Effect of Therapeutic Communication Educational Program for Nurses on Their Nursing Care Quality

Ahmed Abdellah Othman[1], Magda Abd El-Hamid Abd El Fattah[2] and Howida Hassan EL-Sayed Mahfouz[3]

(1) Assistant lecturer at Nursing Administration, Sohag University, Egypt, (2) Professor of Nursing Administration, Faculty of Nursing, Cairo University, Egypt and (3) Assistant professor of Nursing Administration, Faculty of Nursing, Benha University, Egypt.

Abstract

Background: When providing high-quality care to patients in a health-care context, therapeutic communication is the most important factor to consider. Therapeutic communication based on information exchange will make patients feel more at ease and secure in their therapy. **Aim**: to Assess the effect of therapeutic communication educational program for nurses on their nursing care quality. **Design**: This study was conducted using a quasi-experimental methodology, including pre-, post-, and follow-up program evaluations. **Setting**: The current study was carried out at Benha University Hospital's General Medical Units. **Subjects**: The study included a convenient sample of 50 nurses who worked in the previously specified settings. **Tools of data collection**: Four tools were be used to collect data as follows, (I) personal data form, (II) therapeutic Communication Knowledge test, (III) therapeutic Communication and (IV) quality of nursing care observational checklists. **Results**: A highly statistically significant positive correlation was discovered among nurses' therapeutic communication knowledge, skills, and quality of nursing care skills score. **Conclusion**: Implementing a therapeutic communication educational program enhanced nurses' therapeutic communication knowledge, skills and boosting the quality of nursing care. **Recommendations**: Establish an educational program about documentation, infection control, and patient rights. In addition, the patient's satisfaction with the nursing care process should be assessed on a regular basis.

_____

Key words: Educational Program, Therapeutic Communication, Quality of nursing care& Nurses

Introduction:

Nurse–patient communication has been recognized as one of the most important aspects for successful outcomes of patients. Moreover, therapeutic communication also reflects the quality of individualized nursing care of each patient and poor communication has been shown to be associated with dissatisfaction in patients (**Amine, Saif & Mohamed, 2021)**.

Therapeutic communication refers to the face-to-face process of interacting that focuses on advancing the physical and emotional well-being of a patient (**Amoah, Anokye, Boakye, & Gyamfi, 2018**). Therapeutic communication is an important aspect of patient care and has a profound effect on the patient's perceptions of health care quality and treatment outcomes also its the key element in providing high-quality nursing care.

Nurses have the responsibility to explain to patients what they should and shouldn't do as they go through treatment and recovery, and

they must quickly respond to patients in need so nursing care quality is considered as one of the desired outcomes of health quality (**Norouzinia, Aghabarari, Shiri, Karimi, & Samami, 2018**).

Quality nursing care make the patients having nurses who were concerned about them and demonstrated caring behaviors, were competent and skilled, communicated effectively with them and taught them about their care. It help the patient to access to care, receiving proper treatment, having nurse who teach them about their conditions and treatments and who concern for them as individuals (**Gür & Ekici, 2020**).

Significant of the study:

Communication is an integral part of nursing, a medium through nurses relate with patients, therefore therapeutic communication skills would have positive impact on patient participation in nursing care plan and on the quality of nursing care. On the other hand non therapeutic communication can has negative effect on patient's satisfaction, safety, and quality of care and may influence patients participation in his/her treatment plans that will inversely affect the quality of nursing car (**Marshelle, 2017; Živanović & Ćirić., 2017**).

In addition to, the investigator observes that nurses have defect in making relation with the patient assigned to them, they haven't communication skills that make nurses not able to complete their assessment about patient signs and symptoms, also not able to exchange the information from and to the patient that finally affect the quality of nursing care given by nurses to the patient. So, this, study conducted to assess the effect of educational program about nurses' therapeutic communication on quality of nursing care.

Aim of the Study:

The study aimed to assess the effect of therapeutic communication educational program for nurses on their nursing care quality.

Research hypothesis:

There will be improving in knowledge and skills of nurses regarding therapeutic communication with patient after implementation of the program and it will be have positive effect on the quality of nursing care.

Subjects and methods:

A quasi- experimental design was used in carrying out this study

Setting:

The present study was conducted in General five Medical units at Benha University Hospital

Subjects:

A convenient sample of 50 nurses who working at previously mentioned settings included in the study.

Tools of data collection:

Four tools were be used to collect data for this study.

Tool I: Nurses demographic data which are (age, educational level, and years of experience, sex and marital status).

Tool II: Therapeutic Communication Knowledge Questionnaire: knowledge tool was developed by investigator based on the review of related literature as (**Berg et al, 2007**; **Shafer, 2007**; **Viji & Samuel, 2014 and Servellen**, **2020**): It was included 50 questions to assess the knowledge of nurses about therapeutic communication. It was divided in to eight dimension as following: (1) types of communication 7 items, (2) principles of therapeutic communication 6 items, (3) elements of therapeutic communication 5 items, (4) styles of therapeutic communication 7 items, (5) patient right and responsibilities 9 items, (6) therapeutic communication skills 5 items, (7) barriers for therapeutic communication 7 items and (8) quality of nursing care 4 items.

