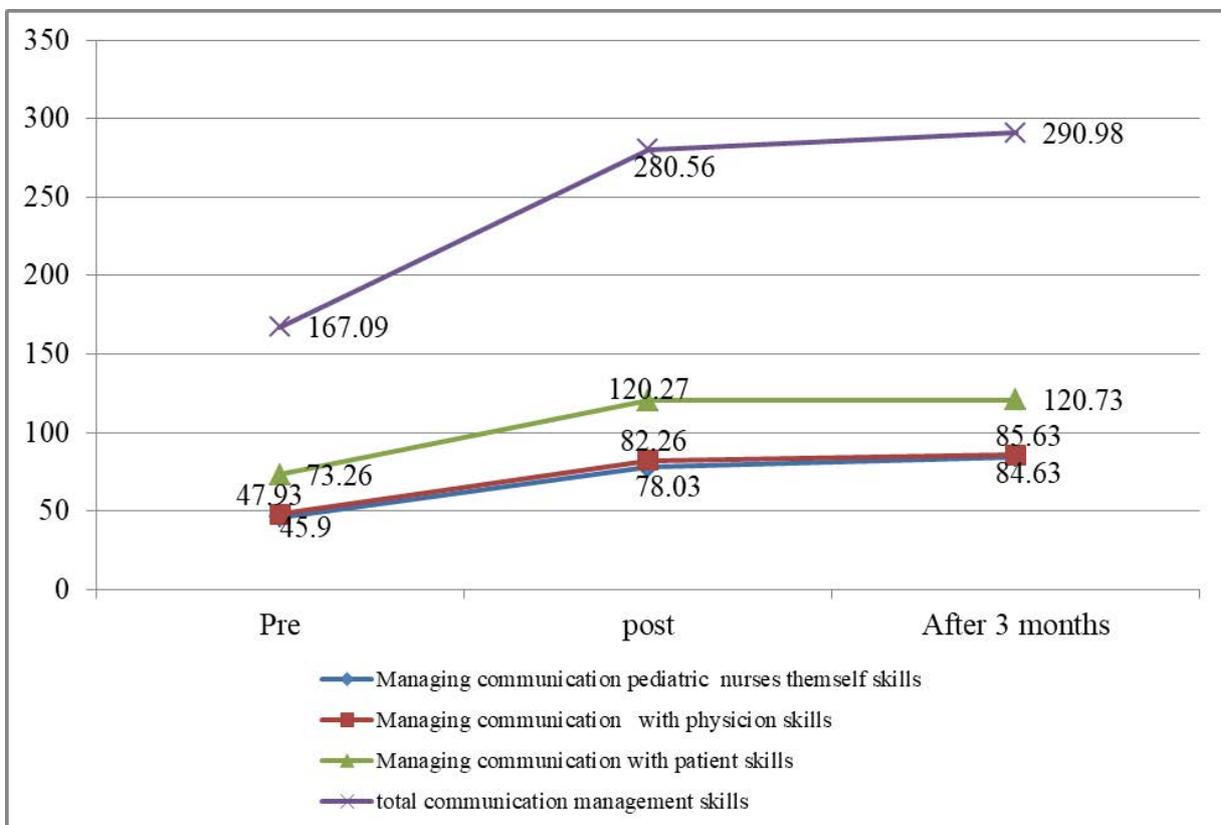


Figure 2: Communication management of the studied pediatric nurses during different phases of training program

Table 2: Communication management of the studied staff nurses during different phases of program (n=70)

communication management domains	Phases of training program			p	Pairwise comparison (p)
	Pre	Post	After 3 months		
	Mean±SD	Mean±SD	Mean±SD		
Managing communication in pediatric nurses themselves	45.90±16.99	78.03±16.02	84.63±16.39	0.000**	p1=0.000** p2=0.000** p3=0.000**
Managing communication with physician	47.93±16.41	82.26±12.98	85.63±6.23	0.000**	p1=0.000** p2=0.000** p3=0.398
Managing communication with patient	73.26±22.52	120.27±16.34	120.73±23.21	0.000**	p1=0.000** p2=0.000** p3=0.99
Total communication management	167.09±47.42	280.56±40.38	290.98±42.52	0.000**	p1=0.000** p2=0.000** p3=0.000**

