A DESCRIPTION OF COMMUNICATION PATTERNS USED BY BACCALAUREATE NURSING STUDENTS WHEN INTERACTING WITH PATIENTS IN THE CLINICAL SETTING

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by

Waddah Mohammad D'emmeh

A Dissertation
Submitted to the Graduate Studies Office
of The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the degree of Doctor of Philosophy

December 2007
The University of Southern Mississippi

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ABSTRACT

A DESCRIPTION OF COMMUNICATION PATTERNS USED BY BACCALAUREATE NURSING STUDENTS WHEN INTERACTING WITH PATIENTS IN THE CLINICAL SETTING.

by Waddah Mohammad D'emeh

December 2007

Literature suggests that nurses and nursing students are ineffective communicators and that patients are dissatisfied with interpersonal relationships in clinical settings. Poor communication may lead to various negative consequences for both patients and nurses. The purpose of this study was to describe communication patterns used by baccalaureate nursing students when interacting with patients in clinical settings. The following research questions were developed to guide this study: 1) What are the messages frequently used by baccalaureate nursing students? 2) Do baccalaureate nursing students tend to convey humanized or dehumanized attitudes? and 3) What is the most frequent pattern of interaction used by baccalaureate nursing students when interacting with patients?

The non-participant observation method was used to collect the data. Based on Duldt’s Humanistic Nursing Communication Theory (Duldt & Giffin, 1985), data were collected using the Nursing Communication Observation Tool (Duldt, 1986/1996). Fourth semester senior students attending a School of Nursing in the southern region of the United States were invited to participate in the study. Student-patient interactions (N=178) were analyzed to answer the study’s questions.
Findings were: (1) senior baccalaureate nursing students used both “Feelings” and “Facts” messages during their interactions with patients; (2) in two-thirds of the interactions, students were able to conveyed their messages in a humanized manner; and (3) students’ main pattern of interaction was communing, where they recognized the individual’s human characteristics and dealt with patients in respectful-dignified manner.

Findings from this study supported Duldt’s theory of humanistic nursing communication as potentially useful framework for practice, education, and research.
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CHAPTER I

INTRODUCTION

The modern health care delivery system has benefited from the gains of increased knowledge through increased technology. Yet, the price of progress has been a health care delivery system that is beset with controversy, distrust, uncertainty, turmoil, complexity, and scarce resources. This is evidenced by more choices, increased litigation, inflation, machinery and money reign. Consumers cry out for justice; they want quality care that is based on humanistic treatment for all. There are cries of concern for the ethics of caring.

Today, there are more options for both providers of health care and for the consumers; no longer is there only one prescribed way to treat a health care problem. Deciding the best and most effective treatment often creates dilemmas for patients. Nurses in their roles of clinical educators and patient advocates are key providers in assisting patients to resolve these dilemmas in this complex system.

Communication is central to nursing care and is at the heart of the relationship between the health care provider and the patient/client (Faulkner, 1980). Effective communication is the key to making a correct diagnosis and successfully treating the patient (Persaud, 2005). Communication reflects the exchange of information, thoughts, and feelings. May (1990) claimed that the 1960s was the time for nursing-patient interactions (NPI) and nurse-patient relationships (NPR) to become important topics in nursing theory, education, and research. Recently, the nurse-patient relationship has been described as a partnership (Courtney, Ballard, Fauver, Gariota & Holland, 1996). Nurses depend on their communication skills to be able to understand and meet patients' need...
(Caris-Verhallen, Kerkstra, Vad der Heijden & Bensing, 1998). Yet, in this era of cost containment and 'do more with less', there is a problem with communication. Jarrett and Payne (1995) conducted a meta-analysis on nurse-patient communication. The analysis revealed that nurses were depicted as controlling and restricting their conversation with patients. Some studies found that even though conversations were described as 'friendly', they were stereotyped, superficial, and short in duration. Some nurses described communication as difficult and potentially stressful (May, 1990).

The quality and quantity of nurse-patient conversations were negatively correlated with the limited time spent with patients. It was explicitly mentioned that nurse-patient communication is usually described as a problem or unsatisfactory. "Most nurses lacked communication skills and blocked patients by controlling the options of what the patients could say and keeping to 'safe' topic" (May, 1990, p. 74); and psychological issues were discussed in a superficial manner.

Duffin (2000) reported that ineffective communication remains a potent barrier in health care and that wide variations are evident for both quality and quantity of nurse-patient communication. Caris-Verhallen, Kerkstra, and Bensing (1997) conducted a review of literature concerning the role of communication in nursing care for elderly people. In this review, verbal communication was described as low in quantity. Nurses were found to use language to exert power over patients. Physical care was prioritized over the psychosocial interaction. Non-verbal communication, particularly touch, was described as predominantly instrumental. Nurses' touch increased the duration of verbal responses in the patients during the time period when touch was applied; and finally, the
higher-level educated nurses used less non-verbal behaviors than lower-level educated nurses.

Other studies demonstrated that most of the nurse-patient interactions seem to be superficial and task-related and that the amount of social interaction is limited (Armstrong-Esther, Sandilands & Miller, 1989; May 1990; Nolan, M., Grant & Nolan, 1995). Turner (1987) explicitly claimed that patients were depersonalized. Nursing staff often identified patients by labeling them with words like “the gall bladder in room 204” or “the chest pain patient”.

Most of the time, the first experience in nursing is the most challenging one in relation to interpersonal communication; perceptions frequently have been negative (Fagerberg & Ekman, 1997; Granskar, Edberg & Fridlund, 2001). Cooke (1996) examined students’ perceptions of difficult or challenging clinical situations. The finding of the study ranked interpersonal communication as the second most frequently expected difficult situation. Similar findings were reported by Blainey (1980) and Kleehammer, Hart, and Keck (1990).

The literature revealed a need to improve nurses’ skills in communication. Since education precedes practice, educators must provide the needed knowledge and communication skills for their students.

Duldt’s Humanistic Nursing Communication Theory (HNCT) (Duldt & Giffin, 1985) was employed in this study. The theory was discussed in detail within this chapter as it represents the theoretical framework for this study. The following is a brief description of the theory. Duldt posits that the nurse can provide influence upon the
attitudes and beliefs of clients by communicating in a humanistic manner (Duldt & Giffin, 1985).

Duldt’s Theory of Humanistic Nursing Communication explains that humanistic nursing interventions are implemented by communicating and relating to the client in a humanistic manner, which leads him/her to sense warmth and acceptance. The concept of humanism interacts with that of nursing through the phenomenon of interpersonal communication, in which individual worth is validated (Duldt & Giffin, 1985). This theory specifically describes communication “interaction patterns” or behaviors. It provides a continuum of humanizing and dehumanizing attitudes, which characterize one’s messages. It offers a useful framework for teaching communication skills.

Purpose

This descriptive study described the communication patterns used by senior baccalaureate nursing students when interacting with patients in the clinical setting.

Research Questions

The following research questions were developed to guide this study:

1. What are the messages frequently used by senior baccalaureate nursing students?
2. Do senior baccalaureate nursing students tend to convey a humanized or dehumanized attitude?
3. What is the most frequent pattern of interaction used by senior baccalaureate nursing students when interacting with patients?
The findings of this study will be used to develop curriculum recommendations to faculty to enhance communication knowledge and skills in the undergraduate nursing program.

Significance

Nurses need to communicate with patients in a holistic and humanistic manner; however, the literature suggests that nurses frequently fall short in the area of effective communication. Patients are often dissatisfied with interpersonal relationships in clinical settings that may lead to various negative consequences for both patients and nurses. Communication has a significant effect on patient’s recovery rates, length of hospital stay, and patient’s ability to cope with illness and to maintain health (Chant, Jenkinson, Randle, Russell & Webb, 2002).

Humanizing means “to recognize the individual’s human characteristics and to address patients with dignity and respect” (Duldt, 2005, p.4). Today’s students are tomorrow’s nurses. The way they learn to communicate will influence how they will interact in the future.

The goal of this study was to provide information about the degree to which messages (information and emotions) are being expressed, whether humanizing or dehumanizing attitudes are being communicated, as well as patterns of interaction occurring between nursing student and patient. Duldt’s Humanistic Nursing Communication Theory (Duldt & Giffin, 1985) explains the components needed to communicate in a humanistic manner. The results of this study assessed and described
patterns of interaction as have been used by senior nursing students in one School of Nursing.

It is important for students to know that the way in which they communicate with others reflects who they are and what they are becoming. Duldt maintains that the more people can be aware of their own motives and communication pattern of interaction, the greater the degree of control they can have over their interpersonal communication rather being controlled by them (Duldt, 2005).

Further, Duldt (2005) posits that studying interpersonal communication is necessary to promote awareness of one’s skills as a communicator, and will lead to personal and professional development in three areas: knowledge, decision-making, and self-expression. Through humanistic communication, nurses express their respect, caring, warmth and genuineness, empathy, support, and trust.

