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## A conceptual framework for an integrated short-term course on health communication skills (HCS) in the undergraduate nursing programme.

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### ABSTRACT

*This article describes and discusses the conceptual framework developed to emphasize the need for a short-term course on Health communication skills (HSC) for the undergraduate nursing program. The study has adopted mixed methods both qualitative and quantitative approach to critically analyze the factors that influence ineffective communication skills among nurses and the implementation of a health communications skills training hence the conceptual framework depicts both the qualitative conceptual model and Lewin's theory (adopted) for quantitative approach. The qualitative conceptual theory describes the factors contributing to ineffective communication and the consequences of it while they need to implement an HSC course as described in Lewin's conceptual model. The limitations of the current nursing curriculum in India on health communication skills are elaborated and the demand for a HSC course is recommended.*

**Keywords:** Conceptual Framework, Qualitative Approach, Quantitative Approach, Health Communication Skills, Short Term Course and Undergraduate Nursing Programme

### 1. INTRODUCTION

Communication is a key element in providing high-quality health care services leading to patient satisfaction and health (Norouzinia, 2016). Communication is inherent in the provision of patient centered care. (Hagemeyer, 2014). Communication skills are of paramount importance for health care professionals working with patients. (Lau, 2013). The National Accreditation Board for Hospitals and Health Care Providers (NABH, 2020) India, has introduced effective communication as one of the standards for assessment. Health care team members are expected to deliver a high level of patient care and, as part of their responsibility, to communicate effectively and efficiently with each other (Matzke, 2014). "According to the American Association of Critical-Care Nurses (AACN) Standards for Establishing and Sustaining Healthy Work Environments, Skilled communication was one of the top priority since unclear and ineffective communication between health care professionals is a common underlying cause of patient injuries in healthcare. Therefore, the transfer of information between health care professionals is very important. Without a common understanding there is a risk among healthcare professionals which leads in making incorrect assessments and inappropriate decisions (Orlovsky, 2011). Despite a commitment to improving communication skills and increasing interprofessional collaboration, communication failures in health care setting are common (Burke, 2016)

Ineffective team communication is found to be the root cause for error in health care in an audit of 48 surgical procedures and reported inefficiency, wasted resources, procedural errors and team tension as main factors contributing to the error. The source for 60% of medication errors was reported to have occurred due to poor communication between nurses and the other health team members (Mill water, 2015).

India has 2960 nursing schools running diploma and 1855 nursing colleges running B.Sc. programme. Annually, the country produces around 60,000 nurses and these nurses work in different tertiary hospitals of the country which demands high competency skills to provide patient care. The current Indian nursing curriculum is quite packed with many subjects and intense clinical practice and hence to integrate a HCS course imposes a challenge and also requires an educational policy change. Despite the fact that the Indian Nursing Council has incorporated communication as one of the topics in the syllabus of the undergraduate nurses, the curriculum has provided only 10 hours for this topic in the first year and a review of 4 hours in the second year of nursing out of a