Table 3: Levels of communication management of the studied pediatric nurses during phases of training program (n= 70)

communication management domains	Phases of training program	Levels of communication management						p values
		Low		Moderate		High		
		n	%	n	%	n	%	
Managing communication pediatric nurses themselves	Pre	50	71.4	13	18.6	7	10.0	p1= 0.000** p2= 0.000** p3= 0.18
	Post	6	8.6	11	15.7	53	75.7	
	Post 3 months	6	8.6	1	1.4	63	90.0	
Managing communication with physician	Pre	44	62.9	21	30.0	5	7.1	p1= 0.000** p2= 0.000** p3= 0.12
	Post	4	5.7	6	8.6	60	85.7	
	Post 3 months	0	0.0	6	8.6	64	91.4	
Managing communication with patient	Pre	46	65.7	17	24.3	7	10.0	p1= 0.000** p2= 0.000** p3= 0.65
	Post	2	2.9	14	20.0	54	77.1	
	Post 3 months	7	10.0	1	1.4	62	88.6	
Total communication management	Pre	45	64.3	19	27.1	6	8.6	p1= 0.000** p2= 0.000** p3= 0.22
	Post	2	2.9	18	25.7	50	71.4	
	Post 3 months	5	7.1	4	5.7	61	87.1	

p1: difference between pre and post / p2: difference between pre and post 3 months / p3: difference between post and post 3 months** Highly statistically significant at p <0.01

Table & figure (1) represent the demographic characteristic of the study sample. Nearly half of pediatric nurses age ranged between (29-38) years. Two thirds of them were male (60%),the majority of them were married (81.4%),(72.9%)of them having diploma and nearly half of them having from (11-15) years of experience (45.7%).

Table & figure (2) illustrate communication management of the studied pediatric nurses during different phases of training program, shows that highly statistically significant difference for pediatric nurses communication management among three period(pre ,post and after 3 months) program. Communication management of staff nurses were high mean score(280.56±40.38 & 290.98±42.52) post and after 3 months respectively than preprogram (167.09±47.42).

Table (3) represents levels of communication management of the studied pediatric nurses during phases of training program , shows that there are significant difference between three period of data collection in all domains of staff nurses communication management. The levels of staff nurses domains low in pre- program for three domains. while, after program implementation there was improvement in staff nurses in three domains it became at high level.

Table (4) illustrate communication management of the studied pediatric nurses in relation to demographic characteristics during different phases of the training program shows that there is no statistically significant

relation between demographic characteristics of pediatric nurses and total communication management (Pre – post and after (3) months) program follow up (at p<0.05) .

DISCUSSION

According to the findings of this study, the levels of pediatric nurses about the communication management in the pre-program, they are low. While, post & after three months there was an statistical improvement after program implementation about communication management and it became high . These result may be due to pediatric nurses made nurses develop excellent collegial connections as part of a team through appropriate when working with others, employ communication, mutual acceptance, and understanding, persuasion rather than compulsion, and a mix of reason and emotion. The finding agree with¹ who reported that the active communication management program²⁻⁴ lead building positive collegial relationships between pediatric nurses and other worker. Also result agree with⁵ who founded that after communication management program implementation staff nurses working together and promote a work climate that benefits both nurses and clients. The results disagree with⁶ who stated that after communication management program implementation pediatric nurses work values and communication management technique not improved.

The results of the current study revealed that there was decreased in mean scored of pediatric nurses in pre- program about communication

Table 4: Communication management of the studied pediatric nurses in relation to demographic characteristics during different phases of the training program (n=70)

Characteristics	Total communication management score		
	Pre Mean±SD	Post Mean±SD	After 3 months Mean±SD
Age years			
· 20-28 years	167.54±51.95	284.33±30.49	281.13±53.64
· 29-38 years	165.47±42.62	279.81±45.62	295.81±37.99
· 39-48 years	170.00±53.02	275.79±44.66	296.86±28.10
F value / p	0.05 / 0.96	0.20 / 0.82	0.99 / 0.38
Gender			
· Male	166.76±44.53	279.88±34.09	289.95±40.04
· Female	167.57±52.28	281.57±48.98	292.54±46.69
t value / p	0.07 / 0.94	0.17 / 0.86	0.25 / 0.81
Marital status			
· Single	168.69±64.67	283.31±32.12	288.23±51.56
· Married	166.72±43.28	279.92±42.25	291.61±40.69
t value / p	0.13 / 0.89	0.76 / 0.78	0.26 / 0.79
Level of education			
· Secondary school of nursing	167.60±53.27	287.10±25.68	288.10±41.74
· Diploma degree in nursing	168.12±45.74	278.59±44.94	297.18±34.84
· Bachelor degree in nursing	160.67±55.42	284.44±24.56	259.11±68.18
F value / p	0.09 / 0.91	0.23 / 0.79	3.29 / 0.04*
Experience years:			
· 1– 5 years	168.20±43.91	288.67±23.35	275.87±59.86
· 6 – 10 years	163.71±45.02	282.35±43.10	288.65±49.99
· 11-15 years	172.28±52.32	277.38±46.43	298.84±28.45
· 16-20 years	146.17±37.80	272.17±36.16	293.50±28.15
F value / p	0.54 / 0.66	0.36 / 0.79	1.02 / 0.39