The results of this study provide the faculty with an understanding of their students’ patterns of interaction. The recommendations could be used to improve other communication skills, to improve the curriculum, and assist other programs to enhance communication skills in their students. Effective communication is a key determinant of patient satisfaction, compliance, and recovery (Chant, Jenkinson, Randle, Russell & Webb, 2002). Patient’s health promotion and satisfaction with care provided are heavily dependent on the understanding and remembering of the information provided to them, and on the way this information is provided.
Theoretical Framework

The theoretical framework for this study was Duldt’s Humanistic Nursing Communication Theory (Duldt & Giffin, 1985). Duldt built her theory on Buber’s “I-Thou” (1970) symbolic interactionist model, and existential philosophy. The theory’s main assumptions that are most related to this study are:

- Human beings are concerned with existential elements: being, becoming, choice, freedom, meaning, uncertainty, and death.
- The nurse shares with the client all the characteristics of being human.
- Survival is based on one’s ability to share feelings and facts about the environment and ways of coping.
- The way in which a person communicates determines what that person becomes.
- Interpersonal communication is a humanizing factor that is an innate element of the nursing process and of the communication that occurs between nurses and clients.
- A human being functions as a unique, whole being responding openly to the environment.
- Health, satisfaction, and success in a person’s life and work is derived from feeling human.
- Because of the bureaucratic and complex nature of health care system, there is a tendency for clients to be treated in a dehumanizing manner.
- Humanizing patterns of communication can be learned and can enhance the nurses’ sensitivity to the client’s state of being and of becoming.
• The goal of humanistic nursing is to break the communication cycle of dehumanizing attitudes and interaction patterns and replace them with patterns that are humanizing.

• Interpersonal communication is the means by which the nurse becomes increasingly sensitive to, and aware of the client status.

The theory defines the human being as "a living being capable of symbolizing, perceiving the negative, transcending his/her environment by his/her inventions, ordering his/her environment, striving for perfection, making choices, and self reflection" (Duldt & Giffin, 1985, p 248). The theory identifies several roles applying to the human being: (a) nurse, the human being who practices nursing, applying nursing process, for a specific client or group of clients, and is educated and licensed by special education and credentials; and (b) client: human being who has experienced a critical life situation and is in need of nursing care. The client’s system includes the family, friends, and significant others.

The major concepts of Duldt’s theory are:

Communication: "A dynamic interpersonal process involving continual adaptation and adjustments between two or more human beings engaged in face-to-face interactions during which each person is continually aware of the other(s)" (Duldt & Giffin, 1985, p. 250). Communication is a process characterized by being existential in nature, involving an exchange of meaning, concerning facts and feelings, and dialogical communing.

The two dimensions of communication are: (a) attitude with which one communicates, and (b) skills or patterns of interaction one uses to communicate. The
theory defines humanizing communication as “an awareness of the unique characteristics of being human” while dehumanizing communication is “ignoring the unique characteristics of being human” (p. 251).

The model provides a continuum of humanizing-dehumanizing attitudes to clarify what kinds of attitudes nurses need to be aware of. According to the theory, an attitude can be either humanizing or dehumanizing in nature. The continuum contains 14 sets of polarized communication elements (Duldt & Griffin 1985, p. 265). Figure 1 portrays this continuum.

![Continuum of Attitudes](From Theoretical Perspectives for Nursing (p. 218), by B. Duldt & K. Griffin, 1985, Boston, MA: Little, Brown and Company. Diagram copyright© 1985 by Duldt & Giffin. Reprinted with permission.)

**Figure 1. Continuum of Attitudes**

Patterns of Interaction consist of the following five components: communing, assertiveness, confrontation, conflict, and separation.

**Communing:** dialogical, intimate communication between two or more people; it is the heart of humanistic communication. Listening is the core of communing and

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involves making a conscious effort to attend to what another person is saying, particularly to expressions of feelings, meanings, and perceived implications. Communing consists of three elements: (a) trust, where one person relying on another, risking potential loss in attempting to achieve a goal. (b) self-disclosure, is risking rejection in telling how one feels, thinks, and so on, regarding "here and now." And; (c) feedback, describing another's behavior, beliefs, and so on, plus giving one's evaluation or feelings about the issue. The three elements of communing and listening are necessary for the development of a relationship in which each person is understood, cooperative and satisfied (p. 216) (see Figure 2).

![Tripod of Communing Diagram]

**Figure 2. Tripod of Communing**

*Assertiveness:* expressing one's needs, thoughts, feelings or beliefs in a direct, honest, and confident manner while being respectful of others' thoughts, feelings or beliefs.

*Confrontation:* providing feedback about another and requesting a change in his or her behavior.
Conflict: requires a decision over an issue in which there is risk of loss as well as possible gain, in which two or more alternatives can be selected, and in which one's values are involved.

Separation: occurs at the end of a relationship due to change, choice, or outside commitments (see Figure 3).

![Communication Interaction Patterns](image)

*Figure 3. Communication Interaction Patterns*

Nursing: “Is the art and science of providing positive, humanistic interventions in the changing health status of human beings interacting in the environment of critical life situations, its elements are communicating, caring, and coaching” (Duld & Giffin, 1985, p. 250). Nursing process consists of four main steps: assessment and diagnosis, planning, implementing, and evaluation.

Health: One’s state of being, of becoming, of self-awareness. It is the adaptation to the environment.
Duldt suggested the following relational statements between the theory's major concepts (p. 248):

- The degree to which one receives humanizing communication from others, to that degree one will tend to feel recognized and accepted as a human being.
- To the degree that trust, self-disclosure, and feedback occur, to that degree humanizing communication or communing also occurs.
- In an interpersonal relationship of trust, self-disclosure, and feedback, to the degree that dehumanizing communication attitudes are expressed by another, to that degree one tends to use assertiveness as a pattern of interaction.
- To the degree that assertiveness tends not to re-establish trust, self-disclosure, and feedback, and to the degree that dehumanizing attitudes are expressed by another, to that degree one tends to use confrontation as a pattern.
- To the degree that confrontation tends not to re-establish trust, self-disclosure or feedback, and to the degree that dehumanizing communication attitudes continue to be expressed by another, to that degree one tends to use conflict resolution as a pattern of interaction.
- To the degree that conflict tends not to re-establish trust, self-disclosure, and feedback, and to the degree that dehumanizing communication attitudes continue to be expressed by another, to that degree one tends to terminate the relationship by separation.
- To the degree that humanizing communication attitudes occur in a relationship, in the event of separation, the relationship can be resumed to the same degree of closeness regardless of the separation.
• To the degree to which a nurse uses humanizing communication, to that degree the nurse will receive humanizing communication from others: clients, peers, colleagues, and leaders.

• To the degree that one is aware of one’s own choice (and motives) about interaction patterns, to that degree one is able to develop communication skills and habits which tend to have predictable results in establishing, maintaining and terminating interpersonal relationships.

Operational Definitions

Seven terms were defined operationally for the study.

1. Message: “consists of facts and feeling, and it is conveyed in a manner involving attitudes, patterns of interactions, and communicative behavior” (Duldt & Giffin, 1985, p. 213).

2. Facts: “are one’s statements concerning the phenomenologic world” (Duldt, Giffin & Patton, 1984, p. 13).

3. Feelings: “come from within the individual and are by nature subjective” (Duldt, Giffin & Patton, 1984, p. 13).

4. To humanize: is “to acknowledge all unique characteristics of the human being in order to build relations and make contact between people” (Duldt, 2005, p. 8).

5. To dehumanize: is “the feeling that the one is isolated from others and is regarded as a thing rather than a person” (Leventhal, 1975, p. 120).

6. Attitude: “the mental position toward a person, fact or state” (Duldt & Giffin, 1985, p. 214).
7. **Interaction pattern**: “a set of elements that can be constructed for specific interaction patterns of interpersonal communication behavior (how one communicates a message)” (Duld & Giffin, 1985, p. 214).

The Nursing Communication Observational Tool (NCOT) (Duld, 1996) was employed to measure and answer the study’s questions. To operationalize the communication messages as facts or feelings the investigator calculated the frequencies of each fact or feeling message. To determine humanizing versus dehumanizing attitudes, the investigator calculated frequencies of each humanizing or dehumanizing attitude. To determine the type of pattern of interaction used, the investigator used the following codes for the patterns of interaction: “C” for communing, “A” for asserting, “N” for confronting, “X” for conflicting, and “S” for separating. The frequencies for each pattern were summed. The investigator used the operational definitions of the patterns of interactions to distinguish between each pattern (as described in the theoretical framework).

**Assumption**

The following was the only assumption of this study:

All subjects are a homogenous group in relation to their educational background. The participants were fourth semester senior baccalaureate nursing students who had been taught by the same teacher(s), adhered to the same curriculum, and received the same content related to therapeutic communication knowledge and skills.
Limitations

The following were identified as potential limitations to this study:

1) Participant bias: to avoid a change in the student's behavior or action as a result of the participants' awareness of the actual goal of the study, the researcher avoided the term “communication.” The participants were informed about the purpose of the study but emphasis was not placed on the term “communication” but on the term “Nursing care activities.”

2) Generalizability: the use of a small convenience sample from one school of nursing in one geographical area limited the generalization of the findings.