Effect of Therapeutic Communication Educational Program for Nurses on Their Nursing Care Quality

Scoring system: The participants were asked to respond to each question to select a correct answer. Each question was granted, one grade was given for correct answer, and zero if response was incorrect answer. Poor knowledge if the percent **<** 60% Average if the percent = 60% - < 75% Good if the percent ≥ 75% (**Viji & Samuel, 2014 and Servellen**, **2020**).

Tool III: Therapeutic Communication Observational Checklist: an observational checklist was developed by investigator based on the review of related literature **as (Campbell & Aredes, 2019).** It was included (33) items to assess nurses' therapeutic communication skills for nurses. It was divided in to four dimensions as following:

(a) Preliminary relationship 6 items **(b)** Attention 6 items **(c)** Understanding 13 items **(E)** Nursing ethics 8 items.

Scoring system: Each item of observational checklist was scored as the following: one grade was given in the action done and zero was given in the action not done. Poor communication skills if the percent **<** 60% Average if the percent = 60% - < 75% Good if the percent ≥ 75% (**Rossini , 2021).**

Tool IV: Quality of Nursing Care Observational Checklist: it is an observational checklist was developed by investigator based on the review of related literature as (**Lindgren & Andersson, 2011**).

It was be included (57) items to assess quality of nursing care. It was divided into nine dimension as following: **(a)** Patient assessment and vital signs 5 items **(b)** medication administration 9 items **(c)** Intravenous line 5 items **(D)** Personal hygiene and physical comfort 5 items **(E)** Safety measures 4 items **(F)** Caring behavior/patient right 12 items **(G)** Documentation principles 7 items **(H)** Patient and family education 4 items **(I)** Patient discharge and follow up 6 items.

Scoring system: Each item of observational checklist was scored as the following: one grade was given in the action done and zero was given in the action not done. Poor quality of nursing care if the percent **<** 60% Average if the percent = 60% - < 75% Good if the percent ≥ 75%.

Validity and reliability:

The tools were tested for content validity to make sure that the tool accurately measure what supposed to measure, this done by five experts in the field of Nursing Administration. Jury committee staff was classified as the following: three professors of Nursing Administration at Assuit University, Ain Shims University and Bani Sueif University and two assistant professor of Nursing Administration at Kafr El-Sheikh University and Sohag University. Reliability was measured by Cronbachs Alpha for knowledge questionnaire sheet and the value was (.92), for observational checklist for therapeutic communication (.95) and for the observational checklist for quality of nursing care (.90).

Pilot study:

A Pilot study was carried out on 10 % of the total sample size; they were 6 nurses who working at previously mentioned settings and included in the study sample, to evaluate the clarity and applicability of the tools also to determine the time needed for filling the structured questionnaire.

Ethical consideration:

The investigator informed the staff nurses about the purpose and benefits of the study and taken oral consent for the study from them. Staff nurses were given opportunities to accept or refuse to participate in the study. In addition confidentiality and anonymity of the subjects was secured when coding the data. They also

allowed knowing that their participation is voluntary and they have the right to withdraw from the study at any time without giving any reason.

Field work:

Data were collected in seven months from beginning of January 2021 to the end of July 2021. The data were collected through using the different tool three times during the study :(pre- program – immediately post program and follow up after 3 months of the program).

The study was conducted through the following four phases:

A- **Assessment phase**

(pre planning phase): This phase started in November 2020. In the beginning, the investigator visit each medical unit affiliated to Benha University Hospital, the investigator started by introducing himself to each nurse included in the study and obtained their approval orally to participate in the study after explaining the aim of this study to them. Then, each nurse asked to fill the structured questionnaire sheet individually to collect baseline data.

B- Planning phase:

The content of educational program was developed based on literature review from text book, articles, magazines, internet search. The educational program handout was prepared in Arabic format to be suit for study subjects. Objectives of this program were set. Different instructional strategies, method of teaching, media and method of evaluation were selected to suit the staff nurses' needs and to achieve the objectives of the program. Meanwhile the place and time were determined for conducting the sessions based on nursing director, head nurses and studied staff nurses agreement.

C- Implementation phase:

This phase was carried out in the study setting at Benha University Hospitals. The program implement from (January till April 2021). The time needed for achieving the program was 10 hours repeated 5 times for 5 medical units. Each implementation of the educational program needed two weeks, four days per the week. Theoretical sessions were stared at (11.30) Am to (12.30) PM, practical sessions were started at (12.31) PM to (1.00) Pm.

D- Evaluation phase:

After the implementation of the program, the immediately and follow up evaluation was done during the period of (April 2021 to July 2021) for the nurses' knowledge and practice. The post-tests administered using the same pretest data collection tools.

Statistical analysis:

Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version20. The obtained data were organized, analyzed and represented in tables and graphs as required. Data were presented using descriptive statistics in the form of (Percentage, Mean score, Standard deviation (SD), P value, Chi square, frequency, T test). (x^2) test was utilized to compare percentages between studies variables. Statistical significant was considered at P-value < 0.05 and statistical highly significant was considered at P-value < 0.01.

