

## Effectiveness of Solution-Focused Communication Training (SFCT) in Nurses' Communication Skills

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### Abstract

**Aims:** Effective communication is not only one of the patients' most important needs, but it is also the key and the base of nursing in the offered medical care to patients. The present study was an attempt to evaluate the effect of solution-focused communication techniques on nurses' communication skills.

**Methods:** 71 nurses from medical-surgical departments of a hospital in Tehran took part in this quasi-experimental pretest-posttest study. Solution-focused communication techniques were instructed in a one-day 8 hour workshop. Nurses' communication skills were assessed by a questionnaire at pre-test and post-test (two months after the intervention). The questionnaire reliability was found to be high [ $\alpha=0.86$ ]. For any participant, three questionnaires were completed (by the participant themselves, their head nurse, & their colleagues).

**Results:** The mean difference between the nurses' communication skills before and after the intervention was found statistically significant [ $P= 0/001$ ]. Statistically significant differences were also observed between mean scores of the four subscales of nurses' communication skills before and after the intervention.

**Conclusion:** Solution-focused communication training [SFCT] can have a positive effect on different aspects of nurses' communication skills including; general and therapeutic communication, emotional supporting, and their attitudes toward communicating with patients.

**Keywords:** Solution-Focused Communication, Nurse, Communication Skills

## Introduction

Communication with patients is the key and the base of nursing in the offered medical care to patients [1]. Appropriate communication is an important need and constitutes one of the most important aspects of nursing. It not only helps inform the patients about their illness and its treatment, but it also helps have a better understanding of the patients' concerns. It can also be helpful in offering emotional supports [2, 3]. On the contrary, lack of communication is one of the most influential factors in failure in the identification of patients' social, mental, and emotional needs [4-6]. As such, today, teaching interpersonal communication skills to nurses is one the major techniques for improving medical care. Such an instruction can result in a change in nurses' attitude towards such skills, increased job satisfaction, identification of their needs, as well as patients' health conditions and their satisfaction with the offered medical services [7-11]. However, research shows that the instruction of these skills alone cannot guarantee good communication between nurses and patients. Nurses still avoid establishing emotional connections with patients because they want to avoid the possible resulted stress [12].

As in *Moradi's* [13] study, the recent research in Iran shows that only 22% of nurses have a good awareness of communication skills, and only 43% of them believe that they need to have a quick and appropriate response to patients' requests in the peak of their workload. Nevertheless, today authorities are emphasizing on the devotion of more time and attention to communication skills in order to improve the quality of the medical care [14, 15] though according to nurses and patients this lack of time and attention is the main obstacle for having communication between them [16, 17]. In *Joolae's* [18] study, nurses'

education, on their relationship with patients, received the lowest score from patients' point of view. Also, based on *Farahani's* findings, only 23% of the patients were satisfied with nurses' communication skills [19]. *Hajinezhad's* [20] study also confirms the previous findings.

The recent studies show that the instruction and use of communication skills through Solution-Focused Brief Therapy (SFBT) can raise nurses' awareness about the importance of establishing rapport with patients [21, 22]. SFBT is the result of inclusive research done by Shizer et al. since 1980. It includes a number of communicative presuppositions which can best help prepare an individual for change, compromise, and improvement [23, 24]. This perspective changes the present complaint-focused process into a more patient-focused process. The difference between this process and other processes is that patients' point of view, an understanding of patients' concerns, and their active involvement in the process decision making are emphasized instead of focusing on the lacks and problems [25].

In the solution-focused approach, by establishing an emotional rapport, listening to, helping, and sympathizing with patients, nurses can have a better evaluation of their patients. This way, nurses understand patients and help them recover faster. As such, this approach needs more than simple communication skills. It needs medical engagement as well as respectful treatment. In fact, in this approach the tendency to listen carefully to patients and building trust and rapport are among the most critical elements in improving patients' optimism for being cured [26-28]. In medical ethics, in which the communication element is regarded as one of the most important elements in medication, the best connection with patients is an internal rapport. As a mutual interaction, this rapport can help involve both sides

physically and mentally. Otherwise, the relationship will be quite superficial and in the long run will cause job frustration for the nurses and dissatisfaction for the patients [29, 30]. Since the lack of proper instructional content, framework, and curriculum for teaching communication skills especially for nurses are the major challenges in this field [31, 32], this study attempted to check the effect of solution-focused communication training (SFCT) on nurses' communication skills in a military hospital.

