

Significance of Effective Communication During Health Education in Nursing

Article by John Enoredia Elizabeth

Bachelor Degree in Science of Nursing, Texila American University, Swaziland

E-mail: elizaejohn@gmail.com

Summary

This study contributes to knowledge of nurses about communication as it is very vital and the land mark of any organization. Effective communication helps to improve quality of care given to patient and makes continuity in patient care more effective and the communities at large develops confidence in the profession, make early diagnosis easy and promotes the image of the medical field.

The study also emphasizes the important of effective communication between nurses, patients and other healthcare workers during health education as it is vital for client safety, disease prevention, curative and health promotion.

Nurses are also employed to learn good communication skills as lack of guidelines or format may contribute to medical errors as a result of communication problems.

Background of study

Communication, which is a dynamic reciprocal process of sending and receiving messages. Which is from the cry of a new born to the whispering of a dying person, has existed since the beginning of human being, but it was not until the 20th century that people began to study the process. Communication which is the transfer of information occurs at different levels in institutions, organization and fields, in different ways and for most beings as well as certain machine. Communication as a study or discipline was formed from three other major studies. Communication studies focus in communication as central to the human experience, which involves understating how people behave in creating exchanging and interpreting message. Communication is the bases for a continuity of patients care and for team work among the staff; it is the exchange or sharing of information between two or more parties.

Effective communication both verbal and written is fundamental to organization management of a patients been given health education. Therefore effective communication skill is essential in health educating patients on the mode of disease transmission, prevention, treatment and curative in nursing practice so as to maximize the potentials for health of clients

Research questions

1. Can effective communication help to improve Patients awareness of disease?
2. Are there barriers to effective communication between the nurse, patient and other healthcare workers during health education?
3. Are the various types of communication skills utilized by nurses, during health education?

Objective of the study

- To ascertain the relevance of effective communication health education.
- To know the existing communication pattern between nurses, patients and other healthcare workers during health education.
- To determine mechanism that can be adopted by the nursing and other healthcare team to improve their communication.
- To discover the communication skills that will be useful by nurse and other healthcare team for the improvement of patients care.

Method

Methodology

This chapter discusses the research design, study setting, target population, sample and sampling technique, instrument development, validity and reliability of instrument, method of data collection, data analysis and ethical consideration.

Research design

The research design adopted by the researcher was a non-experimental design.

Research setting

This research was carried out among Nurses, Out-Patients and other healthcare workers mostly the domestic staff at the Matsanjani health Centre, Lavumisa, Shiselweni Region. The hospital is located along Nhlanguano –South Africa Express Road. The hospital was commissioned in 1992 as a 42 beds hospital and currently having a mini theatre, Public Health Department, Tb Clinic for Drug Sensibility Tuberculosis (DS-TB) and Drug Resistant Tuberculosis (DR-TB), ART Clinic for HIV/AIDS patients and a Maternity, X-Ray department, Dental Clinic and other non- medical departments.

The Shiselweni Region is bounded by Lubombo Region at the East, Manzini at the South, Kwazulu-Natal (South-Africa) at the North and West. It serves one of the mother's facilities to the baby clinics in the region and also receives patients from the regions of Swaziland and provinces in South Africa. It also serves as a clinical practice center for some student nurses in the neighboring school of nursing and science and technology school.

A total of 12 Nurse were used due to the shortage of staff nurses thereby resulting in minimal number of nurses present at the research was been conducted. Sample size was calculated based on the number of questionnaires distributed. 100 questionnaires were distributed because the facility is in a rural area and it's not as populated as the urban thereby leaving the Out Patients Department with less load of patients.

Nurses types of skill

The total number of nurses used for the researched were 12, (2 BScN, 4 RNM, 4 RGN and 2 Nurse Assistants). There is need for upgrade for the nurses especially the RNM, RGN and N/A to BScN, because at BSc level nurses are taught communication skills and manners in order for them to be able to deliver messages to all the clients at their different levels of understanding. In addition, there is also the need for continuing professional developmental and in services training

Target population

The target population for this study comprises of the nurses, patients and other healthcare providers.

Sampling technique

The researcher adopted a non probability convenient sampling technique in selecting the participants for the study among the healthcare workers and patients at the Out-Patients Department as a port of entry in the hospital. The sample size was based on the number of staff and patients seen during their morning review.

Instrument for data collection

After an in-depth literature review, the researcher designed a structured questionnaire. The researcher derived the questions from the literature review, from the researcher's observations and from consultation with the supervisor. The questionnaire was made up of the introduction, demographic data, and data subject matter.

Validity and reliability

The instruments were developed initially by the researcher and were given to the supervisor for correction to ensure that it covers the scope of the research to ensure content, criterion and construct validity and also to obtain necessary information.

A pilot study was carried out at TB Clinic and was found reliable based on their responses.

Method of data collection

The questionnaire was distributed to the subjects by the researcher after their consent had been obtained following a comprehensive briefing about the objective of the research. Enough time was given to enable respondents complete the questionnaire before retrieving the completed questionnaire conveniently.

Method of data analysis

Data was analyzed after they have been gathered. The descriptive type of statistics was used to summarize and describe the data collected. The gathered data were presented using frequency distribution tables, percentage, pie chart, bar chart and histogram for easy understanding.

Ethical consideration

The researcher introduced and explained the nature of the study and its purpose to the respondents. Approval from subjects was sought before administering questionnaire. Columns for names, initials, address and signature were not provided in the instrument, thus ensuring privacy, anonymity and confidentiality in every aspect.

Analysis of data

This presents the data analysis and interpretation. The statistics are presented in frequency tables, histogram and pie chart. A total of 100 questionnaires were distributed and were retrieved. The researcher collected data from the respondents using structured questionnaire and the findings are discussed in numerical sequence, according to the format of the questionnaire.



Importance of the study

Effective Communication is the backbone of disseminating information to patients'. Nurses create the vision, support the strategies and are the catalyst for developing the individual's bench strength to improve the patient's quality care. Communication Process allows us to interact with other people; without it, we would be unable to share knowledge or experience with anything outside of ourselves.

Communication is a part of everyday activities and exempts no one that is why it is important to understand how to communicate effectively especially to first timers in the hospital or to a community where there is a disease outbreak. This study is aimed at understanding the significance of communication when giving of health education in nursing.

It is also aimed at finding solution to the factors responsible for ineffective communication, thereby creating a clear and open communication network between nurses, patients and other health care workers.

This research study will serve as a reference to other researchers on related topics.



Scope of study

This research study is limited to Out-patient department patients' nurses and other healthcare workers of Matsanjani Health Centre, Lavumisa Shiselweni Region, Kingdom of Swaziland, Southern African Development Commission (SADC).

Limitation

Factors such as inadequate finance, academic activities, language barrier and the time frame for this research tended to limit this study.

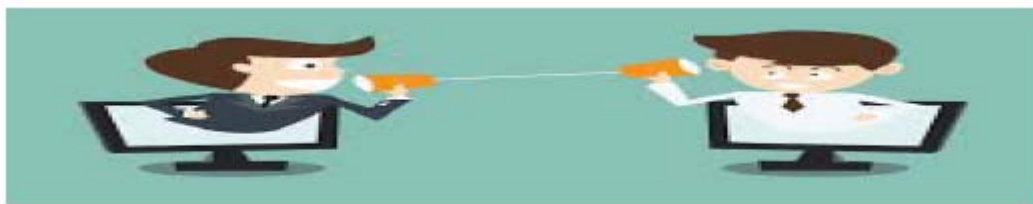
Literature review

Definition of communication varies widely, but with similar ideas. Communication is a process of sending information, idea, emotion, ability and so on (Berelson and Stainer: 1964)

Lievrouw (2007) defined communication as the process of sharing ideas, information and messages with others in a particular, place and time. It includes writing and talking as well as facial expression, body movement or gesture.