Results

Table (1): Displays that, most of nurses (84%) were female, more than half (60%) of them were having Nursing Diploma, about half (52.5%) their age were between 30 <35years, less than half (46% & 40%) of them were married and their years of experience were 5<10years respectively.

Figure (1): Illustrates that most of nurses (91%) were had poor knowledge in the preprogram and improved to (80%) in immediately post program and stilly decreased to (56%) in the follow up phase but still more than preprogram.

Effect of Therapeutic Communication Educational Program for Nurses on Their Nursing Care Quality

Figure (2): Revels that the program had a greater effect on improving nurses' after implementation the program. Most of nurses (88%) were had poor therapeutic communication skills in preprogram and increased to (76%) became good in immediately post program and stilly decreased to (66%) in the follow up phase but still more than preprogram.

Table (2): Shows that there was highly statistical significance improvement in nurses' knowledge about therapeutic communication dimensions after implementation of the program. The least mean score (5.40 ± 2.57) was related to "Styles of therapeutic communication" in preprogram and it improved to (5.40 ± 2.57) & slightly declined to (4.92 ± 2.42) at follow up program but still more than preprogram.

Figure (3): Revels that there was statistically improvement in quality of nursing care skills after implement the program. Most of nurses (90%) were had poor quality of nursing care skills in the preprogram. while it improved to (72%) and became good in immediately post program and slightly decreased to (56%) in the follow up program.

Table (3): Illustrate that there were a highly statistical significant improvement in nurses' therapeutic communication skills after implementation of the program. The least mean score (2.56±.812) was related to "Nursing ethics" in preprogram and improved to (6.88±1.09) & (6.34±1.2) at post and follow up program respectively.

Table (4): Illustrates that there were a highly statistical significant improvement of quality nursing care skills after implementation of the program. The least mean score was (1.04±1.413) was related to "Patient discharge and follow up" in preprogram and improved to (4.88±.961) & (5.24±1.170) at post and follow up program respectively.

Table (5): Shows that there were highly statistically significant positive correlation between nurses' therapeutic communication knowledge, skills and quality of nursing care skills score at post program phase.

Table (1): Frequency distribution of the nurses' personnel data at the study setting (n=50)

| Personal characteristics	No	%
Age		
20 < 25years	9	18.0
25 < 30years	5	10.0
30 <35years	26	**52.0**
35years and more	10	20.0
Yearsof experience		
1< 5years	14	28.0
5<10years	20	**40.0**
10<15years	8	16.0
15 years and more	8	16.0
Gender		
Male	8	16.0
Female	42	**84.0**
Marital status		
Single	19	38.0
Married	23	**46.0**
Divorce	1	2.0
Widow	7	14.0
Educational level		
Nursing diploma	30	**60.0**
Associated degree in nursing	12	24.0
Bachelor degree in nursing	8	16.0
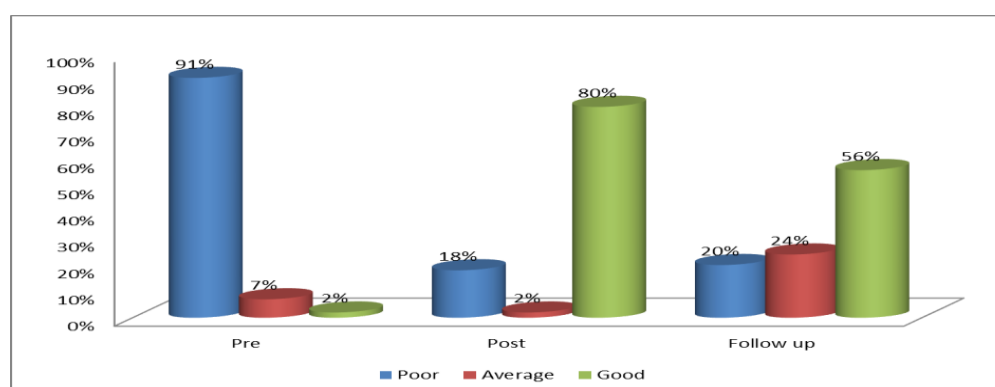
Figure (1): Nurses' total knowledge level regarding therapeutic communication throughout program phases.

Effect of Therapeutic Communication Educational Program for Nurses on Their Nursing Care Quality

Table (2): Mean scores of nurses' therapeutic communication knowledge throughout program phases. (n=50)