## Methods

The present study was a quasi-experimental pretest-posttest piece of research in which the effect of solution-focused instruction of communication techniques on nurses' communication skills was examined. The sample of the study consisted of 71 nurses working in the medical and surgical wards in a military hospital in Tehran, Iran. The participation criteria were filling the research participation consent form, working in medical or surgical wards, lack of any mental or psychological disorder checked by self-report questionnaire, and not participating in any workshop on communication skills in the last 6 months before the beginning of the study. The intervention was in the form of a one-day 8 hour workshop for on the communication techniques based on a solution-focused approach in the form of lectures and group discussions. The topics discussed included destructuring, goal setting, finding exceptions, miraculous questions, scaling, and feedback provision techniques [23]. Nurses' communication skills were checked using the researchers' self-developed questionnaire which had two sections: the first section checked the participants' demographical information, and the second section included 26 items for examining their skills. The participants were required to choose a number from 0 to 10 for each item based on their abilities and skills.

For each participant, 3 questionnaires were completed by three persons; the participant, the head nurse, and a colleague. This questionnaire was developed based on experts' opinion, the previous studies and research on this subject. Its face and content validity were checked by 10 professors and faculty members. Its reliability was checked using internal consistency tests ( $\alpha = .89$ ). Using factor analysis, four subscales were identified: a) the general aspect of communication, b) emotional support, c) medical communication, and d) non-verbal communication. The first and second subscale included 9 items each. The third subscale had 5 items, and the last one consisted of 3 items. The total score for each questionnaire ranged from 0 to 260, and since for each participant 3 questionnaires were completed, the maximum score for each participant could reach 720. Each participant's score in each subscale is the total score he or she gets in all the three questionnaires together. After the workshop, the instructional materials were given to each ward for personnel's self-study under the supervision of the researchers, head nurses, and supervisors. Two month after the workshop, another series of questionnaire was completed as posttest (3 questionnaires for each participant as in the pretest). The collected data were analyzed using paired samples t test and ANCOVA.

## Results

From among the nurses working in the studied hospital, 71 (91%) took part in the workshop on the communication techniques. Their mean age was 33, and female nurses constituted the majority of the participants (65%). No significant relationship was observed between the participants' pretest score and their demographical variables such as age, marital status, experience, and the type of ward they worked in (see Table 1). However, it was found statistically

significant for gender ( $p = 0.01$ ). In the covariance analysis, the effect of gender on participants' post test score on the communication technique test was not found significant ( $p = 0.07$ ). For the posttest, only the relationship between age and type of working ward had a significant correlation. There was a significant difference between the posttest scores of nurses in medical wards with those in surgical wards, with the medical ward nurses showing a higher level of improvement ( $p = 0.00$ ). In addition, different age groups showed significant differences in their communication skills in the posttest

with the 'above 40' age group having the highest gains ( $p = 0.01$ ). Participants' change in communication skills from pretest to posttest was checked using a paired samples t test. The results showed a statistically significant difference ( $p = 0.00$ ). This difference was also statistically significant for each group completing questionnaires. Participants' score in the communication skills test improved from pretest to posttest. The paired samples t tests run between the four subscales from pretest to posttest showed significant improvements.