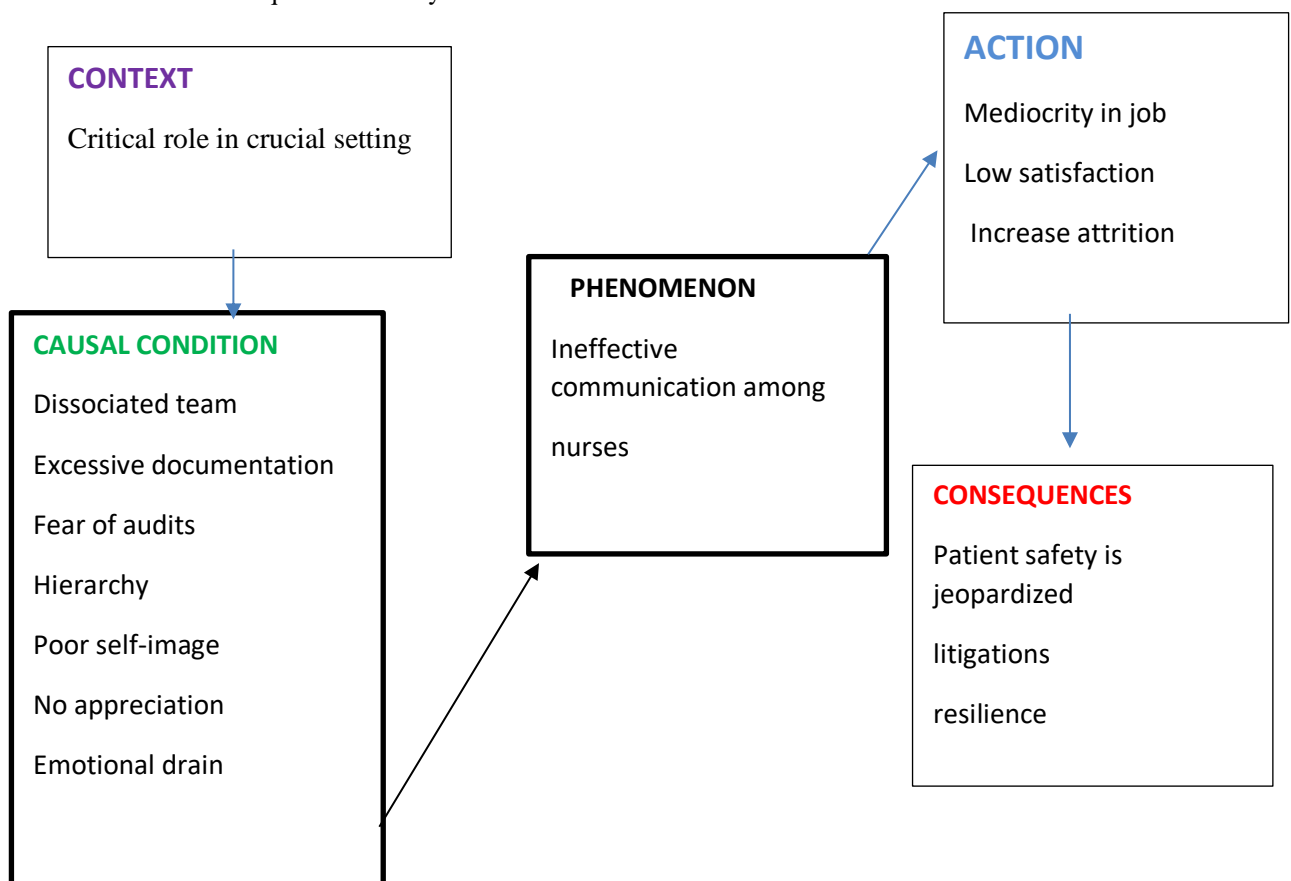
total of nearly 6000 hours of instruction during the whole undergraduate course. According to the Indian Nursing Council (INC) Syllabus, 2020. This is too meager and further, there is no prescribed structured training for development of communication skills through role plays, small group discussions, etc. There is neither follow up nor reinforcement of the communication skills during the later years of the study and during internship. This seems a serious lacuna that needs to be rectified. The students hail from various parts of the country with widely different backgrounds, and since English is not their first language, the development of a suitable training requires much thought and planning. Nursing faculty are also not formally trained to handle these classes and be role models. While teaching basic and applied nursing skills are essential and have structured methodology, the same is not true for teaching communication skills which require more innovative learning techniques. Scarcity of published literature on experiences in India and other developing countries like Africa and other Asian countries need for urgent research on identifying the communication problems and the deficiencies in current nursing curricula to provide suitable training in communication skills. Most studies of self-assessment are in areas of technical knowledge and ability. Even in concrete areas such as these, self-assessment has been found to be inaccurate. This may be of even more concern when the area of assessment is laden with value judgments, as is the case in communication skills and professionalism. (Symonns, 2009). The level of instruction needed to accomplish the objectives of the curriculum document given time and resource constrains the challenge for many baccalaureate programs. (Miles, 2014).

**There are two conceptual frameworks**

1. The first conceptual framework emerged as a result of qualitative analysis which illuminates on the problems and factors leading to ineffective communication skills among nurses that was captured in focus group discussion. Until the problems that hinder effective communication skills among nurses are addressed, the positive impact of a training module is questionable .
2. The other conceptual framework was adopted from Lewin’s theory which is called Lewin’s Force Field or Change Theory. Most often this theory is applied by organizations to implement organizational shift through change management that relates to the “process, tools, and techniques to manage the expected change in the people’s behaviour in order to accomplish the required outcome.”(Shirley, 2013).

This model explains the implementation of the communication skills training.