Therapeutic communication knowledge dimensions	Maximum Scores	Pre program		Post program		Follow up		t(1)	P-Value	t (2)	P-value	t (3)	P-value
		Mean± SD	Mean %	Mean± SD	Mean %	Mean± SD	Mean %						
1.Types of communication	7	1.60±2.0	22.8	5.76±2.08	82.2	4.88±1.83	69.7	7.927	.000**	6.973	.000**	8.050	.000**
2.Principles of therapeutic communication	6	1.48±1.644	24.6	4.72±1.94	78.6	3.76±1.62	62.6	7.080	.000**	5.714	.000**	7.716	.000**
3.Elements of therapeutic communication	5	1.28±1.471	25.6	4.16±1.63	83.2	3.56±1.54	71.2	7.046	.000**	5.997	.000**	5.250	.000**
4.Styles of therapeutic communi	7	1.52±1.71	21.7	5.40±2.57	77.1	4.92±2.42	70.2	7.151	.000**	6.591	.000**	4.169	.000**
5.Patient right and responsibiliti	9	2.36±2.38	26.22	6.96±3.36	77.3	6.36±3.12	70.6	6.220	.000**	5.678	.000**	7.425**	.000**
6.Therapeutic communication sk	5	1.32±1.26	26.4	4.08±1.68	81.6	3.68±1.58	73.6	7.397	.000**	6.576	.000**	5.715	.000**
7.Barriers for therapeutic communication	7	1.92±2.01	27.4	5.56±2.39	79.4	4.68±2.33	66.8	6.572	.000**	5.412	.000**	4.717	.000**
8.Quality of nursing care	4	1.44±1.21	36	2.84±1.50	71	2.2±1.45	55	4.511	.000**	2.530	.015*	5.039	.000**
Total	50	12.92±12.65	25.84	39.48±16.87	78.96	34.04±14.67	68.08	6.96	000**	6.09	000**	9.923	000**

* A statistically significant difference P≤0.05   ** A highly statistically significant difference P≤0.01

t(1) paired t test between pre and post program, t(2) paired t test between pre and follow up program, t (3) paired t test between post and follow up program between post and follow up program
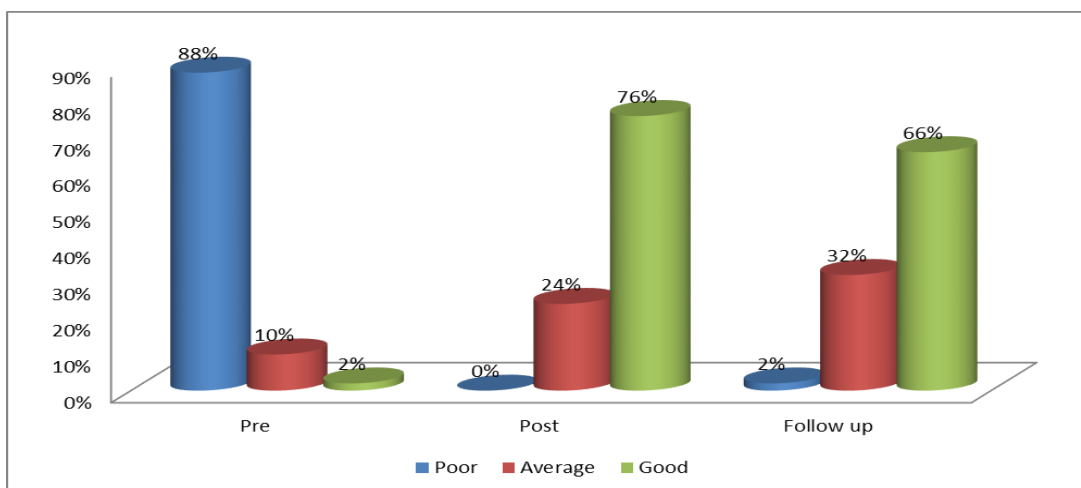
Figure (2): Nurses' therapeutic communication skills total level throughout program phase
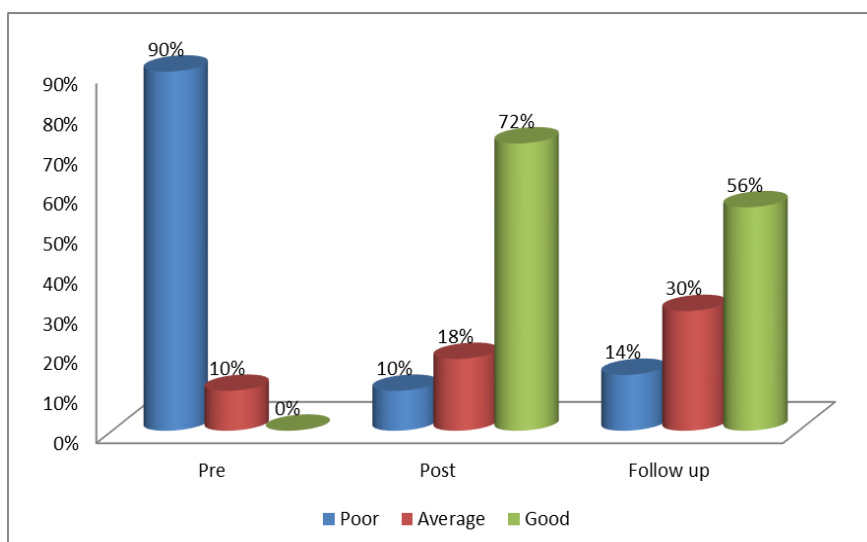

Figure (3): Nurses' quality of nursing care skills total level throughout program phases

Effect of Therapeutic Communication Educational Program for Nurses on Their Nursing Care Quality

Table (3): Mean scores of nurses' therapeutic communication skills throughout program phases. (n=50)