Statistically significant at $p < 0.05$

management with physician due to ICU conflict is caused by a lack of a reporting system for conflicting situations, as well as a lack of continuing education opportunities, limited participation in patient care meetings, and the physician's invisibility most of the time., Moreover lack of planning of nursing interventions in a way that reflects the coordination between the physician and the nurse, delegation responsibilities to nurses inappropriately and unaccepted the consequences. And lack of report on the patient's health status after completion of the shift or when the care order is given.

These results agree with⁷ who found that Lack of organizational support, resource allocation challenges, and inadequate communication between physician and nurses, and between different levels cause miss communication. Also³ who illustrate that for managing staff animosity, and mistrust, lack of regular staff meetings, absence of psychological support, unclear responsibility, lack of cooperation, inappropriate leadership style contribute to miss communication⁸.

Regarding communication management of pediatric nurses with physician post and after three months, the result was found highly statistically significant improvement of staff nurses skills in post and after three months related to communication management with physician. These may be due to intervention program, attendance of the program effect positively on staff nurses skills⁹, and collaboration between nurses and physicians continues to be elusive although it is a desirable goal for most in health care. So that healthy and effective nurse and physician Collaboration improves nurse autonomy and reduces the likelihood of a rescue failure. Active participation in scientific research and joint educational activities with doctors to achieve goals, planning of nursing interventions in a way that reflects the coordination between

the doctor and the nurse positive trends, has a sense of initiative, and an example to follow when dealing with a doctor¹⁰.

This result agree with¹¹ who found that increasing communication between pediatric nurses and physicians after program implementation enhance quality of care, patient satisfaction, nursing job satisfaction, coordination, and results in a decreased need for physician supervision of nursing.

The result disagree with,¹² who indicated that failure to create patient care goals after the program, disregard patients and family preferences, linguistic and cultural barriers contribute to conflict between staff nurses and physician

The present study findings revealed that decrease in mean score of pediatric nurses of managing communication with patient at pre-program. This might be due to Patient participation in treatment plans was avoided by staff nurses, who removed steps from patient assessments and withheld information from patients.

Concerning managing communication with patient post and after three months, the result of present study revealed that there was highly statistically significant improvement of pediatric nurses skills related to conflict management skills with patient. This due to staff nurses improved the therapeutic nurse-client relationship in post program is the foundation for providing nursing services that contribute to the client's health and well-being, helping patients express their thoughts and feelings about their health, recognize patients as spiritual beings requiring spiritual care, explain coherently the physical, the mental, and the social needs of a patient by staff nurses¹³.

The result agree with¹⁴ who showed that The teaching program was useful in increasing the understanding and practice of ICU pediatric nurses in managing communication. Prior to the instructional session, the majority of the nurses in the study accepted workplace conflict as having a detrimental impact on their patient care, but after the intervention, both their patient care and their preferred communication management technique improved.

The findings disagree with who reported that the levels of pediatric nurses total communication management were not improved post-educational program. Pediatric nurses understand the different needs of patients causes.

CONCLUSION

Based on the findings of this study, it was determined that, The implementation of communication management program was associated with improvement in pediatric nurses' in managing communication. In addition, there was a high statistically significant association pre-post and after 3 months in pediatric nurses' skills about communication management.

RECOMMENDATION:

THE FOLLOWING RECOMMENDATION IS SUGGESTED:

- Hospital administration should be aware of the importance of communication management skills to both pediatric nurses and organizational success to allow them to attend and participate in continuous education programs.
- Pediatric nurses should be aware of the value of collaboration and cooperation, and should be encouraged to learn the most constructive methods of communication resolution.

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Potential Conflict of Interest: None

Competing Interest: None

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