3) Instrument reliability and validity: most of the studies used the Humanistic Nursing Communication Theory and Nursing Communication Observation Tool were conducted in the 1980s. At that time the theory and the tool were new and no reliability or validity were established or published (Duldt, personal conversation, May 4th, 2006). For the purpose of this study, the investigator invited a panel of experts to establish content validity for NCOT to provide sufficient support of the tool’s validity. Intra-rater reliability was established through recommended training sessions (Duldt, 1996).

Summary

Communication is at the heart of the relationship between nurses and patients. Humanistic patterns of interaction have a significant positive consequence on both patients and nurses. The literature reported that patients' satisfaction with care is high when nurses communicate with them in a humanistic manner. The complex, highly advanced technical health care system and the domination of business and management
influences trends within the health care system make it easier for health care providers, including nurses, to interact with patients in a dehumanized manner.

Duldt's Humanistic Nursing Communication Theory (Duldt & Giffin, 1985) was the conceptual framework for this study. The theory focuses on patterns and attitudes of interpersonal communication in all aspects of nursing. It provides a useful basis for teaching and assessing the communication process used by students. Humanism within the nursing context is manifested by the "caring, concerned, and thoughtful relationship that the caregiver establishes with the client" (Duldt, Giffin & Patton, 1984, p. 3). The theory defined the concepts of humanism, nursing, and interpersonal communication thoroughly. The application of Duldt’s Theory (HNCT) provides directions for human communication and solutions for dehumanization communication with clients.

The study has significance for both nursing students and nursing educators. The findings of this study describes which messages (information and emotions) are being expressed, whether humanizing or dehumanizing attitude are being communicated, as well as patterns of interaction occurring between nursing students and patients. As today's students are tomorrow’s nurses and the way that they currently communicate may indicate how they will interact in the future.

The findings of the study will be used to develop curriculum recommendations to the School of Nursing Faculty to enhance communication knowledge and skills in the undergraduate program of study. Chapter II presents a review of the literature related to nurse-patient interaction patterns and their impact on health care.
CHAPTER II

REVIEW OF LITERATURE

In this chapter a review of the relevant literature is presented. The studies reviewed were found to be the most relevant to this particular study and are presented from the highest to the least relevancy. The CINAHL database was used to search for the most relevant published studies concerning the purpose of this study. The search included the articles published between 1980 and 2006. The following key words were used: 'nurse-patient relationship' and 'nursing student-patient relationship'. The search produced a total of 136 articles. A total of twenty-six of the most relevant articles are reviewed in this chapter.

The literature review focused on the interaction patterns used by nurses and nursing students when interacting with patients in different clinical settings. No studies were found that examined nursing students interaction patterns using Duldt's Humanistic Nursing Communication Theory as the conceptual framework. Also, no studies were found that examined nursing students interaction patterns using the Nursing Communication Observation Tool (Duldt, 1996).

The review was divided into three sections. The first section consists of a review of current trends and issues in nursing student-patient interaction patterns. The second section consists of a review of humanistic and dehumanistic communication within nursing context, and finally, the third section consists of a review of articles supporting Humanistic Nursing Communication Theory and Nursing Communication Observation Tool.
Current Trends and Issues in Nursing Student-Patient Interaction Patterns

Communication between nursing students and patients has been explored in nursing research over the last two decades. Suikkala and Leino-Kilpi (2005) interviewed thirty nursing students in their first, second, and third year in nursing. The majority (77%) of the sample were second year baccalaureate nursing students. The aim of the study was to provide insight into the student-patient relationship. The researchers used semi-structured interviews that consisted of four themes: main features of the relationship, activities and actors in the relationship, factors associated with the relation, and the consequence of the interaction. Three types of relationships emerged: mechanistic, authoritative, and facilitative.

In the mechanistic relationship, students were focused on their own learning needs (Suikkala & Leino-Kilpi, 2005). The relationship was externally directed by daily routines and supervising nurses' advice. Students and patients did not know each other, and there was little interaction between them. The students were passive observers listening to the nurses' explanation. Often, students just concentrated on performing single tasks or a set of tasks. Patients were passive objects benefiting from the students' activity. Patients were excluded and had the role of outsiders quietly observing students' actions.

In the authoritative relationship, the interaction was governed by students' initiative and their perceptions and knowledge of patient's needs (Suikkala & Leino-Kilpi, 2005). Students and patients knew each other superficially, and interactions were related to the patients' needs, care, and instructions. Some informal conversations occurred. Students in this relationship were helpers and advisors for their patients.
Patients were passive recipients of help and advice, and they expected students to make decisions on their behalf.

In the facilitation relationship, both students and patients had a respectful mutual interaction, focusing on a common goal (Suikkala & Leino-Kilpi, 2005). The interactions were based on equality, appreciation, mutual encouragement, cooperation, caring, and empathy. Patients were actively involved in their care through the shared responsibility of making decisions and giving feedback. Students and patients knew each other personally, and the relationship was based on genuine interest in each other. Interactions were open and confidential, offering patients an opportunity to express their feelings. Within these interactions, students were listeners and advocators. They supported patients' use of their own resources and by relating to them gently and with empathy. Patients gave students back positive and encouraging feedback.

Four different promoting factors affected the student-patient relationship: (a) student-related factors, such as interpersonal competencies, and positive expectation and attitude; (b) patient-related factors, such as personality, and favorable diagnostic characteristics; (c) length of time together, such as long hospitalization stay; and (d) atmosphere during activity, such as good role models offered by staff nurses and supportive supervision relationships (Suikkala & Leino-Kilpi, 2005).

The findings identify the following impeding factors to effective communication: (a) student-related factors, such as negative or stereotyped expectations, and lack of interpersonal competences; (b) patient-related factors, such as personality showing a tendency toward negativity; (c) length of time, such as high workload; and
(d) atmosphere during activity, such as negative feedback from staff nurse(s) and lack of privacy during patient care.

Despite these impeding factors, the study showed remarkable positive consequences for both patients and students. Students expressed their personal and professional growth and an increase in their confidence and self-esteem, while patients expressed their satisfaction with students' genuine presence and an improvement in their health and self-care.

Suikkala and Leino-Kilpi (2001) conducted a review of literature from 1965 to 1998 concerning nursing student-patient interactions. The review reflected the fact that the interest in the quality of nursing student-patient interactions increased after 1980s. Their search produced a total of 484 articles. The analysis focused on the articles published between 1984 and 1998. Out of 104 published articles analyzed, 95 articles (88%) focused on students at different levels of nursing education, five studies focused on patients' perspectives, and four studies explored the students' and patients' perspective.

The analysis of the articles was grouped according to four themes: students' perceptions of and attitudes towards patients and the setting of care; patients' experiences and perceptions of their role in the students' learning and students' involvement in their care; students' interpersonal skills; and, the effect of teaching methods on students' interpersonal skills (Suikkala and Leino-Kilpi, 2001). Each of these themes will be discussed.

Students' perceptions of and attitudes toward patients and the setting of care. The majority of the students described their relationship with patients as an important part of
their learning process. Students were concerned with their lack of knowledge and skills in dealing with patients. “Students reported that they need to become aware of their own feelings in order to create a helping relationship” (p. 45). They were often uncomfortable with sexual questions or when personal assessments had to be done. Students considered interpersonal difficulties with patients as a source of anxiety, distress, and feelings of inadequacy.

Patients’ experiences and perceptions of their role in the students’ learning and of the students’ involvement in their care. Some patients felt that students have little or nothing to offer to them. Others were satisfied with students’ interpersonal skills, especially teaching and listening skills. Sometimes patients felt insecure about their relationship with students, even though they enjoyed their company. The majority of the patients were willing to participate in students’ learning processes, and they tended to benefit from therapeutic and social interaction with students.

Students’ interpersonal skills. Students considered themselves competent. They used feedback, personal response, and reassurance primarily. Students’ empathy levels were influenced by their general competence and attentive listening skills.

The effect of teaching. Training has a significant effect on students’ communication skills and their active listening skills. Examples of training programs are: small group discussions, continual process oriented group supervision, and journal keeping. Faculty role models who support and guide students were identified as having a significant impact on students’ communication skills.

Kotecki (2002) studied baccalaureate nursing students’ communication processes in the clinical setting. She used formal and informal interviews and observations to
collect the study's data. The subjects of the study were 36 nursing students in their third and fourth year of study. The two main psychological problems students encountered were “fear of saying wrong thing to patients” and “how to say the right thing to patients.” The students solved the problem, in part, by employing the following eight different strategies in communicating with patients: asking questions, listening, telling the patients what they were doing, explaining, withdrawing, supporting, spending time with patients, and using nonverbal strategies.

The data analysis revealed that students used a basic social psychological process to overcome their problems. The process identifies the following four stages:

(1) Affirming the self, where students begin to modify communication strategies to talk with patients by using ‘self-talk’ communication pattern. (2) Engaging the patient, in which students' confidence and patient trust increases. In this stage, students used three patterns of interaction: ‘social’, ‘professional’, and ‘personal’ talk. (3) Experiencing communication breakdown, where students' confidence and patients' trust are low. In this stage, students experience dangerous behaviors on the part of patients, students watch RN’s and used ‘real nurse’ talk; and (4) Refining the repertoire, where patients’ trust and self-confidence increases. In this final stage, students were able to draw from a repertoire of strategies and communication patterns suited to themselves, tempered by experience and appropriate context.