Therapeutic communication dimensions	Maximum Scores	Pre program		Post program		Follow up		t(1)	P-value	t (2)	P-value	t (3)	P-Value
		Mean± SD	Mean	Mean± SD	Mean %	Mean± SD	Mean %						
1.Preliminary relationship	5	1.84±.88	36	3.68±1.05	73.6	3.56±.95	71.2	-8.81	.000**	-8.26	.000**	1.429	.159
2.Attention	5	1.92±1.0	38.4	4.20±.857	84	4.68±1.20	93.6	10.95	.000**	12.96	.000**	2.201	.032*
3.Understanding	12	4.62±.85	38.5	10.30±1.37	85.8	10.60±1.35	88.3	26.7	.000**	31.03	.000**	1.118	.269
4.Nursing ethics	8	2.56±.81	32	6.88±1.09	86	6.34±1.2	79.25	19.13	.000**	14.41	.000**	2.224	.031*
Total	30	11.34±1.	37.8	25.7±3.16	85.6	25.78±1.85	85.9	27.3	.000**	42.24	.000**	.201	.841

* A statistically significant difference P≤0.05   ** A highly statistically significant difference P≤0.01

t(1) paired t test between pre and post program

(2) paired t test between pre and follow up program,

t (3) paired t test

Table (4): Mean scores of quality of nursing care skills throughout program phases. (n=50)

Quality of nursing care dimensi	Maximum Scores	Pre program		Post program		Follow up		t(1)	P-value	t (2)	P-value	t (3)	P-value
		Mean± SD	Mean %	Mean±SD	Mean %	Mean±SD	Mean						
1.Patient assessment and Vital signs	5	2.46±1.21	49.2	3.68±1.058	73.6	3.56±.951	71.2	8.32	.000**	7.0	.000**	1.42	.159
2.Medication administration	9	6.0±2.07	66.6	7.36±1.36	81.7	7.00±1.324	77.7	6.96	.000**	5.33	.000**	4.84	.000**
3.Intravenous line	5	1.78±.815	35.5	3.24±1.07	64.8	3.20±1.142	64	9.0	.000**	8.05	.000**	.629	.533
4.Personal hygiene and physical comfort	5	2.38±.666	47.6	3.96±1.068	79.2	3.72±.833	74.4	12.33	.000**	11.5	.000**	3.05	.004**
5.Safety measures	4	2.04±.924	51	3.12±.659	78	3.54±.952	88.5	10.98	.000**	8.38	.000**	2.77	.008**
6.Caring behavior/patient right	12	3.66±.981	30.5	9.14±2.05	76.16	8.24±1.995	68.6	18.78	.000**	15.78	.000**	10.96	.000**
7.Documentation principles	6	3.58±.758	59.6	5.52±1.05	92	5.24±1.170	87.33	11.41	.000**	10.02	.000**	3.09	.003**
8.Patient and family education	4	1.18±.560	29.5	3.08±1.06	77	2.84±1.094	71	12.73	.000**	9.87	.000**	2.87	.006**
9.Patient discharge and follow up	6	1.04±1.41	17.33	4.88±.961	81.33	5.24±1.170	87.33	13.91	.000**	15.32	.000**	1.99	.051
Total	56	24.18±4.5	43.17	43.98±6.3	78.46	40.78±5.49	72.82	18.9	.000**	18.63	.000**	10.67	.000**

[*] A statistically significant difference P≤0.05   [**] A highly statistically significant difference P≤0.01

t(1) paired t test between pre and post program (2) paired t test between pre and follow up program, t (3) paired t test between post and follow up program

Effect of Therapeutic Communication Educational Program for Nurses on Their Nursing Care Quality

Table (5): Correlation matrix between study variables through the program phases (n=50)

Variable	Time assessment	Nurses' therapeutic communication Knowledge		Therapeutic Communication skills		Quality of nursing care skills	
		R	P-value	r	P-value	r	P-value
Nurses' Knowledge	Pre program	1	------	.147	.309	.097	.503
Therapeutic Communication skills		.147	.309	1	------	.384	.006**
Quality of nursing care skills		.097	.503	.384	.006*	1	------
Nurses' Knowledge	Post program	1	------	.432	.002*	.835	.000**
Therapeutic Communication skills		.432	.002**	1	------	600	.000** .
Quality of nursing care skills		.835	.000**	600	.000* .	1	------
Nurses' Knowledge	Follow up program	1	------			.738	.000**
Therapeutic Communication skills		.317	.025*	1	------	.534	.000**
Quality of nursing care skills		.738	.000**	.534	.000*	1	------

Discussion:

Therapeutic communication skills are a vital element in all nursing care activities and involve sensitivity toward verbal and non-verbal messages as well as listening toward patients and responding effectively, also therapeutic communication skills can positively affect the quality of nursing care (**Norouzinia et al., 2016**).

Providing quality nursing care is one of the most challenging issues for health care systems all over the world. Increasing demand on nursing care services associated with shortage of health care professionals so it important to enhancing the therapeutic communication that help in improving the quality of nursing care (**Mudallal et al., 2017**).

