Evaluation of communication training programs in nursing care: a review of the literature


Authors' objectives
To evaluate the effects of communication training programmes for nurses.

Searching
Studies published as a thesis or in scientific journals in either English or Dutch were sought in MEDLINE, CINAHL and the Catalogue of the Netherlands Institute of Primary Health Care from 1985 to 1998 using the following keywords: 'nurse-patient relations/interaction' in combination with or associated with 'communication skills', 'training', 'teaching', and 'education programs'. Bibliographies of relevant articles were examined.

Study selection

Study designs of evaluations included in the review
Studies directed at evaluating communication training for nurses were included. Included studies were of the following designs: randomised with pre-test post-test; non randomised with non equivalent control group; and single group pre-test post-test.

Specific interventions included in the review
Communication training programmes included the following topics: therapeutic behaviours, especially the non-directive skills; interviewing skills; attitudes towards death and dying; assessment skills and psychological depth; relationship building; problem diagnosis; behavioural intervention; therapeutic qualities of day to day conversations with patients; communication skills and attitudes; theory concerning human relationships, normal aging, environment, interaction, human territory, confusion and dementia diseases, and discussion of Erikson theory in relation to demented patients; helping model; empathic responses; perception of verbal and non verbal feelings; ineffective communication style; and care of oneself. Theoretical and practical strategies were included. Duration of training, where reported, ranged from 6 to 24 hours with training periods ranging from 2 days to 10 weeks. Trainers included those with backgrounds in nursing, psychology, psychiatry, or combinations of these.

Participants included in the review
Nurses only, or nurses along with the following other professionals were included: physicians; social workers; psychologists; nursing and medical students; and dieticians. The experience of participants varied.

Participants worked in the following settings: oncology; psychiatric; psychogeriatric; and general health care.

Outcomes assessed in the review
Training was evaluated using the following outcomes: nurses' communication skills using video or audiotapes with real or simulated patients; nurses' therapeutic skills using the non-directivity scale derived from Neuteboom and the warmth and empathy scale developed by Truax and Carkhuff; nurses self-report using questionnaires such as the Empathy Rating Scale and an adaptation of the therapeutic behaviour questionnaire developed by Cassee; nurses attitudes towards their work using the Semantic Differential Questionnaire; nurses stress levels using the Nursing Stress Scale; and the patient outcomes of depression and anxiety, perception of the quality of communication with nurse and perceptions of change in nurses communication after the training. References to specified scales were provided. Post-tests varied from a few days to 3 months after training. Where second post-tests were undertaken, these varied from 2 to 9 months after the first.

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many of the reviewers performed the selection.
Assessment of study quality
The following aspects of validity were discussed: measuring instruments used; study design; and process and mediating outcome variables as defined by Francke (see Other Publications of Related Interest no.1). The authors do not state how the papers were assessed for validity, or how many of the reviewers performed the validity assessment.

Data extraction
The authors do not state how the data were extracted for the review, or how many of the reviewers performed the data extraction. Tables reported in the review included the following information: author; characteristics of participants; training, didactic strategy, duration and topics; social system of working environment; background of teachers; characteristics of relationship with teachers and participants; study design; sample selection; measuring instrument and characteristics; and outcome variables.

Methods of synthesis
How were the studies combined?
The studies were combined in a narrative review.

How were differences between studies investigated?
Differences between the studies were discussed.

Results of the review
Fourteen studies were included (involving 1001 nurses or health care workers), comprising three randomised controlled trials (RCTs) with randomisation at the level of the individual; one RCT with randomisation at ward level; four studies with pre-test post-test non randomised design; and six studies with a single group pre-test post-test.

Methodological flaws included: experimental design used in relatively few studies; training did not include non verbal communication; and the use of measuring scales without reporting their validity or reliability.

Relationship between trainer and participants (one study): reported the importance of giving participants feedback on their performance.

Skills attitudes and knowledge (nine studies): results were inconsistent, with four studies reporting no benefit from the intervention and five reporting positive effect of training.

Behaviour changes in nursing practice (five studies): inconsistent results, with three studies reporting no effect and two studies reporting positive effect of training.

Patient outcomes (four studies): inconsistent results, with two studies reporting no effect and two studies reporting positive effect of training.

Authors' conclusions
On the whole, the studies reviewed showed limited or no effects on nurses’ skills, on nurses’ behavioural changes in practice, or on patient outcomes. Finally, the majority of the studies had a weak design. The use of experimental designs should be pursued in future studies in order to eliminate the influence of confounding variables.

CRD commentary
The aims were stated and inclusion criteria defined in terms of participants and intervention. Several relevant databases were searched but, by applying language restrictions, some relevant studies may have been omitted. No attempt was made to locate unpublished materials, thus raising the possibility of publication bias. Methods used to select primary studies and extract data were not described. Aspects of validity were discussed though no formal validity assessment was undertaken. Relevant and comprehensive details of the primary studies were presented in tabular format. Given the
heterogeneity among studies, a narrative review was appropriate, but attention was not drawn to better quality studies. The discussion includes consideration of the relative merits and demerits of real and simulated patients. The evidence presented supports the authors' conclusions.

**Implications of the review for practice and research**

Practice: The authors do not report any clinical implications of the review.

Research: The authors report that in future studies more focus should be placed on investigating, evaluating and inculcating skills that optimise nurse-patient communication including nonverbal communication. Outcomes should be assessed using a combination of real and simulated patients and research designed to eliminate the influence of confounding variables.

**Bibliographic details**


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**Other publications of related interest**


**Indexing Status**

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.