The findings of this study suggest that students, through the communication patterns they used, presented an example of their “personal knowledge”, which involves knowing the self and realizing the effect one has on others during transactions that occur between nurse and patient. Finally, the study suggested that nursing faculty need to be
aware of the complex nature of student-patient communication and to prepare them for
communication breakdowns and help students develop a communication repertoire.

Tuohy (2003) conducted a study to ascertain how student nurses communicate
with older people. Two methods of data collection were used: participant observation and
semi structured interviews. The subjects were eight nursing students. The data analysis
revealed that students communicate using both verbal and nonverbal modes of
communication. Communications were categorized as “task related” or “non-task
related.” The findings revealed that most of the communication in the morning was task-
related, while students were engaged in non-task related communication in the afternoon.
Students used both verbal skills such as listening, encouraging, praising and, nonverbal
skills, such as being at eye level, making eye contact, use of facial expression, and use of
appropriate touch.

Students identified the following factors that hindered their communication:
physical and psychological difficulties associated with aging, ward routine,
misunderstanding, distraction, and lack of knowledge (Tuohy, 2003). The factors students
identified that enhanced communication included: the use of communication aids,
spending time and developing a relationship with the older person, using games to
motivate, encouraging, preserving and having a laugh. The students spent more time with
dependent elders. The participants were observed as being respectful, honest and caring,
showing interest, encouraging and motivating the elderly. Students reported that older
people love to talk, were lonely, demotivated, and lacked autonomy (Tuohy, 2003).

The following are the major recommendations reported in the study: First, there is
a need to increase the theoretical education on interpersonal skills at different levels of
education. Second, ensure appropriate clinical supervision of student-patient communication by using preceptors. Third, promote a person-centered approach to care. Fourth, facilitate reflective practice while students are on clinical placements. Fifth, the author recommended regular auditing of clinical placements as suitable learning environment.

Beck (1993) analyzed 22 nursing students’ protocol writings of their caring interactions with patients (direct account of a personal caring experience they had had with one of their patients) using phenomenology research methods. The purpose of the study was to describe the meaning of nursing students’ caring experiences with their patients. The following themes were identified: authentic presence (listening, sharing, not rushing, and sensing need), competence (follow-up, preparation, explaining, and education), emotional support (reassuring, encouragement, remaining with, and patience), physical comfort (gentle touch), and positive consequences (increased confidence & self-esteem).

The study concluded that nurses and nursing students have many similarities in relation to the definition of caring and caring behaviors (Beck, 1993). Two positive consequences reported by students as resulting from their caring experiences with patients were increased self-confidence and self-esteem levels. The recommendations from this study focused on the role of faculty to capitalize on the valuable benefits of caring by nursing students, especially in initial clinical courses, and for faculty to stress to their students that caring has beneficial effects not only for patients but also for nursing students. Finally, the study found that sharing nursing students’ stories of patient caring needs to be encouraged in nursing curricula.
Chant, Jenkinson, Randle, and Russell (2002) reviewed 200 articles concerning communication skills training in nursing education in England. The authors identified eight themes related to problems with nurses' communication skills. These themes included the following: (1) Provision shortages and variability of provision, such as shortage of training and lack of continuing education; variability of course content, timing, duration, and assessment. (2) Lack of communication skills training for dealing with specific patients or clinical areas, such as elderly, infant, cancer care, and deaf awareness. (3) Lack in the training of certain skills, such as telephone training. (4) Bias toward mechanistic rather than relational communication, such as emphasis on learning skills, such as empathy, questioning, confrontation, and self disclosure; emphasis on relationship development rather than discrete skill learning. (5) Poor evaluation of course outcomes, such as uncertainty regarding what constitutes good practice, lack of sound research, lack of evidence concerning the effectiveness of different educational interventions, and emphasis on rating student performance or perception of the course rather that patient satisfaction. (6) Failure to adapt teaching to the learning style or academic ability of students. (7) The role of nurse and health education as social control, such as emphasizing physical and task-related functions; and (8) The gap between education and practice, such as segmentation between education and work.

The authors also identified seven social barriers in using communication skills. They were: (1) work place policies and practice, (2) biomedical dominance, (3) environmental aspect, (4) the hierarchical nature of healthcare system, (5) discrimination and social divisions, (6) occupational (ward) culture, and (7) stress and lack of support structures (for patients and nurses) (Chant et al, 2002).
Humanistic and Dehumanistic Communication Within the Nursing Context.

May (1990) reviewed studies published on nurse-patient interactions between the years 1960 and 1988. The results of this review revealed that nurses spend little time in verbal communication with patients. Verbal communication consisted of less than 1% of their time, with a mean duration of 2-3 minutes. When interaction did occur, it tended to be superficial and task oriented. May reported that nurses used a range of tactics to avoid communication, and nurses attempted to control all interactions in order to limit the ‘quality and depth’ of verbal communication with patients.

Hewison (1995) examined the power of interactions between nurses and patients, as mediated through language. The participant observation methodology was used to collect the data. The data were collected from one location, a small hospital for the care of elderly people in England. The total period of data collection was 37.5 hours, with the observation sessions ranging from 2.5 to 4 hours in duration. A total of 175 interactions were recorded verbatim as handwritten notes. From observing 24 of nurse-patient interactions, the accuracy for the interactions was tested by a modified form of respondent validation in which the participants were invited to read the notes.

The findings revealed that nurses do exert power over patients through communication (Hewison, 1995). The language they use is a major factor in its exercise. Three types of power were identified in the study: (a) Overt power in which patient was “ordered” to do something or verbally prevented from doing something. The interaction was in the form of instructions, where the nurse is ‘in charge’; “in this extract the patient does not even speak, his/her activities determined by the nurse” (p. 78). Sometimes, overt power was used when patients tried to break the rules of the institution, such as walking
without shoes on. (b) Persuasion, where patients complied without use of a direct communication, such as mealtime or medication taking; and (c) Controlling the agenda. This kind of language was characterized by routine communication, such as use of question with limited range of responses; use of multiple questions, or leaving patients playing no part in discussion about what was to happen to them.

The data suggested that the exercise of power was totally one way. The nurses were in control of the interactions and they were providing their care from a “mothering” perspective. The study recommended the necessity of improving the interpersonal skills and changing the organization of nursing work to help in providing a humanistic approach of caring.

Clark (1981) conducted a study to describe one aspect of nurse-patient communication, namely what nurses and patients actually say to each other. Clark used both audiotaped and videotaped recordings of actual nurse-patient conversations to collect the data. The findings revealed that nurses and nursing student-patient conversations tend to be short, often (but not always) occur in relation to tasks, and, in content, are almost exclusively restricted to technical rather than emotional matters. The use of clichés, stereotyped or superficial comments, missing verbal or non-verbal cues, and changing the subject were nurse and nursing student behaviors which could possibly block or discourage patients from conversing. The subjects admitted to avoiding patients’ questions by ‘inconsequential chat and keeping a distance’, and that nurses failed to respond positively to direct questions, or to indirect or implied questions, or to cues.

Nurses tended to use closed questions, leading to simple Yes/No answers, or limit the range of answers and responded in negative ways through vague replies. There was...
very little evidence of the use of reflection techniques. Clark insisted on the need for education in communication skills. She claimed that communication skills can be taught, and it is important and ‘necessary’ for teachers and ward staff to take up the challenge of examining, analyzing, and changing this aspect of nursing care if patients’ needs are to be met.

A number of studies concluded that nurses and student nurses considered communication as an essential theme of the caring process (e.g. Komorita, Doehring, & Hirchert, 1991; Larson, 1986; Wilkes & Wallis, 1998; Wolf, 1986). Wilkes and Wallis (1998) found that nursing students’ major caring action is communication. The sample of the study was comprised of 120 students in their first, second, and third years. The subjects defined communication as “all aspects including verbal, nonverbal and physical contact” (p. 585). Caring actions identified were: listening, talking, explaining, touching, educating and expressing feelings. The subjects reported that these caring actions helped them to provide comfort, being competent, being committed, being confident, and being courageous. The students considered communication as the link for all caring actions and an important medium for expression of these actions. The study concluded that students’ relationships developed from “I-Thou” to “We” relationships.

Williams and Irurita (2004) studied the perceived therapeutic effect of interpersonal interactions that patients experienced during hospitalization. Forty patients, who had been hospitalized in western Australian hospitals, were interviewed. Field notes from 78 hours of observing patient-nurse interactions were used as data for this study.

The patients identified the following interactions as therapeutic in that they helped them feel secure, valued, and informed: (a) displaying competence, such as ability and
confidence to perform specific tasks; (b) developing relationships, such as getting to know each other as people, and frequent contact; (c) indicating availability, such as responding quickly and effectively to requests; (d) providing information, such as explaining with openness and honesty, and telling patients what to do; (e) non-verbal interactions, such as having eye contact, close spatial positioning, displaying gentleness and concern through touch, active listening, and smiling; and (f) verbal interactions, such as engaging the patients in social topics of conversations, continuous and frequent contact and attending to little things.

Research Supporting Humanistic Nursing Communication Theory and/or Nursing Communication Observational Tool.