On the light of the study findings, concerning personal characteristics of the studied nurses, majority of nurses were female, two thirds of them were having nursing diploma, about half of them their age were between 30 <35years, less than half of them were married and their years of experience were 5<10years respectively. From the investigator point of view, this result may be due to the greater fraction of the nurses in Egypt were females and may also related to the studying of nursing in Egyptian universities were exclusive for females only till few years ago.

This finding was supported by **Mohamed & Ahmed, (2019),** who carried out their study at Assiut University Main Hospital in Egypt about "effect of nurse's therapeutic communication and protecting patient's rights on patient's satisfaction" and

showed that the majority of study subject were female, married, and had more than ten years of experience. Also in the same line **Norouzinia et al, (2016)**, who carried out their study at two hospitals affiliated to Alborz University of Medical Sciences in Iran about "communication barriers Perceived by nurses and patients" and revealed that majority of nurses were female and more than two quarter of them were married.

The mostly of nurses had poor knowledge in the preprogram and improved in immediately post program to became the majority of them had good therapeutic communication knowledge and stilly decreased in the follow up phase but still more than preprogram. These may due to the majority of studied sample had nursing diploma not Bachelor degree and not new graduated so they forgetting most of the knowledge about therapeutic communication.

The result consistent with **Abo- Elyzeed, Elnehrawy& Mahmoud, (2020),** who carried out their study at the Secondary Nursing School- Tanta University in Egypt about "effect of educational program on nursing school students' communication skills used with hospitalized patients" and showed that more than half of nursing student had poor level of knowledge about communication skills before the educational program. On the other hand the result disagreed with **Thanasekaranet al., (2017),** who carried out their study at Selected Governmental Hospitals in Ethiopia about "knowledge, attitude and practice regarding therapeutic communication among nurses" and displayed that majority of study participants

have good knowledge regarding therapeutic communication when assessed their knowledge.

Regarding nurses' knowledge about therapeutic communication dimensions. The present study revealed that there were highly statistically significance differences in nurses' knowledge about therapeutic communication dimensions between the pre and post program phases. The least mean score was related to "Styles of therapeutic communication" in preprogram and it improved in immediately post program and slightly declined at follow-up program but still more than preprogram, this may due to the effective of educational program in improvement of the nurses' knowledge regarding therapeutic communication.

These results were compatible with **Younis, Mabrouk & Kamal, (2015),** who carried out their study at Shebin El kom and Benha University Hospitals in Egypt about "effect of the planned therapeutic communication program on therapeutic communication skills of pediatric nurses" and revealed that there was a highly statistically significant difference among studied sample regarding total scores of knowledge at pre & posttest. Also **Abo- Elyzeed, Elnehrawy& Mahmoud, (2020)** showed in their study on nursing students at the Secondary Nursing School in Tanta University that there were statistically significant differences between before and after the training program regarding all items of students' knowledge about communication skills.

According to nurses' therapeutic communication skills levels. Mostly of nurses

had poor therapeutic communication skills in the preprogram and improved to became more than three quarters of them had good skills in immediately post program and stilly decreased in the follow up phase but still more than preprogram which may due to the nurses weren't regarding the human relation with the patient have major effect on nursing care or they may not have previous training program about communication skills with the patient.

This result congruent with **Moustafa, Abed-elmegeed and Abed,(2020),** who conducted their study at Cairo University Hospitals in Egypt about "the relationship between nursing staff communication skills and quality of nursing care in a pediatric university specialized hospital" and displayed that the majority of the studied sample had unsatisfactory communication skills while only third of them had satisfactory level. In addition **Fite, Assefa, Demissie& Belachew, (2019),** who carried out their study at the Jimma University in Ethiopia about "Predictors of therapeutic communication between nurses and hospitalized patients" and revealed that only one third of the patients agreed on "the nurses had high level of therapeutic communication, practices".

As for nurses' therapeutic communication skills dimensions. The present study clarified that there were highly statistically significance differences in nurses' therapeutic communication skills dimensions between the pre and post program phases. The least mean score was related to "nursing ethics" in preprogram and improved at immediately post and follow up program.

From the investigator point of view, this may due to effective of activities and media used in educational program in improvement of the nurses' skills regarding therapeutic communication.

The study finding supported by **Dawood & Hassan, (2018),** who carried out their study at Cardiac Care Units in Holy Karbala Governorate Hospitals" in Iraqi about "effectiveness of structured educational program on nurses' practices concerning therapeutic communication" and revealed that there was a statistically significant difference in nurses' therapeutic communication practices after implementation educational program about therapeutic communication. Additionally **Abo- Elyzeed, Elnehrawy& Mahmoud, (2020)** who showed in their study on nursing student at Tanta University in Egypt that there were statistically significant differences between before and after the training program regarding all items of students' performance of communication skills during interaction with hospitalized patients.

As regards to studied quality of nursing care skills levels. Most of nurses had poor quality of nursing care skills in preprogram and it improved in immediately post program to about three quarters of them became had good level of skills and slightly decreased in the follow up program but still more than preprogram. This may due to the nurses not using therapeutic communication with patients that help them in completing their nursing care at the preprogram and after implementing the educational program and improved their therapeutic communication

skills that help in improved their quality of nursing care skills level.

