

Communication Competency on Among Korean Clinical Nurses working in small- and medium-sized hospitals

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Abstract

Objectives: This study was undertaken to investigate communication competency of clinical nurses working in small- and medium-sized hospitals. Methods: The participants were 187 clinical nurses working in 7 small- and medium-sized hospitals. Data were collected from September 18 to October 20, 2017 and analyzed using the SPSS 21.0 program.

Results: As for the differences among communication competency by general characteristics, communication competency differed significantly by satisfaction with the current department ($p=.006$). They scored 3.41 ± 0.44 for communication competency. As for the mean of the 15 sub-factors, they scored 3.81 ± 0.70 for responsiveness, 3.81 ± 0.60 for concentration, 2.97 ± 0.70 for interaction management, and 3.18 ± 0.58 for turnover intention .

Conclusion: The findings of this study support the importance of the communication competency of clinical nurses working in small- and medium-sized hospitals for efficient human resource management, Studies for developing programs to facilitate communication competency of clinical nurses are highly recommended.

Keywords: *small- and medium-sized hospitals, nurses, communication competence*

1. Introduction

In addition to traditional nursing services, nurses are responsible for the restoration of ²patients' diseases, the role of helping them to maintain or improve their health, the role to formulate and coordinate nursing plans, and the role of education and consultation for patients and caregivers. In addition, the nursing organization is not only the subject or colleague nurse, but also the physician, the pharmacist, the nutritionist, the assistant, the social worker and the employee of the administrative department. In many cases, hospitals work with interactions with many specialists, and effective communication with them is essential[1].

Although the principles of communication are emphasized in nursing education or field as an important element of effective nursing practice, there is lack of support for practical interaction technology of nurses within the health care system[2].

Through communication with patients, nurses can detect clinically important nursing problems and interact with patients to build trust, maintain interpersonal relationships, and mediate in conflicts [3]. Communication competency is a moderating variable that interacts with anger-in, diminishes the effects of anger-in on turnover intention, and affects the turnover

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intention [4]. Although emphasis is placed on these principles of communication as important elements of effective nursing practice in nursing education or practice, limited support is given to nurses for practical interaction skills within the health care system [2].

This study aimed to investigate communication competency and could develop programs to manage nursing manpower efficiently so that clinical nurses at smaller hospitals.

2. Methods

2.1 Research design

This is a descriptive research aimed at determining communication competency, among clinical nurses at hospitals with ≤ 500 beds.

2.2 Participants and data collection

The sample size was estimated using G power 3.1 software [5]. The minimum sample size required to conduct multiple regression analysis was 178 persons, with the significance level (α) being .05, testability ($1-\beta$) .95, effect size (r) .15 on average, and predictors 11. Questionnaires were distributed to 200 persons based on convenience sampling, taking the dropout rate of 10% into account. 187 copies (93.5%) were analyzed, with the exception of 13 incomplete ones (6.5%).

The research was conducted among clinical nurses at 7 general hospitals with ≤ 500 beds—4 in D City, 1 in I City, 1 in J Province, and 1 in K Province from September 18 to October 16, 2017. New nurses with < 1 year of career were excluded.

2.3 Research tools

2.3.1 Communication competency:

In order to measure the individual's communication skill, a comprehensive interpersonal communication competence tool developed by Hur [6] and Lee et. al [7] devised was used.

This tool was composed of 15 items and consisted of self-exposure, backward paper, social tranquilization, assertiveness, concentration, interaction management, expressive power, bearing ability, immediacy, efficiency, social suitability, Each item was measured on a 5-point Likert scale ranging from 'not at all' to 'highly agree'. The higher the score, the higher the level of communication skill.

In terms of the tool's reliability, [6] found Cronbach's alpha to be .72, whereas that in this study stood at .89.

2.4 Data analysis

The collected data were analyzed using an SPSS WIN 21.0 program made by SPSS Korea Data Solution Inc. The general characteristics, communication competency were analyzed using descriptive statistics, which involved frequency, percentage, and mean and standard deviation. Independent t-test and one-way ANOVA were performed for the differences in communication competency by the general characteristics, while Scheffé test was used for post-hoc analysis.