Twelve current studies that used HNCT as the conceptual framework were found. Ten of these studies were unpublished master’s theses conducted by East Carolina University students (Boyd, 1986; Collier, 1991; Currin, 1987; Dunn, 1987; Edwards, 1988; Jones, 1985; Longest, 1986; Perkins, 1986; Rodri, 1986; Spickerman, 1986). Several of these studies are presented in this section.

Dunn (1987) examined the effect of reminiscing on the communication behavior of elderly individuals living in nursing homes in eastern North Carolina. The researcher used a quasi-experimental pretest-posttest research design. A convenience sample of 20 elderly residents in nursing homes was selected to participate in the study. Subjects were randomly assigned into two groups: the experimental group and the control group.

The experimental group attended eight one-hour sessions involving reminiscence interventions; the sessions were conducted twice a week by the researcher. The
reminiscence aspects involved recorded music and sing-along of music popular in the early 1900s. Objects from the period were presented to stimulate memory recall. These included: items from farmhouses; farm equipment; period toys, and personal items (hats, glasses, clothing). The control group attended eight one-hour sessions and played Bingo led by the researcher.

Data were collected using the NCOT to record observed frequencies of humanized/dehumanized communication and patterns of interaction. The researcher trained an assistant observer to collect the data. The results indicated that the experimental group increased humanizing communication while decreasing dehumanizing communication. The communication in the experimental group was characterized by trust, openness, self-disclosure, and feedback.

All participants demonstrated communication interaction patterns; categories of “tension release” and “opinion” were increased to 100% participation posttest. In the category of “agrees” in which participants showed warmth, empathy, acceptance and understanding; the posttest scores increased from 66% to 88%. Information given and requested with humanistic “attitude” and “pattern” was consistent in both groups for pretest and posttest. Dehumanizing behavior patterns decreased in the experimental group, whereas in the control group both humanizing and dehumanizing patterns of communication varied only slightly.

Edwards (1988) used HNCT to determine the perceptions of head nurses regarding interpersonal communication behaviors. The study addressed the following research questions: (1) what are the specific communication behaviors most necessary for nurses? (2) how often is the use of ineffective communication behaviors noted by nurses?
and (3) when nurses use ineffective communication behaviors, how detrimental is it to their performance? Willmington’s Communication Behaviors Questionnaire was used to collect the data. The subjects were 50 head nurses from five eastern North Carolina hospitals.

The analysis of the data revealed the following findings: First, effective communication behaviors were perceived as very important to the nurses’ performance. Second, negative communication behaviors were perceived to be quite detrimental to nurses. Third, nurses do not use negative communication behaviors very often. Fourth, listening is the communication behavior most necessary for nurses to have and most detrimental when not effectively demonstrated. The researcher concluded that the findings of her study supported Duldt’s HNCT as a potentially useful framework for practice, education, and research.

Collier (1991) used both HNCT and NCOT to determine whether the manner in which nurses communicate influences the degree of pain reported by trauma patients. The hypothesis of the study stated, “there will be significant differences in trauma patients perceived and reported pain experiences, and the degree to which the nurse communicates in the humanizing or dehumanizing models of communication” (p. 7). A convenience sample of eight patients and the nurses assigned to take care of the eight patients during the time of observation comprised the sample of this study. A trained nurse research assistant helped the researcher in collecting the data. The training resulted in an inter-rater reliability of 90% or higher between the two collectors of the data. Sixteen nurse-patient interactions were analyzed.
The finding of this study indicated that nurses' humanizing communication was 50% greater than that patients' humanizing communication. Nurses and patients communicated in a more humanizing than dehumanizing manner. Direct association was found between dehumanizing communication and patients' decrease in pain in eleven observations (62.75%). There was not a statistically significant relationship between the pretest minus posttest pain scores and humanizing communication between the patient and the nurse. The findings tended to support Duldt's Humanistic Nursing Communication Theory, namely the study supported the theoretical statement that dehumanizing communication has a negative effect on the patient’s health status.

Eberhardt and Duldt (1989) conducted a descriptive, retrospective study to describe interpersonal communication behaviors of nurses that primary family caregivers perceived to initiate their trust of the hospice nurse. The HNCT was the theoretical framework for the study. The sample was comprised of 32 caregivers. The subjects responded to a survey tool (Boyd's Patient Trust And Nursing Behavior Tool, 1986). The following paragraph is a description of the tool (Duldt, 1991):

The tool consisted of 10 nursing behaviors concerning patient's trust. The reliability and validity of the tool has not been established. The tool was used to interview inpatients (N=9) in a physical rehabilitation center. The patients identified the following specific nursing behaviors that increase patients' trust of nurses: telling a patient what they were going to do and why; asking a patient about his/her feelings; giving a patient the time he/she needed to answer questions, and understanding that both men and women are more likely to trust women than men (p. 10).

The data analysis revealed that all primary family caregivers thought others trusted them and they viewed nurses as being helpful. Ninety percent of them trusted the nurse. Four behaviors identified as increasing the caregiver's trust in the nurse were:
telling how and why they will help; asking about caretaker's feelings; giving the caretakers time to respond to questions, and involving the caretakers in decision process about what should be done. The study concluded that the findings support the definition, conceptualization, and relationship statement of HNCT.

The following are two studies cited in Duldt (1991). Longest (1986) replicated a descriptive study by Sayler and Stuart (1985) to determine the proportion of reciprocity of humanistic and nonhumanistic interactions occurring between ICU nurses and mechanically ventilated patients. In addition, the study compared the amount of humanistic interactions that occurred between nurses and those patients being 'weaned from' versus those 'supported by' mechanical ventilation. Data analysis showed that both humanizing and dehumanizing communication were reciprocated, especially "silence during initiation of care". More humanizing communication occurred between nurses and patients 'supported by' mechanical ventilation.

Spickerman (1986) conducted a teaching experiment in which she used the NCOT to influence leadership students' sensitivity to humanizing and dehumanizing communication and awareness of the need for leaders' communication behavior to be humanizing. Approximately 65 first-semester senior nursing students watched the film, "Group Productivity" (1984) and used the NCOT to analyze the communication that occurred between the committee leader and one committee member. In the film, the member was quite outspoken and very assertive; the messages were easy to code. Instructions about humanizing and dehumanizing communication preceded the students' evaluation. Both Spickerman and the students evaluated the tool as useful in analyzing interactions for various communication skills.
Summary

The review was divided into three sections. The first section consisted of a review of current trends and issues in nursing student-patient interaction patterns. The second section consisted of a review of humanistic and dehumanistic communication within nursing context, and finally, the third section consisted of a review of articles supporting the Humanistic Nursing Communication Theory and Nursing Communication Observation Tool.

Communication between nursing students and patients has been explored in nursing research over the last two decades. A number of studies concluded that nurses and student nurses considered communication as an essential theme of the caring process (e.g. May, 1990; Suikkala and Leino-Kilpi, 2005). Three types of relationships emerged: mechanistic, authoritative, and facilitative. The majority of the students described their relationship with patients as an important part of their learning process. Students were concerned with their lack of knowledge and skills in dealing with patients. The majority of the patients were willing to participate in students’ learning process and they tended to benefit from therapeutic and social interaction with students.

The results of some studies revealed that nurses spend little time in verbal communication with patients (e.g. Clark, 1981; Hewison, 1995). Verbal communication consisted of less than 1% of their time, with a mean duration of 2-3 minutes. When interaction did occur, it tended to be superficial and task oriented. Nurses do exert power over patients through communication. The language they use is a major factor in its exercise. The nurses were in control of the interactions and they were providing their care from a “mothering” perspective.
Findings from several studies (e.g. Dunn, 1987, Edwards, 1988) supported the theoretical statement that dehumanizing communication has a negative effect on the patient’s health status. Listening is the communication behavior most necessary for nurses to have and most detrimental when not effectively demonstrated.

Training has a significant effect on students’ communication skills and their active listening skills. Humanistic communication has remarkable positive consequences for both patients and students. Students expressed their personal and professional growth and an increase in their confidence and self-esteem, while patients expressed their satisfaction with students’ genuine presence and an improvement in their health and self-care.

The literature suggested that nursing faculty need to be aware of the complex nature of student-patient communication and to prepare them for communication breakdowns and help them develop a communication repertoire. There is a need to increase the theoretical education on interpersonal skills at different levels of education. Preceptors need to ensure appropriate clinical supervision of student-patient communication and promote a person-centered approach of care. Faculty need to facilitate reflective practice while students are in clinical placements; and regularly audit clinical placements as suitable learning environments.

The necessity of improving interpersonal skills is essential to help in providing a humanistic approach of caring. Chapter III presents methods used for this study: the research design, setting and sampling, procedure and data collection method, and statistical analysis.
CHAPTER III

METHODS

The purpose of this study was to describe communication patterns used by baccalaureate nursing students when interacting with patients in the clinical setting. This chapter presents the methods and the procedures that were used in this study. This quantitative study used a descriptive research design to describe the messages frequently used by students, determine whether humanizing or dehumanizing attitudes are being communicated, as well as identify patterns of interaction occurring between nursing students and patients.