The study finding supported by **Moustafa, Abed-elmegeed& Abed, (2020),** who revealed in their study that the majority of the studied sample had unsatisfactory level bout quality of nursing care about while only quarter of studied sample had satisfactory level. In the same point **Elayan, &Ahmad, (2017),** who carried out their study at Eight Largest Hospitals in Jordan about "assessment for the quality of nursing care from the perspective of nurses who experienced hospitalization as patients or caregivers" and displayed that more than two thirds of patients evaluated the level of quality of nursing care negatively during their hospitalization. Regarding quality nursing care skills dimensions.

The present study clarified that there were highly statistically significance differences in quality nursing care skills dimensions between the pre and post program phases. The least mean score was related to "patient discharge and follow up" in preprogram and improved at post and follow up program respectively. This could be due to the effective of using therapeutic communication with the patient that improved the quality of nursing care. The study findings consistent with **Taghizadeh, Shakhaei, Sadagheyani & Motaarefi, (2018),** who done their study at Khoy University of Medical Sciences in Iran and indicated that there were a statistically significant difference between the quality of care given to patients before and after the training sessions on communication skills

The present findings displayed that there was highly statistically significant positive correlation between nurses' therapeutic communication skills scores and their therapeutic communication knowledge score at post and between nurses' therapeutic communication knowledge and their quality of nursing care skills score at post and follow up program phases. Also between nurses' therapeutic communication skills score and quality of nursing care skills score at pre, post and follow up program phases respectively The investigator interpreted that, the educational program was effective in improving nurses' knowledge and practice regarding therapeutic communication so when the nurses' knowledge improved these led to direct improvement in their skills.

These finding in the same context with **Younis, Mabrouk, Kamal, (2015),** who done their study at Shebin El kom and Benha University hospitals in Egypt and revealed that, there was positive statistical significant correlation regarding total knowledge score of pediatric nurses' communication skills at each measurement time. Regarding the relation between the nurses' therapeutic communication knowledge and their quality of nursing care.

The investigator could explain this result as when the nurse use therapeutic communication practices this help them in collecting complete data, teaching the patient, applying the nursing process and improve the quality of nursing care. These findings agreed with **Taghizadeh et al., (2018),** who indicated in their study at Khoy University of Medical Sciences in Iran that

there were a direct and significant relationship between the "quality of care" given to patients and knowledge of nursing students about communication skills with the patient. These findings agreed with **Molina-Mula & Gallo-Estrada, (2020),** who carried out their study at General Hospital in Spain about "impact of nurse-patient relationship on quality of care and patient autonomy in decision-making" and displayed that a good nurse-patient relationship reduces the days of hospital stay and improves the quality of care.In the same line **Elayan, & Ahmad, (2017),** who done their study on registered nurses at Eight Largest Hospitals in Jordan and founded that miscommunication by nurses with the patient were aspects that diminish the quality of nursing care.

Conclusion:

There was positive effect of implementation of therapeutic communication educational program in improving nurses' therapeutic communication knowledge and skills and in imp rowing quality of nursing care.

Recommendations:

- Established therapeutic communication skills program and taught as a separate course in nursing faculties and schools.
- Conducting workshops about therapeutic communication skills and nursing care process to help newly hired nurses to refresh their knowledge and enhance their skills that are used in caring of patients.
- Provide workshop for nurses to trained on how to make time management that help

them to determine the priorities when deal with the patient.

- Observe frequently the nurse practice to determine the defect in the care and the needed for training.
- Ensure that the staff nurses make education and discharge plan for the patient.

For further study:

- Impact of COVID 19 on the therapeutic communication with the patient.
- Identify barriers that hinder nursing staff from communication therapeutically with patients.

References:

Abo- Elyzeed M S, Elnehrawy M S& Mahmoud A HM., (2020)**. Effect of Educational Program on Nursing School Students' Communication Skills Used with Hospitalized Patients. Egyptian Journal of Health Care. 18 (34): P.p. 34-42.

Amine H M , Saif Y M & Mohamed A N., (2021). Factors Affecting Quality of Health Care among Old Adults at Beni-Suef University Hospital. 26 (34): P.p. 30-35.

Amoah M K, V., Anokye, R., Boakye, D. & Gyamfi, N., (2018). Perceived barriers to effective therapeutic communication among nurses and patients at Kumasi South Hospital. Journal of Cogent Medicine, 5(1), p.145-149.

Berg L., Skott C., &Danielson E., (2007). Caring relationship in a context: Fieldwork in a medical ward. International Journal Nursing Practice; 100-106. PMid: 17394517. http://dx.doi.org/10.1111/j.1 440-172X. 2007. 00611.x.

Blake T., & Blake T., (2019). Improving therapeutic communication in nursing through simulation exercise. Journal of Teaching and Learning in Nursing; 9 (10): P.p.260-264.

Campbell H., & Aredes D., (2019). Global Interprofessional Therapeutic Communication Scale (GITCS): Development and Validation. Journal of Clinical Simulation in Nursing; 16 (34): P.p. 30-42.

Dawood A. & Hassan S. H, (2018). Effectiveness of Structured Educational Program on Nurses' Practices Concerning Therapeutic Communication at Cardiac Care Units in Holy Karbala Governorate Hospitals. Iraqi National Journal of Nursing Specialties.