**Table 1.** Demographical Information & its Correlation with Nurses Communication Skills

| Variable          | Age      |       |          | Gender |        | Education |     |                 | Marital Status |        | Experience |       |          | Ward    |          | Shift   |                   |
|-------------------|----------|-------|----------|--------|--------|-----------|-----|-----------------|----------------|--------|------------|-------|----------|---------|----------|---------|-------------------|
|                   | 20-30    | 31-40 | Above 40 | Male   | Female | Diploma   | A.A | BA/BSc or above | Married        | Single | 10         | 11-20 | Above 20 | Medical | Surgical | Morning | Evening and Night |
| <b>Frequency</b>  |          |       |          |        |        |           |     |                 |                |        |            |       |          |         |          |         |                   |
| <b>Number</b>     | 18       | 45    | 8        | 25     | 46     | 13        | 5   | 53              | 54             | 17     | 42         | 25    | 4        | 37      | 34       | 47      | 66                |
| <b>Percentage</b> | 26       | 63    | 11       | 35     | 65     | 18        | 6   | 76              | 76             | 24     | 56         | 35    | 6        | 52      | 48       | 24      | 34                |
| <b>before</b>     | <b>P</b> | 0/12  |          | 0/01   |        | 0/24      |     |                 | 0/83           |        | 0/66       |       |          | 0/13    |          | 0/06    |                   |
|                   | <b>r</b> | 0/18  |          | 0/29   |        | 0/14      |     |                 | 0/02           |        | -0/05      |       |          | 0/17    |          | -0/22   |                   |
| <b>after</b>      | <b>P</b> | 0/01  |          | 0/51   |        | 0/07      |     |                 | 0/27           |        | 0/28       |       |          | 0/001   |          | 0/38    |                   |
|                   | <b>r</b> | 0/27  |          | -0/07  |        | 0/21      |     |                 | 0/13           |        | 0/12       |       |          | 0/49    |          | -0/10   |                   |

**Table 2.** One Way ANCDVA about the Effect of Gender on Communication Skills of Nurses after Intervention

| Variables     | Sum of squares | Df | Mean square | F    | Sig.  | Eta Square | Effect size |
|---------------|----------------|----|-------------|------|-------|------------|-------------|
| <b>Gender</b> | 1159/93        | 1  | 1159/93     | 0/98 | 0/068 | 0/076      | 0/53        |

**Table 3.** The mean of the Communication Scores before and after Intervention Evaluators

| Communication skills | Pretest Mead ± S.D | Posttest Mead ± S.D | Paired Samples t test $\alpha=0.05$ |    |       |
|----------------------|--------------------|---------------------|-------------------------------------|----|-------|
| Evaluator            |                    |                     | t                                   | df | P     |
| <b>Nurse</b>         | 215/76± 26/45      | 231/92 ± 18/76      | - 4/75                              | 70 | 0/001 |
| <b>Head Nurse</b>    | 207/45 ± 24/19     | 227/28 ± 20/38      | - 6/60                              | 70 | 0/001 |
| <b>Colleague</b>     | 214/96 ± 30/13     | 231/72 ± 21/20      | - 3/89                              | 70 | 0/001 |
| <b>Total</b>         | 638/17 ± 54/51     | 690/92 ± 42/11      | - 7/33                              | 70 | 0/001 |

**Table 4.** Nurses Mean Score in each Subscale of Communication Skills before and after Intervention

| Group Variable         | Pretest Mead ± S.D | Posttest Mead ± S.D | Paired Samples t test $\alpha=0.05$ |    |       |
|------------------------|--------------------|---------------------|-------------------------------------|----|-------|
|                        |                    |                     | t                                   | df | P     |
| General Communication  | 230/17 ± 17/48     | 243/00 ± 13/04      | - 5/24                              | 70 | 0/001 |
| Emotional Support      | 214/56 ± 21/48     | 236/42 ± 16/85      | - 7/96                              | 70 | 0/001 |
| Medical Communication  | 121/07 ± 12/82     | 132/30 ± 8/51       | - 6/84                              | 70 | 0/001 |
| Non-verb Communication | 72/37 ± 7/09       | 79/20 ± 5/71        | - 7/92                              | 70 | 0/001 |
| Total                  | 638/17 ± 54/51     | 690/92 ± 42/11      | - 7/33                              | 70 | 0/001 |

## Discussion

Since nurses, in comparison with other medical staff, spend more time with patients, educating them in communication skills is so important and can help improve the quality of medication [4]. The present study examined the effect of teaching communication techniques based on SFBT approach on nurses' communication skills. In the preliminary analysis, almost 87% of the participants could correctly answer about 70% of the questions on their awareness and knowledge of the solution-focused approach. The participants stated that the instruction of this approach resulted in their change of view and attitude towards patients in the treatment process.