Design

A non-participant observation technique was used to collect the data. Morse, Havens, and Wilson (1997) made it clear that one way of increasing understanding of nurse-patient relationships is to conduct detailed observations of interactions as they occur in natural clinical settings over a period of time. An assumption made about using this non-participant observational technique is that the observer has sufficient access to a set of social actions to the extent necessary to assess directly the relationship and interactions involved (Clark & Bowling, 1990). Also, non-participant observation method seemed likely to give an accurate unbiased picture (Coolican, 1994 cited in Elliott & Wright, 1999).

This descriptive study employed ethology methodology to allow the researcher to collect the data and to answer the study’s questions in the most accurate way possible. Morse and Bottorff (1990) claimed that the observational technique method has the
potential for contributing to the development of nursing practice, even though this method is the least developed and least used in research.

Ethology is an observational approach that has been used to study aspects of human and animal behavior; it is characterized by the systematic observation and analysis of behavior under natural conditions (Eible-Eibesfeldt, 1989). Sackett (1978) described the aim of the ethological method as “to reflect faithfully behavioral regularity, that is, the duration and frequency with which particular behaviors are displayed in a particular observed situation by those who participate in it.” (p. 7).

Nurses have used ethology to investigate questions related to nursing practice, such as the study of infants, the confused, aphasic or catatonic elderly. Ethology is useful in different behavioral studies related to mental illness, maternal-infant interactions (Morse & Bottorff, 1990), and highly stressful interactions during clinical events (Harbaugh, 1999). Cressler and Tomlinson (1988) claimed that the observation-oriented approach has become a keystone in assessing the structure of patient care.

Bottorff (1994) identified advantages of using ethology in the study of nurse-patient interaction. This method includes an inductive phase that allows the identification of significant behaviors that should be observed in the interaction episodes. Use of ethology facilitates observation of a wide range of simultaneous verbal and non-verbal behaviors. This method permits a more sophisticated level of observation and analysis of behavior than has been demonstrated in the past. Another advantage of using this method is that the cultural environment of the research site can be described from the participants’ point of view. The core strength of this method is that it occurs within
a natural setting and is neither artificial nor controlled (Laughrane, 1995, cited in Tuohy, 2003).

Setting and Sample

All fourth semester senior baccalaureate nursing students (N=45) at The University of Southern Mississippi (USM) were invited to participate in the study. The students enrolled in the nursing program take general courses for the first two years of the program (e.g. oral communication, introduction to sociology). The students enter their first year nursing courses in their third year, and usually graduate by the end of the fourth year.

The purpose of the baccalaureate program is to prepare the graduate for entry-level positions in a variety of health care services (School of Nursing [SON], 2006). The School defines its graduates as nurses who are competent health care providers, leaders, coordinators, and critical thinkers. These roles must be enacted from a perspective of cultural competency, ethics, and effective communication. The program is fully accredited by the Commission of Collegiate Nursing Education and the Mississippi Commission on College Education. The School has approximately 450 students in the Baccalaureate, Masters, and Doctoral programs located in Hattiesburg (main campus), Long Beach (Gulf Coast campus), and Meridian in south Mississippi.

The faculty of the SON defines communication abilities as: writing and oral abilities, non-verbal communication abilities, group process abilities, and information technology and media production abilities. The SON Handbook describes the nursing student as 'Communicator': “the one who uses the interactive process of communication
to maintain a professional relationship with others through the exchange of information between individuals” (SON, 1995, p. 3).

There is no special communication course offered in the nursing curricula, but the teaching/learning content related to communication processes are evaluated at the appropriate level and within the context of nursing practice encompassed by each course. Increased communication skills through the program are expected. For example, in the beginning junior level course (Nursing Health Assessment) students learn interviewing skills to perform assessment. Interviewing skills are expanded in (Psychiatric Mental Health Nursing) course where students learn therapeutic communication with psychiatric patients (SON, 1995).

All fourth semester senior baccalaureate nursing students (N=45) were asked to volunteer to participate in the study. Among the 38 students who were willing to participate in the study and consented, the investigator observed only 22 students (57.9%), the investigator was unable to get permission from one hospital where 16 students were training. The investigator ascertained from each volunteer the assigned clinical days, the assigned units, and the assigned time the student would be in clinical. On selected days, the investigator appeared on the unit where student(s) was/were training and passively observed when one of the students initiated interaction with a patient.

A minimum of 150-200 student-patient interactions was required for the study (Borenstein, Rothstein, & Cohen, 1997). The investigator was able to observe 178 student-patient interactions.
Protection of Human Subjects

Application to the University of Southern Mississippi's Institutional Review Board (IRB) was approved for expedited review (see Appendix A). The researcher informed the participants that the study was concerning nursing students and nursing care activities. It was felt that to directly inform the participants that patterns of interactions was the study's goal would bias their behaviors with patients.

The researcher explained to the participants that risk and discomfort would be minimal and that they could refuse to be observed or withdraw at any time during the study without prejudice or fear from retaliation (see Informed Consent, Appendix B). Subjects were informed of confidentiality and anonymity. The investigator recorded data on a form that was labeled numerically for each student-patient interaction. The names/identities of the students or the patients were not important or needed. All data were reported in the aggregate so that no specific student or patient encounter can be identified. Permission from patients was not necessary because nursing students were the focus of the study.

After the completion of the data collection process, and because the investigator felt that he may not be able to contact the students who participated in the study as they graduated when the report of the study will be ready to be discussed in public, the investigator met with the students and informed them of the actual purpose of the study, also he informed them that an invitation would be sent to them to attend the findings' discussion session.
Procedure and Data Collection

The investigator arranged a meeting with the fourth semester senior students. The investigator informed the students of the nature and purpose of the study, and obtained informed consents (see Appendix B for Informed Consent Narrative). All volunteers were asked to complete a descriptive data questionnaire to describe the sample and to ascertain when and where students will have clinical practice (see Appendix C).

The student participants provided the investigator with contact information to arrange for the investigator's visit to their clinical setting. A week after the meeting with students, or as soon as the clinical schedule for the preceptorship course was confirmed by the instructors, the investigator via an email attachment requested student participants to complete the clinical schedule form and email it back. On the form, the student participants filled it out with the days and times in which they were available to participate in the study (see Appendix D).

The investigator planned days and units to observe the students in the clinical settings. The investigator called the students the day before the visit to confirm the visit time. The researcher spent between three to five hours in the clinical setting on a given day observing the students. This approach allowed the researcher to observe many student-patient interactions. The data were collected over a period of three weeks. The investigator spent less than an hour with each participant every time he visited.

The researcher approached a patient's room with a student participant and had been introduced as a faculty member from School of Nursing. Each interaction was defined as 'beginning when the student and researcher entered the patient's room and ending when they left the room.' The researcher was 'in close' proximity (3-4 feet) to the
participant while he/she was near the patient. Both verbal and non-verbal content of the student's interaction with his/her patient were written down on either NCOT or on field notes for further analysis. The researcher recorded as many student-patient encounters as possible for all student participants each day as time permitted.

Instrumentation

Two instruments were used for the study. (1) A Descriptive Data Questionnaire was developed by the researcher in order to collect specific information to describe the students who participated in the study (see Appendix C). Data on the questionnaires included: (1) age, (2) gender, (3) ethnicity, (4) previous nursing experience-length of assignment in the unit/ward, and (5) email address. The student participants provided the investigator with their clinical schedule and contact information to arrange for the investigator's visit. The schedule was sent as an attachment to the students' email addresses as soon as their clinical schedules were confirmed by their instructors, then the student participants sent it back as an attachment to the investigator's email address.

(2) The Nursing Communication Observation Tool (NCOT) was employed to describe the messages frequently used by the baccalaureate nursing students, whether humanizing or dehumanizing communication were being communicated, and patterns of interaction that occurred between nursing students and patients. (See Appendix E for permission to use the tool).

The Nursing Communication Observation Tool, based on Bale's interaction process analysis (Bale, 1950), has a set of twelve categories covering the concepts of communication as defined in Duldt's HNCT. Specifically, these categories identify
humanizing and dehumanizing communication behaviors. Six of these twelve categories are designated as humanizing and six as dehumanizing. Each half is further divided into “fact” and “feelings,” which are the two-elements of a “message” as defined by the theory (see Appendix F).

Humanizing Feelings include the following categories: (1) Communing: trustful, dialogue, praises, encourages, supportive, intimate, gentle touch, eye contact. (2) Shows Tension Release: equality, warm, warm voice tone, coping, responsible, faces speaker, open posture, use of humor, frequent eye contact, and (3) Agree: empathetic, warm, compliant, authentic, understanding, positive regard, smiles, nods, ignores inappropriate behaviors, accepting.

Humanizing Facts include the following categories: (4) Suggestions, made or requested: caring, initiates, communication, coaches, make requests calmly, allows choice. (5) Opinions, given or requested: authentic, self-discloses, uses appropriate names, confronting, positive, sincere feedback, and (6) Information, given or requested: choice, clear directions, progress, individualizes, perform procedures with explanation, provides facts.