Elayan M. R& Ahmad MM., (2017). Assessment for the Quality of Nursing Care from the Perspective of Nurses Who Experienced Hospitalization as Patients or Caregivers. 26 (14): P.p. 30-45.

Fite O R, Assefa M , Demissie A & Belachew T., (2019). Predictors of therapeutic communication between nurses and hospitalized patients

Gür, E. & Ekici, D., (2020). Determining Factors That Influence Nurses' Perceptions of Quality Implementations Conducted in Hospitals in Turkey. Journal of Nursing Research, 28(3), p. 91-109.

Lindgren M., & Andersson S., (2011). The Karen instruments for measuring quality of nursing care: construct validity and internal consistency. International Journal for Quality in Health Care; 23 (3): P.p. 292–301.

Marshelle T., (2017). Improving nurse-client relationships by developing a communicating plan. Teaching and Learning in Nursing Journal; 19 (3): P.p.213- 215.

Mohamed, A. & Ahmed, A., (2019). Effect of Nurse's Therapeutic Communication and Protecting Patient's Rights on Patient's Satisfaction. Tanta Scientific Nursing Journal, 16(1), Pp.113-132.

Molina-Mula, J. & Gallo-Estrada, J., (2020). Impact of Nurse-Patient Relationship on Quality of Care and Patient Autonomy in Decision-Making. International Journal of Environmental Research and Public Health, 17(3), Pp.835-840.

Moustafa E, Abed-elmegeed M.. & Abed F., (2020). The Relationship between Nursing Staff Communication Skills and Quality of Nursing Care in A Pediatric University Specialized Hospital. 17(3), Pp. 35-40.

Mudallal H Rola., Saleh Y.N. Mohammad, Al-Modallal M. Hanan, Abdel-Rahman Y& Rania., (2017). Quality of nursing care: The influence of work conditions, nurse characteristics and burnout. International Journal of Africa Nursing Sciences.

Norouzinia, R., Aghabarari, M., Shiri, M., Karimi, M. & Samami, E., (2016). Communication Barriers Perceived by Nurses and Patients. Global Journal of Health Science, 8(6), Pp.65-72.

Shafer E., (2007). Doctor- patient communication critical to patient care, expectations often not met. Hem Onc Today.;

Available from: http://w ww. Hemonctoday .com/article.aspx?rid=23725.

Taghizadeh R, Shakhaei S, Sadagheyani E H& Motaarefi H., (2018). The Effects of Teaching Communication Skills to Nursing Students on the Quality of Care for Patients. 18(2), Pp. 35-40.

Thanasekaran, Yadecha B, Upashe P. S& Chala D., (2017). Knowledge, Attitude and Practice Regarding Therapeutic Communication among Nurses in Selected Government Hospitals in Oromia, Western Ethiopia, 2016. American Journal of Nursing Science. 31 (2): P.p. 190- 196

Younis R. Jaklein, Mabrouk M. Sohair , Kamal F& Fawzia.,(2015). Effect of the planned therapeutic communication program on therapeutic communication skills of pediatric nurses. Journal of Nursing Education and Practic. 33 (2): P.p. 90- 96.

Živanović D., & Ćirić Z., (2017). Therapeutic communication in health care. Scifed Nursing & Healthcare Journal; 1 (2): P.p. 290- 296.

تاثير برنامج تعليمى عن التواصل العلاجى للممرضين على جودة الرعاية التمريضية

احمد عبداللاه عثمان- ماجدة عبدالحميد عبدالفتاح- هويدا حسن السيد حسن

يساعد التواصل العلاجى بين الممرضة والمريض على توفير قدر اكبر من التقيم لحالة المريض الصحية والنفسية. ويرتبط التواصل العلاجى بوجود رضى المرضى وقبولهم خطة الرعاية التمريضية والشفاء العاجل لهم. وايضا تقليل من معاناة المريض ويحسن الصحة النفسية ويقليل فترة إقامة المريض بالمستشفى والذى بدوره يساعد على تقليل أخطاء التمريض وزيادة رضاهم على العمل وتحسين جودة الرعاية التمريضية. لذا هدفت هذه الدراسة الى تقيم تأثير برنامج تعليم عن التواصل العلاجى للممرضين على جودة الرعاية التمريضية وقد أجريت هذه الدراسة بوحدات الباطنة العامة بمستشفى بنها الجامعي على 50 من الممرضين. واظهرت النتائج ان أغلب الممرضين كانو يمتلكون مستوى منخفض من مهارات التواصل العلاجى ومهارات جودة التمريض والمعلومات الخاصة بالتواصل العلاجى والذى تحسنت بعد تطبيق البرنامج مباشرة. واوصت الدراسة بأنه يجب عمل برامج تدريبية للممرضين الجدد والقدامى عن التواصل العلاجى ومبادى التوثيق ومكافحة العدوى وإدارة الوقت وحقوق المرضى, كما يجب على رؤساء التمريض المرور الدائم على المرضى لقياس مدى رضاهم عن جودة الرعاية التمريضية.