Communication means good understanding of another and makes for good relationship. It is fundamental to the organizational management of any establishment which makes it important in the operating theatre because the operating theatre personnel do not work in isolation and since they must work with someone, they must communicate effectively and efficiently. To achieve organizational goals, there must be good interpersonal relationship for smooth running of the theatre and success of surgeries.

Nurses and doctors who communicate effectively are better able to collect data for assessment and initiate interventions, evaluate outcomes of interventions, initiate changes that promote health, and prevent legal problems associated with medical practice (Huntington, 2010).



Purpose of communication

People communicate for many reasons. We communicate to inform, instruct, command, change, seek opinion, persuade, influence, educate, entertain, guide and control other people's view as well as changing the opinions and to obtain information.

Communication is a very important function to manage any organization whether it is small or large. In other words, nothing happens in management until communication takes place.

Effective communication

This is a two way process... sending the right message and to the right person. It is important to know the psychology of the people you are talking with, especially as a healthcare worker for there to be an effective interaction.

Quality of effective communication

A good communication process must be:

- Candid
- Complete
- Concise
- Clear
- Concrete
- Cautious
- Correct (accurate) (Lievrouw, 2007).

Communication is about the conscious transmission of information between parties. Frequently, what one party means to say is misinterpreted by the party who is meant to listen therefore for communication to be effective it should contain the above qualities.

Effective communicating starts with the individual understating the common process. This involves listening and questioning, it involves the degree to which what is intended to be transmitted is actually what is received

Element of effective communication

In health care, effective communication involves arriving at a shared understating of a situation and in some instance a shared course of action. This requires a wide range of generic communication skill, form negotiation and listening, to goal setting and assertiveness and being able to apply this generic skill in a variety of contexts and situations.

Effective communication also requires individuals and teams having access to adequate and timely information necessary to perform their role effectively and appropriately.

Multiple players are often involved in the management and delivery of patient care. While there is often an underlying assumption that health professional are inherently good communicators, the lack of formal training and assessment in this area would suggest otherwise with different technical expertise and communication styles among members of multidisciplinary teams, communicating effectively is considered important if teams are to function optimally and ensure patient safety and quality of care.

Members will have advance technical training and are likely to have different communication styles and this can compromise the effectiveness of communication. Skills development and training may be necessary to improve communication among teams (Berman, 2008).

The provision of feedback among teams assists in continuous improvement, and information feedback provided for the purpose of improving team performance and should focus on behavior not personal attributes and should be constructive and timely.

The purpose of communication

It is the broadest sense; the purpose of communication in an enterprise is to effect changes to influence action towards the welfare of the enterprise.

Communication is essentially for the internal functioning of enterprises because it integrates the managerial functions.

Communication is needed to:

- To establish and disseminate goals of an enterprise
- To develop plans for their achievement
- To organize human and other resources in the most effective and efficient way.
- To select, develop and appraise members of the organization.
- To lead, direct, motivate and create a climate in which people would want to contribute.
- To control performance.

The communication process

Effective communication involves the following processes:

- **THE SENDER:** The person who is transmitting the information. The originator or initiator, of communication
- **THE MESSAGE:** The information itself and the form it is being transmitted it includes: written communication, verbal communication and non-verbal or signs.
- **THE RECEIVER:** The person who has received the intended transmission of information and provides feedback.
- **THE FEEDBACK:** The reaction of the receiver on the received information. This is very important as it helps in ascertaining whether the message is understood or further clarification is required

The communication process

Communication can be intra personal or interpersonal. It is intra personal(soliloquy) when it takes place within self and it is interpersonal when it takes places between two or more persons which include one to few, one to many, many to many, many to few, few to few, few to many (Adelaide, 2005).

Communication skill

- Trustworthiness
- Transparency
- Focus and stability
- Objective and fairness
- Confidence
- Leading by example

Dimension of communication



Down ward communication: This is the transfer of information from the superior officers to subordinate officers. The top officials pass information or directive to the lower level official in the organization. Examples are from the chief Nursing Officer to the Senior Nursing Officer. The information could be warnings, orders, instructions, policies procedure, methods and directives.

Upward communication: This is the transfer of information from the subordinate officers to the superior officer. It enables an organization to know the concern of the subordinates. Typical means for upward communication besides the chain of command are suggestion systems, appeal, complaint systems, counseling sessions, joint setting of objectives, grape vines, and the practice of open-door policy.

Crosswise communication: Crosswise communication includes the horizontal flow of information with people on the same or similar organizational levels, and diagonal flow, persons at different levels who have no direct reporting relationships.

This kind of communication is used to speed information flow, to improve understanding and to coordinate efforts for the achievement of organizational objectives.

A great deal of communication does not follow the organizational hierarchy but cuts across the chain of command

Types of communication

There are basically two types of communication



Verbal communication

Verbal communication refers to the form of communication in which message is transferred orally. In this, communication is done by word of mouth. Objective of every communication is to have a people understand what message one is trying to convey (Taylor and Campbell, 2009).

Passing of messages or information effectively through more than two people requires the message to be clear, concise, timely and fitting. Therefore when receiving and giving information, it is necessary to ensure the current and correct message has been transferred. Oral communication includes face-to-face conversations, speech, telephone conversation, video, radio, television, voice over internet. In oral communication, communication is influenced by pitch, volume, speed and clarity of speaking.

Advantages

It provide for speedy interchange with quick feedback

In a face-to-face conversation, by reading facial expression and body language one can guess whether he/she should trust what is being said or not.

People can ask questions and clarify points.

Disadvantage

The user is unable to deeply think about what he is delivery.

It does not save time

It is not a legal tender

Reference cannot be made.

• Non-Verbal communication

Non-verbal communication is the sending or receiving of wordless messages. We refer any communication other than oral, such as gesture, body language, posture, tone of voice or facial expressions Non-verbal communication.

- **Nonverbal communication** has the following three elements:
- **Appearance:** speaker: clothing, hairstyle, neatness, use of cosmetics. Surrounding: room size, lighting, decorations, furnishing.
- **Body language (kinetics):** facial expressions, gestures, postures.
- **Sounds (paralanguage):** voice note, volume, speech rate, whistling.

Types of communication based on purpose and style

Based on style and purpose, there are two main categories of communication and they both bears their own characteristics. Communication types based on style and purpose are:

- Formal communication
- Informal communication

Formal communication

In formal communication, certain rules, conventions and principles are followed while communicating message. Formal communication occurs in formal and official style. Usually, professional settings, corporate meetings, conferences undergo formal pattern.

In formal communication, use of slang and foul language is avoided and correct pronunciation is required. Authority lines are needed to be followed in formal communication.

Informal communication

Informal communication is done using channels that are in contrast with formal communication channels. It is just a casual talk. It is established for societal affiliations of members in an organization and face-to-face discussions. It happens among friends and family. In informal communication, use of slang words, foul language is not restricted. Usually, informal communication is done orally and using gestures. It does not follow authority lines. Informal communication helps in building relationship.

Written communication

In written communication, written signs or symbols are used to communicate. A written message may be printed or hand-written. In written communication, message can be transmitted via email, letter, report, memo e.t.c. Message in written communication is influenced by the vocabulary and grammar used grammar style, precision, and clarity of the language used.