Conceptual framework based on qualitative analysis



Lewin describes three stages; unfreezing, Moving and refreezing or Freezing. The first stage is unfreezing where the problem is recognized which needs to be addressed through new practices. Change agents who are champions are identified in the organization to play a key role in facilitating the change in people’s behaviour. Unfreezing also involves motivating and encouraging individuals by preparing them for change. In this stage, strategies are developed to strengthen the driving forces for change and to weaken the restraining forces. The second stage is the “Moving stage “where there is active participation by individuals for change and the desired change eventually becomes the practise or the culture of the organization. In the refreezing stage, the focus is on evaluating the effectiveness of change and sustaining the change. (Bosak, 2003)

**2. APPLICATION OF THIS THEORY FOR THE STUDY**

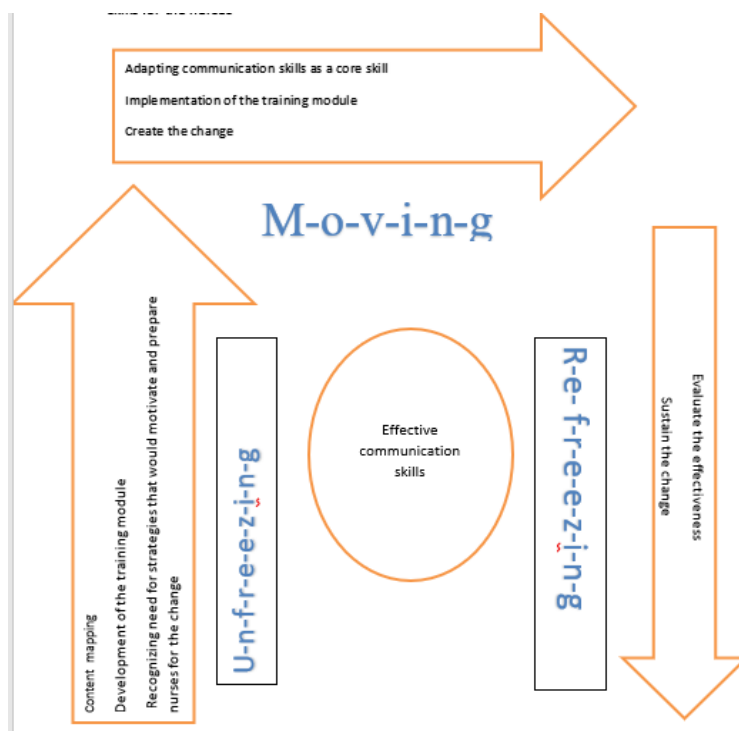
Application of Lewins' change model is relevant to the study because the focus is to bring about a behavioural change in communication skills among nurses through a training module.

The unfreezing stage comprises the following components; recognize the need for strategies that would motivate and prepare nurses for the change to adapt effective communication skills as a core competency skill. The need for training was captured in the review of literature, attitude survey and focus group discussions of doctors, nurses, nursing students and administrators. Effective communication is perceived as a desired change in a larger picture as an organizational culture. The mapping and content analysis for the training module was based on the various views expressed by the participants which led to development of a comprehensive training module.

The moving stage involves adapting communication skills as a core skill and implementation of the training module by the faculty / instructors along with the undergraduate curriculum and facilitating the desired outcomes among the nursing students.

The Refreezing stage will measure the effectiveness of the training module by measuring patient safety and improvement in the interdisciplinary communication. Sustaining the change through ongoing training.

Conceptual framework for implementation and sustainability of the health communication skills for the nurses



### 3. CONCLUSION

Jane (2015) suggested that even though organizations continue to invest their resources in developing effective social media strategies, they should develop strategies that more frequently invoke a two-way symmetrical model of communication, as well as dialogic communication. While these models may entail a certain loss of control over messaging, they also enable organizations to effectively engage with their key public.

Hazavehei (2015) reported that in many countries, in order to improve students' communication skills, instruction in this area is integrated in the curriculum at various levels, including medical schools and residency. For instance, Dalhousie Canadian University has integrated these skills in the general medical curriculum as well as in graduate and continuing education programs. Modi (2016) reported that The "Vision 2015" document of the Medical Council of India reaffirms the need to include training in communication skills in the MBBS curriculum. Training in communication skills needs approaches which are different from that of teaching other clinical subjects. It is also a challenge to ensure that students not only imbibe the nuances of communication and interpersonal skills, but adhere to them throughout their career. Johnson (2015) reported that effectively embedding the teaching and learning of communication skills across the curriculum in higher education is a complex problem that requires systematic, institutional approaches, and collaboration between disciplinary academics and academic language and learning practitioners, with knowledge of best practices across the sector. Chatterjee (2011) pointed out that there is one thing lacking in almost all education systems around the world and that is, teaching students how to communicate their thoughts to others. This results in producing professionals who may have good domain knowledge but are unprepared for what the world needs and this is particularly true in the field of medical education. INC in its recommendation to the new syllabus for B.Sc. Nursing has emphasized the need to incorporate the soft skills but does not give directions for implementation.

The weakness of communication skills among nurses reduces the chance of achieving success and increases the possibility of complaint and litigation (Marhamati, 2015). Unfortunately most Indian study report that the nurses poses poor communication skills and recommend an emphasis on providing communication skills training for nurses (Sharma, 2008)

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