Although the participants enjoyed a high level of communication skills before the instruction, the results showed that the instruction was quite successful in improving their communication skills and having a positive effect on their relationship with their patients. The resulted changes in their treatment with patients were assessed to be positive by the participants themselves, their colleagues, and their head nurse. These findings are in line with those of *Bawelz* [33]. That study showed that such an instruction can be helpful for nurses working in all wards and can significantly affect their interaction with patients. The participants in that study did not report experiencing anything unpleasant in the instruction and stated that solution-focused instruction can present a

useful framework for increasing their communication skills.

The general aspect of communication, emotional support, medical communication, and non-verbal communication were the four subscales in the developed questionnaire used in the present study. Each subscale was found having a considerable effect on the quality of nurses' interpersonal relations [23]. The first subscale examined topics such as communication initiation, building trust with patients, paying attention to their needs, respectful treatment, and having self-confidence in communicating with them. The second subscale evaluated topics such as nurses' respect for patients, patience, emphasis on patients' abilities, active listening to patients' concerns, encouraging optimism, and tendency for communication with patients. The third subscale evaluated nurses' paying attention to patients' physical and emotional state, explanation of their medical interventions, listening to the patients and eliminating their concerns, and offering medical information to the patients. Finally, the fourth subscale checked nurses' use of facial expressions and body language while sympathizing with them and not interrupting the patients while they are speaking. After the intervention, the nurses were observed to report an increase in their tendency to communicate with patients, which is in line with the results of the study done by *Smith* [34]. The nurses studied in that research also reported a more positive feeling and self-confidence in communicating with patients after they had

received solution-focused instruction. Some skills such as the ability to initiate an effective communication and active listening were improved in this study, which indicates nurses' improved ability in their medical communication. *Edwards* [35] and *Hajinezhad* [25] also emphasize on the importance of these aspects.

Some recent studies carried out in Iran indicate that sympathy, which means having a friendly and helpful behavior, is an important factor in patients' satisfaction. Most patients are not happy with nurses' lack of sympathy. Building trust and confidence in patients and being humble on the part of the medical staff are all challenges that medical centers face with these days [36]. *Newson* and *Povey* [25] remind that supporting patients emotionally is an important part of nursing care, but the majority of nurses do not have the needed skills for that and need to be educated. The results of the present study showed a considerable improvement in participants' skills in offering emotional support for patients, which is in line with *Newson* and *Povey's* findings. *Dehghan* and *Aghajani* [37] observed that the satisfaction level for nurses' consideration of patients' emotional sphere for more than half their studied patients was quite low. *McAllister* [38] states that unlike the modern medication in which the patients' problems are focused on instead of the patient him or herself, the focus of nursing care is based on humanistic relations and individual's communication skills. The nursing staff can easily manage the stress caused by communication with patients and have a better tendency for building rapport with patients if they get familiar with solution-focused approach to communication.

There was a statistically significant correlation between gender and participants' scores in communication skills in the pretest. The mean score for female nurses was higher

than that of male participants. However, after doing the covariance analysis for the posttest, gender had no significant effect ( $p = 0.07$ ). These findings are in line with those of *Karimzadeh* et al. [39] and *Baerheim* et al [40].

In sum, our findings showed that familiarity with solution-focused approach to communication techniques can improve nurses' communication skills. One of the factors causing such a positive effect is the different attitude towards patients in this approach. For example, according to a solution-focused approach to instruction, this is the patient who decides what can help him or her to have the best life quality. This way, a patient's personality and self is respected, and the nursing team realizes that they can support patients more effectively by using such an approach [41]. Another reason could be the fact that this approach emphasizes on healthiness, hopefulness, and optimism. As such, it matches with the philosophy of nursing and can be even used in routine medical care [27, 28].

## Conclusion

Having reviewed the findings of the present study, one can conclude that teaching communication techniques based on a solution-focused approach can positively affect nurses' medical and general communication skills in both medical and surgical wards. It can also change their attitude towards communication with patients. Therefore, it seems that the use of solution-focused communication techniques can give a good and clear framework for improving nurses' present communication skills. This framework can be used as an outline for educating the nursing staff in medical centers.

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