Written communication is most common form of communication being used in business. So, it is considered core among business skills. For communicating with external environment in writing, electronic mail, internet web sites, letters, proposals, telegrams, faxes, postcards, contracts, advertisements, brochures, and news releases are used. (www.notesdesk.com/notes/business)

Advantages

- It provides records.
- It provides references
- It provides legal defenses.
- It provides uniformity in policy and procedures.
- It can be prepared and directed to large audience.

A written communication enables the receiver to fully understand it and send appropriate feedback.

Disadvantages

Unlike oral communication, written communication does not bring instant feedback.

It may be poorly expressed by ineffective writers.

It takes more time in composing a written message as compared to word-of-mouth and number of people struggles for writing ability.

Written communication constitutes problem to those who cannot read. It is also a problem to the blind unless Braille is employed.

Types of communication based on purpose and style.

Based on style and purpose, there are two main categories of communication and they both bears their own characteristics. Communication types based on style and purpose are:

- Formal communication
- Informal communication

Formal communication

In formal communication, certain rules, conventions and principles are followed while communicating message. Formal communication occurs in formal and official style. Usually, professional settings, corporate meetings, conferences undergo formal pattern.

In formal communication, use of slang and foul language is avoided and correct pronunciation is required. Authority lines are needed to be followed in formal communication.

Informal communication

Informal communication is done using channels that are in contrast with formal communication channels. It is just a casual talk. It is established for societal affiliations of members in an organization and face-to-face discussions. It happens among friends and family. In informal communication, use of slang words, foul language is not restricted. Usually, informal communication is done orally and using gestures. It does not follow authority lines. Informal communication helps in building relationship.

Function of communication

It helps in passing of information in an organization

It serves as a medium of interaction thereby bringing people together in an organization.

Communication satisfies most needs, physical, identity and social needs.

It is used for persuasion in resolving conflict

It is an instrument of motivation

It facilitates the development of skill, attitude and values of workers.

Communication is used for advancing and warning

It is an instrument of change in an organization (Adelaide, 2007).

Criteria for effective communication

The following criteria may foster communication between professionals.

- **Feedback:** Lewis (2010) defines feedbacks as using people responses to see how they are doing and to evaluate what is getting to the learner or subordinate.
- **Listening ability:** If the receiver do not listen well there is no way the message will be digested and understood not to talk of giving feedback.
- **Appropriate:** This means that the reply circumstances is relevant and is meant to initiate statement. Communication is effective when the language used is simple and when the instrument are clear, agreed upon and understood by those involved.
- **Efficiency:** This means that the sender/receiver must time his/her message adequately giving the receiver time to evaluate the message and transmit a response.
- **Flexibility:** This means there is neither exaggerated communication or exaggerated permissions message are not redundant and information not lost.

Impact of communication in health care

1. Diagnostic accuracy

Most diagnostic decisions come from the history-taking component of the interview. Yet, studies of clinician-patient relationship visits reveal that patients are often not provided the opportunity or time to tell their history.

2. Adherence

This is the extent to which a patient's behavior corresponds with agreed upon recommendations from a healthcare provider. This is achieved through effective communication.

3. Patient satisfaction

The core elements comprising patient satisfaction include: expectations, control, decision-making, time spent, clinical team, referrals, continuity of care and dignity.

4. Patient safety

Research conducted during a 10 year period of 1995-2005 has demonstrated that effective team communication is the root cause of nearly 60 percent of all medical errors, in Australia (Williams, 2008). This means that patient's safety is ensured with good communication.

5. Team satisfaction

Communication among healthcare team members influences the quality of working relationships, job satisfaction and profound impact on patient safety.

6. Eliminate malpractice risk

According to Huntington and Kulm (2009), the 'root cause' of malpractice claims is a breakdown in communication between nurses, patients, and other healthcare workers during health education. Effective communication eliminates the chances of forgetting surgical instruments in patients' cavities.

Barriers to effective communication

- **Serial distortion:** It can be semantic or poor construction. Semantic are distortion arising from the use of ambiguous words which convey different meaning. Example, Gait/Gate, Course/Cause. Poor construction such as choice of words, lack of coherence, poor organization and structuring of the message, technical concept.
- **Noise:** Noise in the operating department can be either internal or external. Internal noise refers to a physiological or psychological state which can be stress, work pressure or personal issue. External noise could be from staff holding unrelated conversations, power tools, suction and others equipment noise levels in the operating room.
- **Information overload**
- **language**
- **Wrong timing:** Factual information should be timely disseminated. Message released at inappropriate time are ineffective.
- **Premature judgment:** When a receiver jump into conclusion about what it intended to be sent or being transmitted, such lastly judgment reduces understanding and effectiveness.
- **Inconsistent verbal and non-verbal use:** When this becomes incongruent or not aligned, communication may be distorted.
- **Break in communication link:** When the channel of communication gets clogged, slowed or break down, the message may not reach the destination early enough or not getting at all to the receiver.

Other barriers include

- Lack of planning
- Status difference
- Selective perception/individual bias
- Verbal difficulties
- Inadequate machinery for communication
- Lack of proper documentation.

Strategies for overcoming ineffective communication

Using the feedback loop
Simplifying and use of understandable language
Listening attentively

- Constraining emotions
- Aligning verbal and non verbal cues
- Appropriate timing
- Training employees in relevant communication techniques
- Developing the right attitude to communication techniques
- Setting up appropriate machinery for communication

Communication among health professionals

Maxfield et al (2008), on a study titled “Silence Kills” show that more than 60% of medication errors are caused by mistakes in interpersonal communication. How effective their conversations were, related strongly to medical errors, client’s safety, quality of care, staff satisfaction, and turnover. The study showed that those health care workers who were confident in their communication abilities to discuss their concerns with their co-workers were more satisfied and committed to staying in health care.

Theoretical frame work

The researcher applied Lasswell’s Model of Communication in this study.

According to Harold Lasswell (1948), a convenient way to describe an act of communication is to answer the following question.

“Who” refers to the communicator who formulates the message; “what” is the content of the message; “channel” indicates the medium of transmission; “whom” describes either an individual recipient or the audience of mass communication; “effect” is the outcome of the message. The movement of the message travels from the communicator t the audience.

QUESTION	ELEMENT	ANALYSIS
Who?	Communication	Control analysis
Says what?	Message	Content analysis
In which channel?	Medium	Media analysis
To whom?	Audience	Audience analysis
With what effect?	Effect	Effect analysis