3. Results

3.1 Participants' general characteristics and communication competency by general characteristics

64 respondents (34.2%) were aged 26-30 years and 35 (28.3%) were aged ≥ 36 years. 112 respondents (59.9%) were university graduates and 67 (35.8%) were college graduates. 156 respondents (83.4%) earned an average of about 2 million won a month, 98 (52.4%) were satisfied with their wage, 90 (48.1%) showed an average level of satisfaction with their current department, and 80 (42.8%) were satisfied with their current service department. The total working duration was 1-5 years for 102 respondents (54.5%), 6-10 years for 45 (24.1%), 11-15 years for 25 (13.4%), and 16-20 years for 10 (5.3%) (Table 1). As for the differences among communication competency by general characteristics, communication competency differed significantly by satisfaction with the current department ($p=.006$) (Table 1).

3.2 Participants' communication competency

They scored 3.41 ± 0.44 for communication competency. As for the mean of the 15 sub-factors, they scored 3.81 ± 0.70 for responsiveness, 3.81 ± 0.60 for concentration, 2.97 ± 0.70 for interaction management (Table 2).

Table 1. The Differences Among Anger Communication Competency According to the General Characteristics of Participants (N=187)

Characteristics	Categories	n(%)	Communication competency	
			M \pm SD	t or F(p)
Age (year)	≤ 25	30(16.0)	3.33 \pm 0.40	0.990 (.399)
	26-30	64(34.2)	3.36 \pm 0.45	
	31-35	40(21.4)	3.45 \pm 0.49	
	≥ 36	53(28.3)	3.47 \pm 0.39	
Marital status	Single	112(59.9)	3.38 \pm 0.47	-0.889 (.375)
	Married	75(40.1)	3.44 \pm 0.38	
The last scholarship	Degree	67(35.8)	3.37 \pm 0.47	2.026 (.135)
	Bachelor	112(59.9)	3.40 \pm 0.41	
	Master	8(4.3)	3.70 \pm 0.42	
Income (/mon)	Around 2million	156(83.4)	3.38 \pm 0.44	2.193 (.114)
	Around 3 million	26(13.9)	3.56 \pm 0.37	
	Over 3million	5(2.7)	3.50 \pm 0.41	
Salary satisfaction	Very Unsatisfied	16(8.6)	3.50 \pm 0.48	1.197 (.314)
	Unsatisfied	53(28.3)	3.36 \pm 0.37	
	Moderately satisfied	98(52.4)	3.38 \pm 0.45	
	Satisfied	19(10.2)	3.52 \pm 0.47	
	Very satisfied	1(0.5)	4.00 \pm 0.00	
	Very Unsatisfied	1(0.5)	3.46 \pm 0.00	3.689

Current department satisfaction	Unsatisfied	7(3.7)	3.38±0.18	(.006)
	Moderately satisfied	90(48.1)	3.33±0.40	
	Satisfied	80(42.8)	3.44±0.46	
	Very satisfied	9(4.8)	3.88±0.39	
Current service department	Medical ward	37(19.8)	3.46±0.46	0.802 (.587)
	Surgical ward	93(49.7)	3.39±0.42	
	Outpatient care unit	4(2.1)	3.73±0.38	
	ICU	11(5.9)	3.45±0.42	
	OR	14(7.5)	3.43±0.35	
	ER	10(5.3)	3.40±0.61	
	General administration	4(2.1)	3.43±0.41	
	etc Others	14(7.5)	3.22±0.48	
	1-5	102(54.5)	3.35±0.44	
Total service period (year)	6-10	45(24.1)	3.45±0.42	1.588 (.179)
	11-15	25(13.4)	3.41±0.43	
	16-20	10(5.3)	3.55±0.40	
	Over 21	5(2.7)	3.76±0.46	

Table 2. Participants' Communication Competency (N=187)