Dehumanizing Facts include the following categories: (7) Information, given or requested: directions, questions, demands, commands, categorizes, role-playing, performs procedures without explanation. (8) Opinions, given or requested: unauthentic, self-disclosures, verbal outbursts, name-calling, commands, “telling off”, manipulates, negative feedback, and (9) Suggestions, made or requested: careless, abusive language, belittles, ridicules, questions, tolerates, hits, kicks, carries out requests without speaking, gives directions.
Dehumanizing Feelings include the following categories: (10) Disagree: tolerance, disregard, cold, rejecting, noncompliant, critical, withholds support, judgmental. (11) Shows Tension: degradation, cold voice, helplessness, anger, turns away from speaker, closed posture, pain, struggle, limited eye contact, and (12) Alienation, Separation: distrustful, monologue, makes excuses, demanding, defensive, withdraws, isolating, avoids touching. The purpose of the tool is to assist the observer in the collecting and analyzing data about interpersonal communication in nursing practice, education, and research (Duldt, 1996).

According to Duldt’s Humanistic Nursing Communication Theory, the basic unit of measurement is the single communication “act” or behavior, which is any observable verbal or non-verbal interpersonal communication (Duldt, 1996). The observer’s perception of each message was recorded as an “attitude” and “pattern of interaction” it represented, using the theoretical definitions. The frequency of messages was recorded by making ‘/’ for each message in the boxes provided according to the set of categories and the codes designated for the patterns of interaction.

Tool Validity

The HNCT and NCOT, according to Duldt, have no validity or reliability published (personal conversation, May 4th, 2006). For the purpose of this study, content validity for NCOT was established earlier by this investigator to provide sufficient support to the tool’s validity. Validity refers to the degree of accuracy and appropriateness of inferences made from scores. It is a unitary concept and is a matter of degree rather than an absolute, all-or-nothing determination. Validity requires multiple
types of evidence before a judgment can be made regarding the validity of a measure for a particular use or interpretation (Goodwin, 1997).

To establish content validity for NCOT, a panel of consultants was selected ($n=4$). The following is a brief description of the panel.

An Associate Professor of Nursing, who holds a Doctorate degree in Science of Nursing (D.S.N.) from the University of Alabama at Birmingham. She works in the School of Nursing at the University of Southern Mississippi where she teaches different courses at both undergraduate and graduate levels.

A Professor in the Speech Communication Department at the University of Southern Mississippi, who holds a Ph.D. from University of Iowa, teaches courses on interpersonal communication, nonverbal communication, intercultural communication and research methods.

An Associate Dean of Nursing at Meridian Community College, Mississippi, who holds a Ph.D. from the University of Southern Mississippi. She teaches different courses in the Associate Degree Nursing program at Meridian Community College.

An Instructor at Mississippi Gulf Coast Community College, who holds a Masters Degree in Nursing Science from the University of Southern Mississippi. She teaches different courses in the Associate Degree Nursing program at Mississippi Gulf Coast.

The selection of the panel was based upon criteria documented in the literature. These criteria include having relevant training, experience, and qualification of content experts (American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 1985). Other criteria
include history of publication in refereed journals, national presentations, and research in
the phenomena of interest (Grant & Kinney, 1992).

Davis & Grant’s (1993) guidelines to orient consultants to the theoretical
underpinning of the study were included in the cover letter sent to the consultants. Each
of the consultants was provided with a concise overview of: the theoretical formulation
for the study and the instrument; definitions of the constructs to be operationalized
through the instruments; purpose(s) of the instrument; the measurement model to be used;
a copy of the instrument, and a description of the anticipated procedure for data
collection and hypothesis testing for the planned study.

Consultants were asked to evaluate each item of the tool in regard to its relevancy,
accuracy, adequacy, clarity, and representativeness using a 4-point Likert Scale (1=not
relevant to 4=high relevant). Cover letters were sent to consultants inviting them to serve
as panel members. The letters included guidelines suggested by Davis & Grant (1993) as
mentioned earlier.

Analysis of Responses. Analysis of consultants’ responses revealed a consensus in their
judgments regarding the five criteria for evaluation of the NCOT. The mean for accuracy
was 3.56 with SD=.65, while the mean for clarity of the tool was 3.02 with SD=.84.
Table 1 summarizes the results of the means for the five criteria. Another analysis was
conducted to evaluate the validity of each category of the tool. Table 2 summarizes the
results of the means for the five criteria for each category. The results provide additional
support for the validity of the NCOT, and suggest that it can be used in nursing student-
patient context. The analysis revealed an agreement between consultants regarding
relevancy, accuracy, adequacy, clarity, and representativeness for the tool in general and for each category in the tool.

Table 1.

*Summaries of Means of Validity Evaluation Criteria*

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Mean (M)</th>
<th>Standard Deviation (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevancy</td>
<td>3.50</td>
<td>.51</td>
</tr>
<tr>
<td>Accuracy</td>
<td>3.56</td>
<td>.65</td>
</tr>
<tr>
<td>Adequacy</td>
<td>3.08</td>
<td>.85</td>
</tr>
<tr>
<td>Clarity</td>
<td>3.02</td>
<td>.84</td>
</tr>
<tr>
<td>Representativeness</td>
<td>3.44</td>
<td>.54</td>
</tr>
</tbody>
</table>

Some comments on the tool by consultants were that some behaviors will be difficult to be observed (e.g. compliant, tolerance) and some terms used in categories were vague (e.g. coping, tolerance). The investigator considered consultants’ comments and suggestions before conducting the planned study by clarifying each unclear concept/behavior and/or by sufficient observation training.
Table 2

**Summaries of Means of Validity Evaluation Criteria by Category**

<table>
<thead>
<tr>
<th>Category</th>
<th>Relevancy</th>
<th>Accuracy</th>
<th>Adequacy</th>
<th>Clarity</th>
<th>Representativeness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Humanizing Feelings:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Communing</td>
<td>3.75</td>
<td>.5</td>
<td>3.75</td>
<td>.5</td>
<td>3.25</td>
</tr>
<tr>
<td>2. Shows Tension</td>
<td>3.25</td>
<td>.5</td>
<td>3.0</td>
<td>1.16</td>
<td>3.25</td>
</tr>
<tr>
<td>3. Agree</td>
<td>3.5</td>
<td>.58</td>
<td>3.75</td>
<td>.5</td>
<td>3.25</td>
</tr>
<tr>
<td>Humanizing Facts:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Suggestions, Made</td>
<td>3.5</td>
<td>.58</td>
<td>3.75</td>
<td>.5</td>
<td>3.0</td>
</tr>
<tr>
<td>or Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Opinions, Given</td>
<td>3.5</td>
<td>.58</td>
<td>3.25</td>
<td>.96</td>
<td>3.25</td>
</tr>
<tr>
<td>or Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Information, Given</td>
<td>3.5</td>
<td>.58</td>
<td>3.75</td>
<td>.5</td>
<td>3.25</td>
</tr>
<tr>
<td>or Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dehumanizing Facts:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Information, Given</td>
<td>3.75</td>
<td>.5</td>
<td>3.25</td>
<td>.96</td>
<td>2.75</td>
</tr>
<tr>
<td>or Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Opinions, Given</td>
<td>3.25</td>
<td>.5</td>
<td>3.75</td>
<td>.5</td>
<td>3.25</td>
</tr>
<tr>
<td>or Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Suggestions, Made</td>
<td>3.5</td>
<td>.58</td>
<td>3.75</td>
<td>.5</td>
<td>3.0</td>
</tr>
<tr>
<td>or Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dehumanizing Feelings:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Disagree</td>
<td>3.5</td>
<td>.58</td>
<td>3.75</td>
<td>.5</td>
<td>2.75</td>
</tr>
<tr>
<td>11. Shows Tension</td>
<td>3.5</td>
<td>.58</td>
<td>3.5</td>
<td>.58</td>
<td>3.0</td>
</tr>
<tr>
<td>12. Alienation</td>
<td>3.5</td>
<td>.58</td>
<td>3.5</td>
<td>.58</td>
<td>3.0</td>
</tr>
<tr>
<td>Separation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Tool Reliability**

Because the researcher was the only observer for the students' interaction, the study was concerned with one kind of reliability: the "intra-rater" reliability, Burns and Grove (2001) defined reliability as "the consistency of measures obtained in the use of particular instrument and is an indication of the extent of random error in the measurement method" (p. 395). To become proficient in using and understanding the
tool, the researcher (observer) trained himself through observing and collecting data from
the television show “ER.” A taped episode of “ER” was viewed; the investigator scored
three health care provider-patient interactions. Then, a day later, the investigator did the
same observations. The two observations were analyzed for agreement. A 90% agree
score was obtained.

To ensure further reliability of the investigator’s observation skills, an inter-rater
reliability measure was performed by training a master-prepared nursing instructor to use
the tool. After the investigator and the nursing instructor/rater participated in the
recommended training session (Duldrt, 1996), a 94% agree score was obtained between
raters, which gave additional support to the observer’s reliability.

Advantages of using this tool include, but are not limited to, it is inexpensive, data
does not need to be transformed prior to analysis, and data are easily entered into the
computer. Duldrt (1996) described this kind of reliability as “necessary.” The percentage
of agreement (PA) was determined by the following formula (Burns & Grove, 2001):

\[
\text{Percentage of agreement} = \frac{\text{Numbers of agreements}}{\text{Numbers of agreement and disagreements}}
\]

Percentage of agreement below 60% is considered poor (Svensson, Sonn &
Sunnerhagen, 2005). Hartmann (1977) reported that the PA does have an advantage of
being extremely stringent. Observer fatigue, distractions, changing levels of coding
ability, and perceived lack of surveillance all contribute to sources of interrater variations
(Morse & Bottorff, 1990).