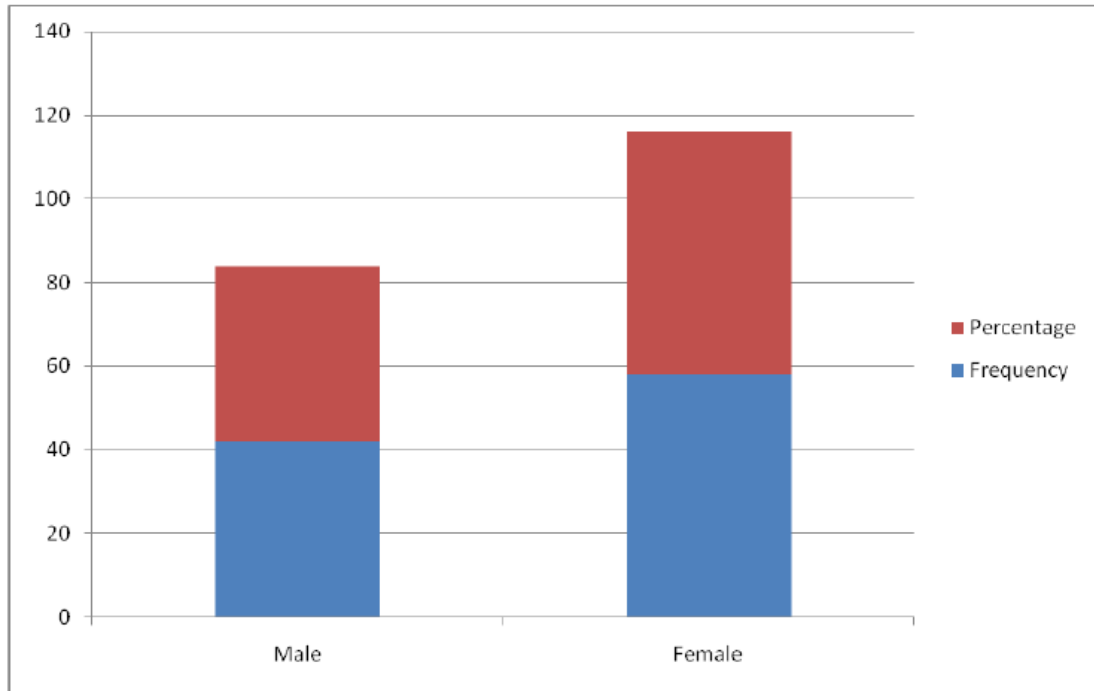
Result

Section A: Demographic data

Question 1: Respondents’ sex

SEX	FREQUENCY	PERCENTAGE
Male	42	42%
Female	58	58%
Total	100	100%

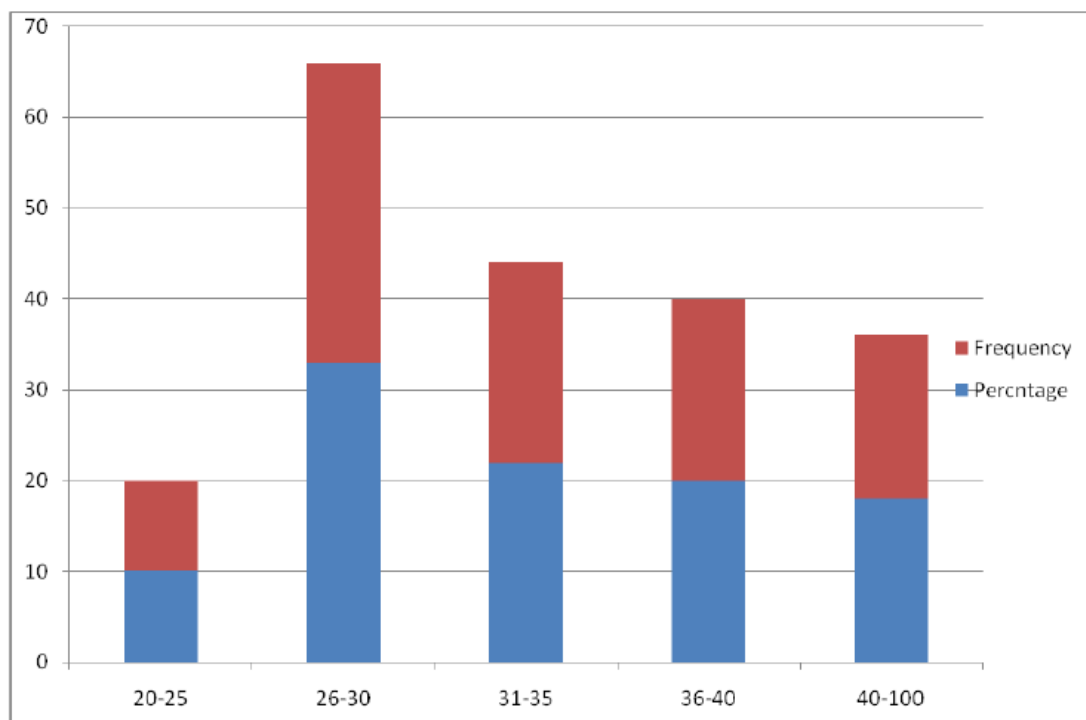
Table 4.1. The above table shows that 42(42%) of the respondent were male while 58(58%) were female.



Question 2: Respondent's age

Table 4.2

RESPONSE	FREQUENCY	PERCENTAGE
20-25	10	10%
26-30	30	30%
31-35	22	22%
36-40	20	20%
41 -100	18	18%
Total	100	100%



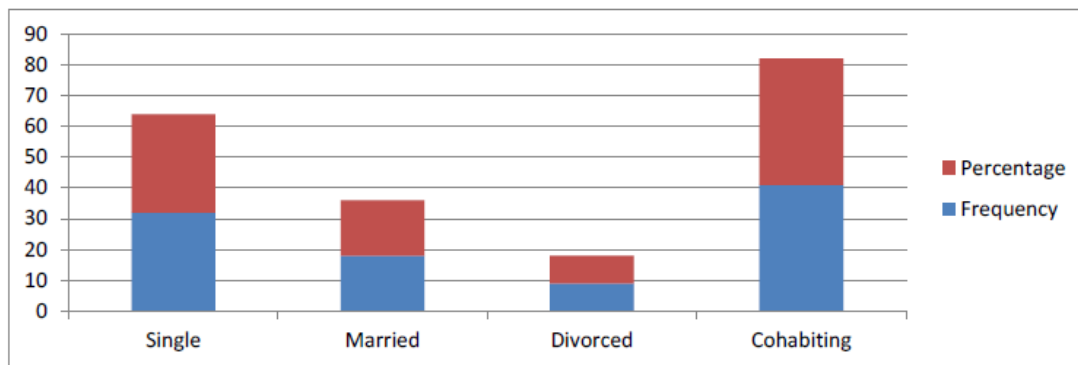
The table and figure above shows that 10(10%) of the respondents fall between the ages of 20-25, 30(30%) falls between the ages of 26-30 years, 22(22%) falls between the ages of 31-35 years, 20(20%) falls between ages 36-40 years while 18(18%) of the respondents fall between ages 41 and above.

Question 3: Respondents' marital status

Table 4.3

RESPONSE	FREQUENCY	PERCENTAGE
Single	32	32%
Married	18	18
Divorced	09	09
Cohabiting	41	41
Total	100	100%

Of the respondents, 32(32%) were single, 18(18%) were married, 09(09%) were divorced while 41(41%) were cohabiting.



Question 4: Respondents' profession

RESPONSE	FREQUENCY	PERCENTAGES
Nurses	30	30%
Patients	37	37%
Other Healthcare Workers	33	33%