Variables	MIN	MAX	M±SD	Possible range
Communication competency	2.13	4.87	3.41±0.44	1 ~ 5
Self-disclosure	1.00	5.00	3.44±0.74	1 ~ 5
Empathy	2.00	5.00	3.57±0.62	1 ~ 5
Social relaxation	1.00	5.00	3.28±0.71	1 ~ 5
Assertiveness	1.00	5.00	3.34±0.70	1 ~ 5
Concentration	2.00	5.00	3.81±0.60	1 ~ 5
Interaction management	2.00	5.00	2.97±0.70	1 ~ 5
Expressiveness	1.00	5.00	3.11±0.71	1 ~ 5
Supportiveness	1.00	5.00	3.40±0.69	1 ~ 5
Immediacy	1.00	5.00	3.45±0.66	1 ~ 5
Efficiency	2.00	5.00	3.27±0.67	1 ~ 5
Social appropriateness	1.00	5.00	3.68±0.71	1 ~ 5
Conversational coherence	2.00	5.00	3.03±0.69	1 ~ 5

Coal detection	2.00	5.00	3.39±0.70	1 ~ 5
Responsiveness	2.00	5.00	3.81±0.70	1 ~ 5
Noise control	1.00	5.00	3.51±0.68	1 ~ 5

4. Discussion

This study aimed to determine communication competency among clinical nurses at hospitals with ≤500 beds.; and provide basic data that could help develop programs for efficient nursing manpower management.

Among the general characteristics, 83.4% of the respondents earned about 2 million won a month, or 24 to 30 million won a year. Kwon and Kim [8], who covered six smaller hospitals, found that 46.8% of the participants got the same level of wage. An and Yi [9] who conducted research among clinical nurses in the capital area found that 44.1% got the same level of wage; thus, it is a proper level of wage, taking the time point of research into account. They emphasized that it was crucial to give nurses proper wage because low wage was the strongest reason for turnover planning [9]. This result suggests the need to give nurses proper wage.

Communication competency differed significantly by satisfaction with the current department among the general characteristics, which is consistent with the literature review [10]. Taking into account the finding that the participants highly satisfied with their current department were more competent at communication, it is crucial to create a stable and satisfactory working environment for nurses and it is necessary to allow them to have a significant number of working experiences and repeated education concerning communication competency, which cannot be improved in a short period of time. In brief, the more satisfied with the current service department a nurse is and the longer the career he/she has, the better he/she becomes at communication competency.

The finding that the clinical nurses scored an average of 3.41 out of 5 for communication competency was similar to Apker et al.[2]; however, this score was higher than the mean (3.37) the intensive care unit nurses scored for communication competency in Son et al. [11]. This result implies that because nursing is characterized by constant communication with those in other departments or jobs, nurses may rate their communication competency at an above-average level. However, it can be limited, taking heavy work into account, so it is necessary to conduct research on comparison with other jobs within hospitals.

Of the 15 items concerning communication competency, the score was highest for responsiveness and concentration, followed by social appropriateness and interaction management. Both operating room and ward nurses scored highest for social appropriateness among the sub-factors for communication competency, followed by responsiveness and concentration, and they scored lowest for social relaxation. Lim and Yi [12] obtained similar results to this study though they showed a different order of the highest and second highest items. While Lim and Yi [12] found that six items—social relaxation, assertiveness, interaction management, expressiveness, supportiveness, and conversational coherence—got below-average scores, eight items with the addition of efficiency and goal detection got below-average scores in this study. Since Lim and Yi[12] conducted research among nurses at four university hospitals and this study was conducted among nurses at smaller local hospitals, nurses at smaller local hospitals were less efficient and poorer at goal detection in terms of communication competency. It is necessary to give more intensive training to nurses at smaller hospitals via social relaxation which is a way to behave comfortably and calmly without anxiety

or fear in daily face-to-face encounter; assertiveness which is to argue for their rights; conversational coherence which is to manage a theme in a situation of conversation with others; and goal detection which is a concept involving both the degree of achieving their goal efficiently through the development of messages and a process of detecting the other's goal in diverse situations and efficiency in using efforts and time economically in conversation to achieve their goal [6]. It is therefore necessary to induce new nurses to adapt themselves to the working environment at smaller hospitals and develop sustainable, systematic, and stepwise communication and training programs appropriate for each institution.

5. Conclusion and suggestions

It is considered that cooperative systems must be established continuously through the development of a cooperative management program between the nursing department and the hospital organization.

In this study, the generalization of the results of the research is limited because only those nurses in the local area are targeted, and therefore, the nurses in the whole country are required to work for university nurses, general hospitals, special hospitals, etc. A wide range of repeated studies is required depending on the classification of characteristics.

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