Question 4: Respondents' profession

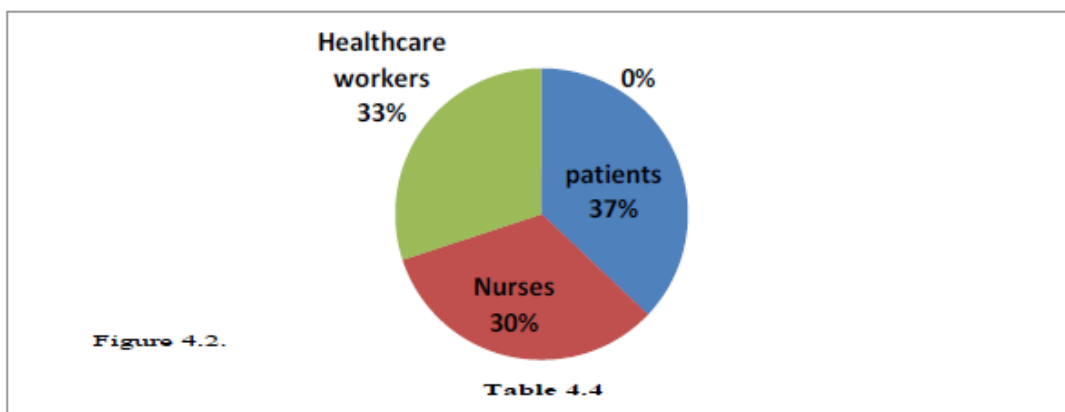
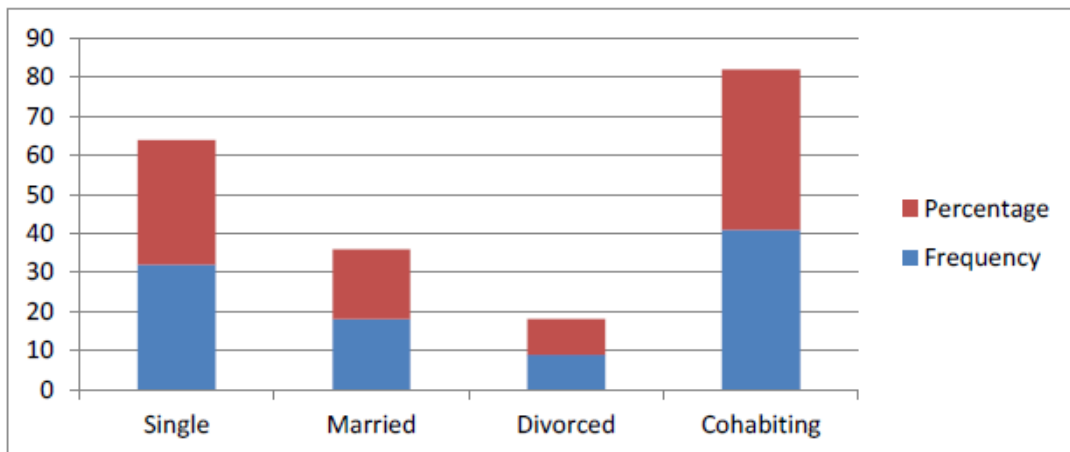


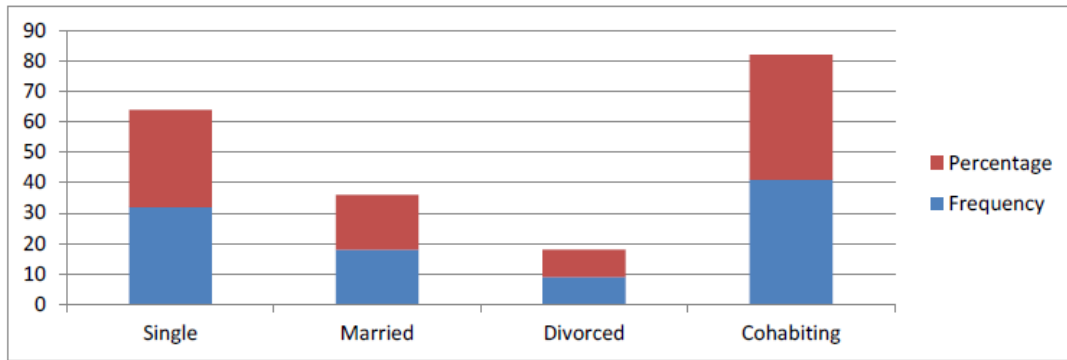
Figure 4.2. indicates that of the respondents, 30(30%) representing 108° in the pie chart were nurses, 37(37%) representing 133.2° were patients while 33(118.8) were Healthcare workers.

Section B: Data on subject matter

Question 5: Type of communication system the respondents normally use

Table 4.5

RESPONSE	FREQUENCY	PERCENTAGE
Verbal	52	52%
Nonverbal	12	12%
Written	20	20%
All of the above	16	16%
Total	100	100%



Of the respondents, 52(52%) use verbal communication, 12(12%) indicated nonverbal, 20(20%) indicated written communication, and 16(16%) indicated ‘all of the above’.

Question 6: Type of communication that is generally most effectively used among the nurses, Patients and Healthcare workers during Health Education.

Table 4.6

RESPONSE	FREQUENCY	PERCENTAGE
Verbal	80	80%
Non-verbal	20	20%
Total	100	100%

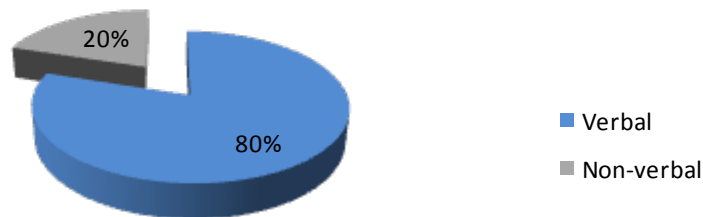


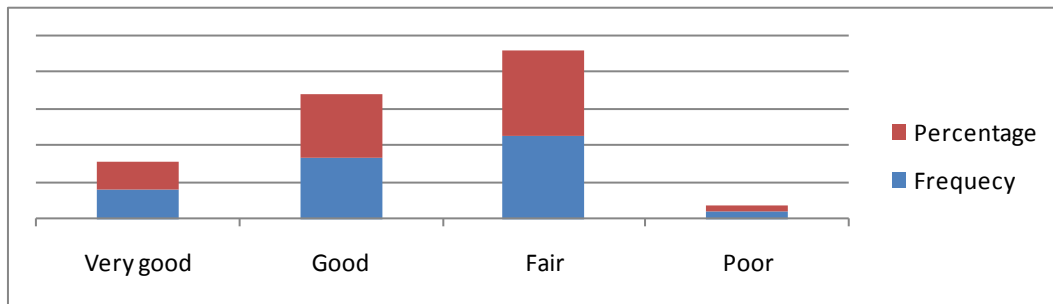
figure 4.4

From the table 4.6 and figure 4.4 above, 80(80%) of the respondents indicated ‘verbal’ and 20(20%) indicated ‘nonverbal’

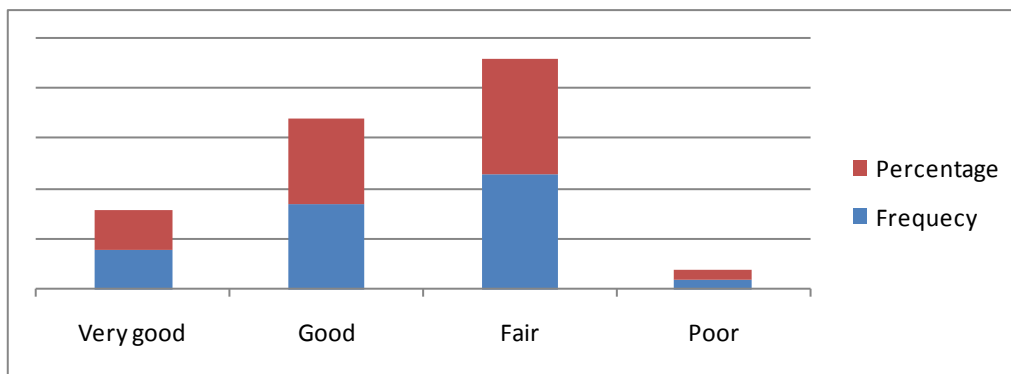
Question 7. How respondents can describe the type of communication that exists amongst Nurses, Patients and Healthcare workers during health education.

Table 4.7

RESPONSE	FREQUENCY	PERCENTAGE
Very good	16	16%
Good	34	34%
Fair	46	46%
Poor	4	4%
Total	100	100



From figure 4.5 and table 4.7, 16(16%) described the communication among nurses and patients during health education to be very good; 34(34%) indicated ‘good’, 46(46%) indicated that it was fair, and 4(4%) indicated it was poor.



From figure 4.5 and table 4.7, 16(16%) described the communication among nurses and patients during health education to be very good; 34(34%) indicated ‘good’, 46(46%) indicated that it was fair, and 4(4%) indicated it was poor.

Question 8: If effective communication aids cooperation during health education

Table 4.8

RESPONSE	FREQUENCY	PERCENTAGE
Yes	94	94%
No	6	6%
Total	100	100%

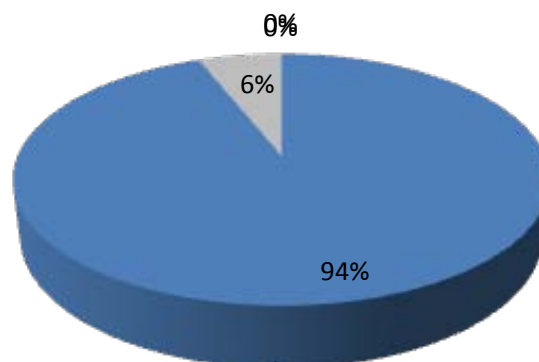


Figure 4.6

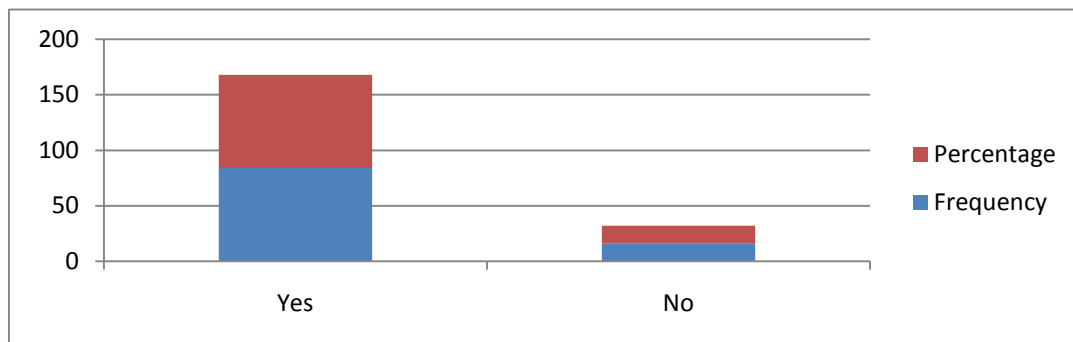
From figure 4.6 and table 4.8, 94(94%) of the respondents indicated that effective communication will aid cooperation during health education while 6(6%) indicated 'no'.

Question 9: if respondents observe any barrier in communication between the nurses patients, and healthcare workers during health education

Table 4.9

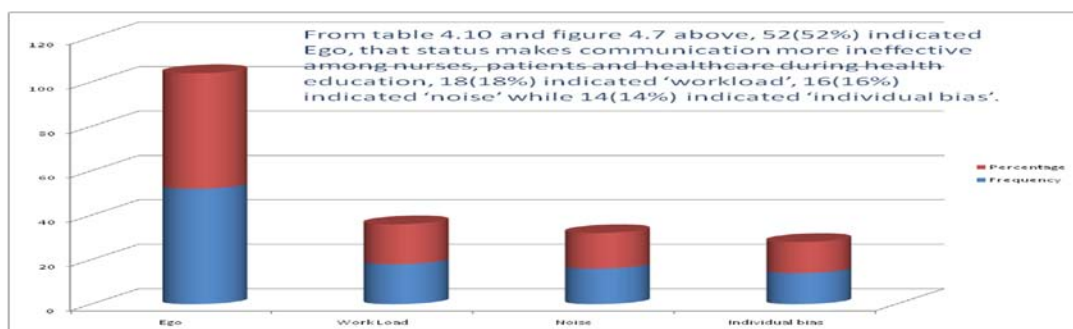
RESPONSE	FREQUENCY	PERCENTAGE
Yes	84	84%
No	16	16%
Total	100	100%

From the table above, 84(84%) of the respondents observe barrier in communication between the nurses and patients while 16(16%) did not observe any.



Question 10: Barrier the respondents think makes communication more ineffective amongst Nurses, patients and healthcare during health educational

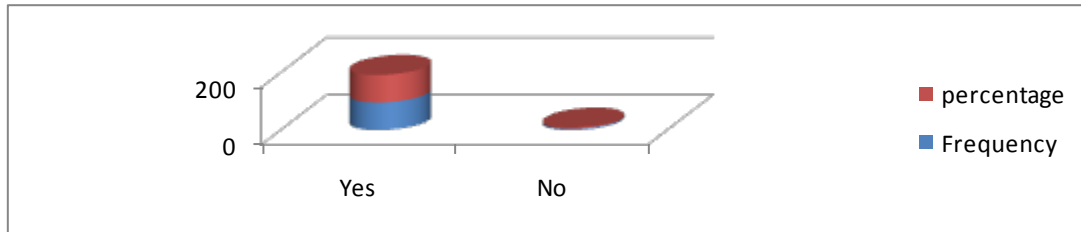
RESPONSE	FREQUENCY	PERCENTAGE
Status/Ego	52	52%
Workload	18	18%
Noise	16	16%
Individual bias	14	14%
Total	100	100



Question 11: If effective communication among nurses, patients and healthcare workers during health education will eliminate unintentional error

RESPONSE	FREQUENCY	PERCENTAGE
Yes	96	96%
No	4	4%
Total	100	100%

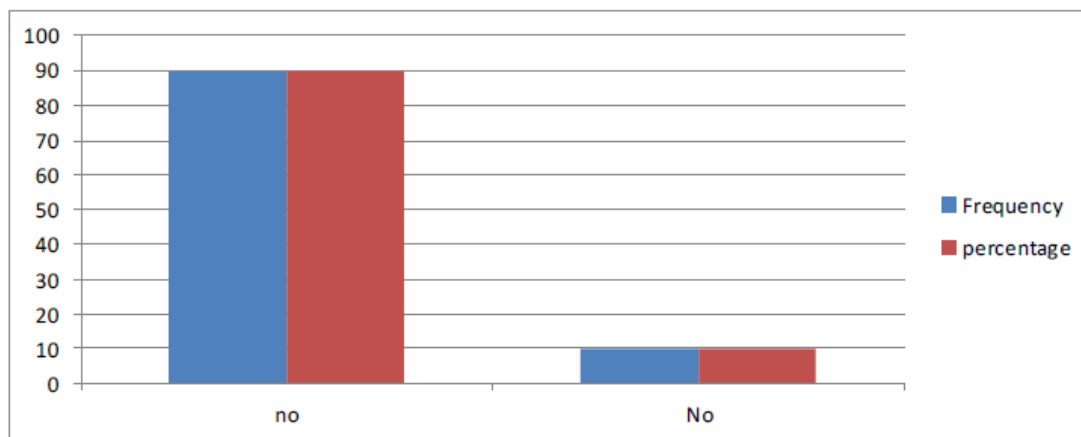
Of the respondents 96(96%) indicated that effective communication among nurses their patients and healthcare workers during eliminate health education, while 4(4%) indicated 'no'.



Question 12: If the respondents think informal communication will improve the communication skills between nurses and patients during health education

RESPONSE	FREQUENCY	PERCENTAGE
Yes	90	90%
No	10	10%
Total	100	100%

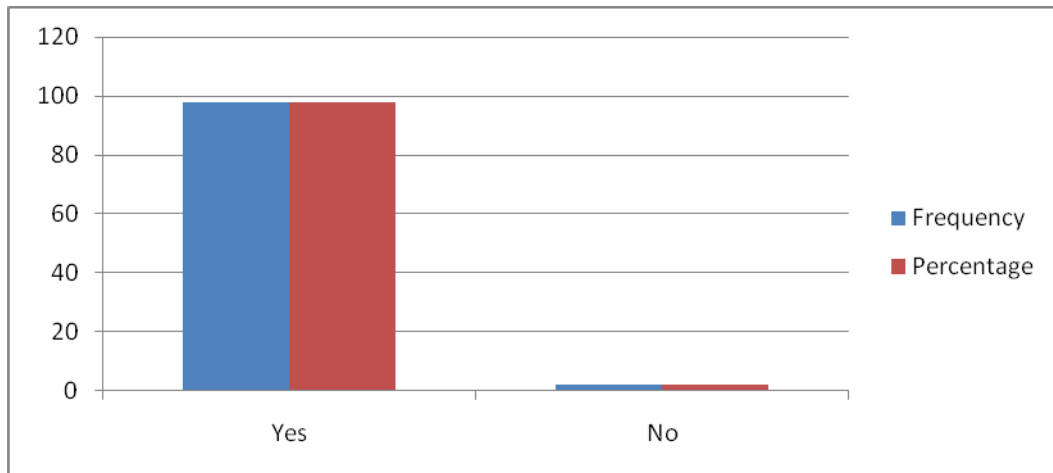
From the table above, 90(90%) think that informal communication will improve the communication skills between nurses, patients and healthcare workers during health education, while 10(10%) do not think it will.



Question 13: If it is necessary for nurses and other healthcare workers to attend workshop/seminars on how to improve their communication.

RESPONSE	FREQUENCY	PERCENTAGE
Yes	98	98%
No	2	2%
Total	100	100%

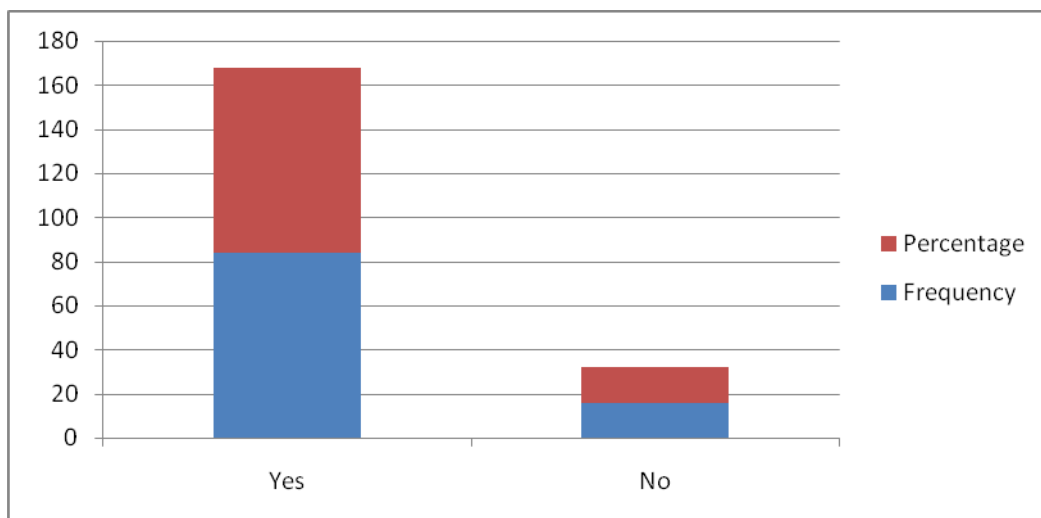
From the table above, 98(98%) of the respondents indicated that communication can be improved on by attending workshops/seminars while 2(2%) indicated 'no'



QUESTION 14: If level of education constitute a barrier to effective communication among nurses and doctors during health education

Table 4.14

RESPONSE	FREQUENCY	PERCENTAGE
Yes	84	84%
No	16	16%
Total	100	100%



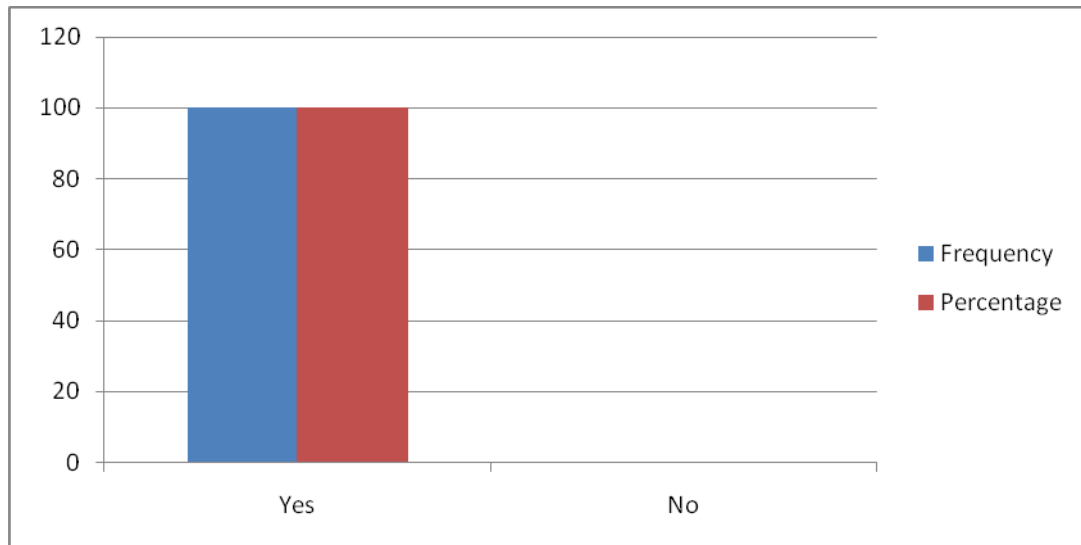
Of the respondents, 84(84%) indicated that educational level constitutes a barrier to effective communication while 16(16%) indicated 'no'.

QUESTION 15: If respondents think effective communication will bring about satisfaction between the nurses and patients during health education

RESPONSE	FREQUENCY	PERCENTAGE
Yes	100	100%
No	-	-
Total	100	100%

Table 4.15

From the table above, the entire respondents 100(100%) think that effective communication between nurses and patients during health education will bring about satisfaction.

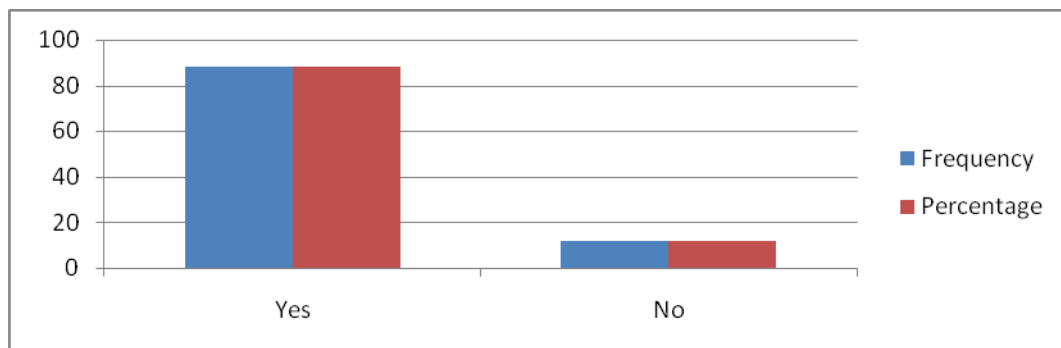


QUESTION 16: If effective communication will eliminate medical errors.

Table 4.16

Of the respondents, 88(88%) indicated that effective communication will eliminate medical errors while 12(12%) indicated 'no'.

RESPONSE	FREQUENCY	PERCENTAGE
Yes	88	88%
No	12	12%
Total	100	100%



Results

Answering of research questions

Question 1

Can effective communication help to improve the health education of patients?

From table 4.8 and figure 4.6, 94% of the respondents indicated that communication aids cooperation during health education. All of the respondents from table 4.16 indicated that effective communication will bring about patients' satisfaction. Maxfield (2005) stated that effective communication among health team members yield a better client outcome.

Question 2

Are there barriers to effective communication between the nurse, patient, and other healthcare workers during health education?

From table 4.9, 84% of the respondents observe barrier in communication between the nurses and patients. From table 4.10, barriers to effective communication amongst the community team were status/ego (52%), workload (18%), noise (16%), and individual bias (14%)

Results

Answering of research questions

Question 1

Can effective communication help to improve the health education of patients?

From table 4.8 and figure 4.6, 94% of the respondents indicated that communication aids cooperation during health education. All of the respondents from table 4.16 indicated that effective communication will bring about patients' satisfaction. Maxfield (2005) stated that effective communication among health team members yield a better client outcome.

Question 2

Are there barriers to effective communication between the nurse, patient, and other healthcare workers during health education?

From table 4.9, 84% of the respondents observe barrier in communication between the nurses and patients. From table 4.10, barriers to effective communication amongst the community team were status/ego (52%), workload (18%), noise (16%), and individual bias (14%)

Question 3

Are the various types of communication skills utilized by nurses and other healthcare workers during health education?

From table 4.5, 56% of the respondents use verbal communication, 20% indicated 'nonverbal communication' 12% indicated 'written' and 16% uses all communication skills. From table 4.6, the various types of communication skills are used by both nurses and patients and other healthcare workers. 80% of the participants indicated that verbal communication is mostly used while 20% indicated that nonverbal communication is mostly used.

Summary

This study contributes to knowledge of nurses about communication as it is very vital and the land mark of any organization. Effective communication helps to improve quality of care given to patient and makes continuity in patient care more effective and the communities at large develops confidence in the profession, make early diagnosis easy and promotes the image of the medical field.

The study also emphasizes the important of effective communication between nurses, patients and other healthcare workers during health education as it is vital for client safety, disease prevention, curative and health promotion.

Nurses are also employed to learn good communication skills as lack of guidelines or format may contribute to medical errors as a result of communication problems.

Conclusion

Communication is very important in every organization whether it Health Institution Profitable or non-Profitable. Effective communication is the responsibility not only of the sender but also of the receiver of the information. We need to be a good listener, we need to listen actively with our ears and eyes open, hearing what others are saying and understanding their non- verbal communication.

Communication is the transfer of information from the sender to the receiver with the information being under stood by the receiver. Communication is very essential between nurses, their patients and other healthcare providers; hence, no barrier should be permitted since communication contributes to effective quality care. To prevent poor communication, all the personnel should ensure that they have the correct skills to communicate effectively.

The total number of nurses used for the researched were 30 (6 BScN, 8 RNM, 14 RGN and 2 Nurse Assistants). There is need for upgrade for the nurses especially the RNM, RGN and N/A to BScN, because at BSc level nurses are taught communication skills and manners in order for them to be able to deliver messages to all the clients at their different levels of

understanding. In addition, there is also the need for continuing professional developmental and in services training

The nurses who interviewed during the research are from the cadres of Nurse Assistants through BSc Nursing. Though training is needed in in-service training in order for them to get equipped in effective communication during health education so that they can get the intended message pass to the audience in like manner that it will be received according to their understanding.

For upgrading, the nurses find it difficult because the government give minimal support to them for them to go for higher qualification a they will be asked to resign as well sponsor themselves during the course, thereby making it stressful for them. In Swaziland here, the ministry of health and the nursing council are yet to approve distance learning for their nurses in order for them to go about up grading to higher levels in nursing without financial constraints. Here I think Texila American University can through my research work make memorandum with Swaziland Nursing Council in order to get their Citizens registered with the school for distance learning programme for upgrading their training without financial hiccups’.

References

- [1]. Adelaide, J.A. (2007): Trends in Communication (1stEdition), cooperate place, Gwagwalada, Abuja
- [2]. Berman, Solyder, Kozier, Erb (2008): Kozier and Erb’s Fundamental of Nursing Concepts, Process and Practice, (9th edition), Australia. Australia; Pearson Education.
- [3]. Burns and Groove, (2005): Research Methodology for Health Care Professionals, (4th edition), London.
- [4]. Clark, P.A, (2007): Medical Practices’ Sensitivity to Patient’s Needs, (2nd edition), Philadelphia
- [5]. Lieurouw, L. (2008): Communication Skills and Documentation, Writing, and Communication for Nurses, (4th edition), Wiltshire.
- [6]. Maxfield, H.I (2010): Fundamentals of Research Methodolog for Health Care professionals, (2nd edition), Cape Town, Juta.
- [7]. Taylor and Campbell, (2009): Assessing Competence in Communication and Interpersonal Skills, (1st edition), London.
- [8]. Marriner-Tomey A (1993) Transformational Leadership in Nursing. London: Mosby
- [9]. Adair J (2003) Effective Leadership. National College for School Leadership, Briefing paper. www.ncsi.org.uk
- [10]. Prekesh Iyer, The secret of Leadership, Penguin Book India, 2013
- [11]. Robin Shama, Leadership Wisdom Jaico Publishers, India 2003
- [12]. Tyagi Kavita & Misra Padma, Professional Communication, PHI?(2011)
- [13]. Matthew McKay, Message: The Communication Skills Book, Atlantic Publishers and Distributor, New York
- [14]. Hillix, W. A., D.M. Rumbaugh, and A.Hillix. (2004). Animal Bodies, Human Minds: Ape, Dolphin, and Parrot Language Skills. Plenum
- [15]. House. R.J. Path-goal theory of leadership: Lesson, legacy, and a reformulated theory, Leadership Quarterly, Vol.7 (1996). pp 323-352
- [16]. Kim, H and Yuki G, Relationships of managerial effectiveness and advancement to self-reported and subordinate-reported leadership behaviors’ from the multiple-linkage model. Leadership Quaterly, vol.6 (1995_ pp361-377

Future steps

- Establish Trust: Build some levels of trust in clients/patients in order for them to have positive mind set in their care.
- Speak clearly and concisely. Avoid using ambiguous language.
- Recognise where is like some problems, if its language barrier, get an interpreter.
- Soft tone and body language should be used when communication.

- Never assume you know what the client is having in his/her mind, assumptions are common problem in communication.
- Identify the communication problem caused by technology.

Current research work

- Effective verbal or spoken communication is dependent on a number of factors and cannot be fully isolated from other important interpersonal skills such as non-verbal communication, listening skills and clarification.
- Use standard terminology when communicating information.
- Request and provide clarification when needed.
- Ensure statements are direct and unambiguous.
- Inform the appropriate individuals when the mission or plans change.
- Communicate all information needed by those individuals or teams external to the team.
- Use nonverbal communication appropriately.
- Use proper order when communicating information..
- For formal English-speaking groups

Future research work

Communication is the means by which the behaviour of the healthcare workers is modified and change to be effected in their actions. Through communication healthcare workers are motivated attitudes that assist in adherence purposes to achieve the goals, aims and objectives of the hospital and their morale is boosted.

Effective control

Communication acts as a tool of effective control. The plans have to be communicated to the healthcare workers and patients, the actual performance has to be measured and communicated to the top management and a corrective action has to be taken or communicated so as to achieve the desired goals

Job satisfaction

Effective communication creates job and patients' satisfaction as it increased mutual trust and confidence between healthcare workers and the patients.