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Statistical Analysis

Descriptive statistics were used to describe the student participants' demographics. Nominal data were (a) age, (b) gender, (c) ethnicity, and (d) previous experience of nursing. Nominal data were summarized by frequency counts and percentages. Once the sample's descriptive analysis was completed, a cross-tab analysis was performed to answer the study's three questions. Statistical analyses were accomplished by using version 13.0 of SPSS for Windows (SPSS Inc, Chicago, ILL).

Summary

A descriptive research design was used to describe the messages frequently used by students, whether humanizing or dehumanizing attitudes are being communicated, as well as identify patterns of interaction occurring between nursing students and patients. The non-participant observation method was used to collect the data.

Fourth semester senior baccalaureate-nursing students (N = 22) at the University of Southern Mississippi participated in the study. Student-patient interactions (N=178) were observed/recorded for the purpose of this study. The data was collected over a period of three weeks.

Two questionnaires were used for the study: (1) Descriptive Data Questionnaire was developed by the researcher in order to collect specific information to describe the student participants who volunteered to participate in the study, and (2) Nursing Communication Observation Tool (NCOT) was employed to describe the messages frequently used by the baccalaureate nursing students, whether humanizing or
dehumanizing communication are being communicated, and patterns of interaction occurring between nursing students and patients.

This investigator, to provide sufficient support to the tool validity, established content validity for NCOT. Because the researcher was the only observer for the students’ interaction, the study was concerned with one kind of reliability: the “intra-rater” reliability. Descriptive statistics were used to describe the student participants’ demographics. Comparison of frequencies for patterns of interaction and attitudes were analyzed. Chapter IV presents a description of the sample and presentation of the findings.
CHAPTER IV
FINDINGS

The purpose of this study was to describe communication patterns used by baccalaureate nursing students when interacting with patients in the clinical setting. This quantitative study used a descriptive research design to describe the messages frequently used by students, determine whether humanizing or dehumanizing attitudes have been communicated, as well as identifying patterns of interaction that occurred between the nursing student and the patient. This chapter includes a description of the sample and presentation of the findings.

Description of the Sample

The sample’s descriptions that include (a) age group, (b) gender, (c) ethnicity, and (d) previous experience of nursing are presented in Table 3.

Seventeen students (77.3%) were between 18 - 21 years old, while five students were between 23 - 27 years old. Nine students were males, while 13 students were females. Only one student was African American while the rest of the sample was White. Seven students worked as advanced care technicians, four worked as nurse aids, and another 11 students had no previous experience in nursing.

Data Collection

Data were collected during the students’ preceptorship clinical experience. The clinical settings included Medical-Surgical floors, Critical Care Unit (Intensive Care Unit [ICU], Cardiac Care Unit [CCU]), Labor and Delivery Room (L & D), Emergency Room
(ER), Pediatrics floor, and Post Anesthesia Care Unit (PACU). Data were collected over a three week period. (see findings from Additional Data section for more details).

Table 3.

*Frequencies and Percentages of the Sample Characteristics (N = 22)*

<table>
<thead>
<tr>
<th>Descriptive Variable</th>
<th>Frequency (f)</th>
<th>Percentage (P) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group (years):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 - 22</td>
<td>17</td>
<td>(77.3%)</td>
</tr>
<tr>
<td>23 - 27</td>
<td>5</td>
<td>(22.7%)</td>
</tr>
<tr>
<td>Gender:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>13</td>
<td>(59.1%)</td>
</tr>
<tr>
<td>Male</td>
<td>9</td>
<td>(40.9%)</td>
</tr>
<tr>
<td>Ethnicity:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>21</td>
<td>(95.5%)</td>
</tr>
<tr>
<td>African American</td>
<td>1</td>
<td>(4.5%)</td>
</tr>
<tr>
<td>Previous experience in nursing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Aid</td>
<td>4</td>
<td>(18.2%)</td>
</tr>
<tr>
<td>Advance care technician</td>
<td>7</td>
<td>(31.8%)</td>
</tr>
<tr>
<td>None</td>
<td>11</td>
<td>(50.0%)</td>
</tr>
</tbody>
</table>

Actual interaction time observed with students was 23 hours and 24 minutes with an average of 3 minutes for all interactions, range of interaction was 1 to 10 minutes; time of data collection was from 09:00 AM to 10:30 PM; 101 incidences (56.7%) observed during day shift work (day shift last from seven AM till seven PM), while 77 incidences (43.3%) were observed during night shift work (night shift last from seven PM till seven AM).
Findings

The purpose of this study was to describe communication patterns used by baccalaureate nursing students when interacting with patients in the clinical setting. Three research questions were asked. This section will discuss the findings according to each research question.

Research Question 1

Question One asked, "What are the messages frequently used by senior baccalaureate nursing students?" Table 4 presents frequencies and percentages of the type of messages that occurred during the 178 interactions observed.

Students used “Feeling” messages 469 times (43.9%) (Possible messages for all interactions = 1068 messages), and they used “Fact” messages 432 times (40.4%). The frequencies of humanized and dehumanized between the feelings and facts incidences were similar. Therefore, there did not seem to be a typical type of message used by baccalaureate nursing students.
Table 4.

Frequencies and Percentages of “Humanizing and Dehumanizing Feeling” and “Humanizing and Dehumanizing Fact” within the Interactions (N = 178)

<table>
<thead>
<tr>
<th>Variable</th>
<th>f</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanizing Feelings:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communing</td>
<td>161</td>
<td>(90.4%)</td>
</tr>
<tr>
<td>Shows Tension Release</td>
<td>121</td>
<td>(68.0%)</td>
</tr>
<tr>
<td>Agree</td>
<td>92</td>
<td>(51.7%)</td>
</tr>
<tr>
<td>Dehumanizing Feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>19</td>
<td>(10.7%)</td>
</tr>
<tr>
<td>Shows Tension Alienation, Separation</td>
<td>74</td>
<td>(41.6%)</td>
</tr>
<tr>
<td>Alienation, Separation</td>
<td>2</td>
<td>(1.1%)</td>
</tr>
<tr>
<td>Total</td>
<td>469</td>
<td>(43.9%)</td>
</tr>
</tbody>
</table>

| Humanizing Facts:                          |      |          |
| Suggestions, Made Or Requested            | 109  | (61.2%)  |
| Opinions, Given Or Requested              | 115  | (64.6%)  |
| Information, Given Or Requested           | 109  | (61.2%)  |
| Dehumanizing Facts:                       |      |          |
| Information, Given Or Requested           | 89   | (50.0%)  |
| Opinions, Given Or Requested              | 0    | (0.0%)   |
| Suggestions, Made Or Requested            | 10   | (5.6%)   |
| Total                                      | 432  | (40.4%)  |

Research Question 2

Question Two asked, “Do senior baccalaureate nursing students tend to convey a humanized or dehumanized attitude?” Table 5 depicts the frequencies and percentages of the number of times students demonstrated a humanistic vs. dehumanistic attitude in their communication with patients.
Table 5.

Frequencies and Percentages of “Humanizing Feeling and Humanizing Fact” and “Dehumanizing Feeling and Dehumanizing Fact” within the Interactions (N = 178)

<table>
<thead>
<tr>
<th>Variable</th>
<th>f</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanizing Feelings:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communing</td>
<td>161</td>
<td>90.4%</td>
</tr>
<tr>
<td>Shows Tension Release</td>
<td>121</td>
<td>68.0%</td>
</tr>
<tr>
<td>Agree</td>
<td>92</td>
<td>51.7%</td>
</tr>
<tr>
<td>Humanizing Facts:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suggestions, Made Or Requested</td>
<td>109</td>
<td>61.2%</td>
</tr>
<tr>
<td>Opinions, Given Or Requested</td>
<td>115</td>
<td>64.6%</td>
</tr>
<tr>
<td>Information, Given Or Requested</td>
<td>109</td>
<td>61.2%</td>
</tr>
<tr>
<td>Total</td>
<td>707</td>
<td>66.2%</td>
</tr>
<tr>
<td>Dehumanizing Facts:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information, Given Or Requested</td>
<td>89</td>
<td>50.0%</td>
</tr>
<tr>
<td>Opinions, Given Or Requested</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Suggestions, Made Or Requested</td>
<td>10</td>
<td>5.6%</td>
</tr>
<tr>
<td>Dehumanizing Feelings:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>19</td>
<td>10.7%</td>
</tr>
<tr>
<td>Shows Tension</td>
<td>74</td>
<td>41.6%</td>
</tr>
<tr>
<td>Alienation, Separation</td>
<td>2</td>
<td>1.1%</td>
</tr>
<tr>
<td>Total</td>
<td>194</td>
<td>18.2%</td>
</tr>
</tbody>
</table>

Table 5 revealed that students used humanizing “Feelings or Facts” 707 times (66.2%) (Possible messages for all interactions = 1068 messages), while they used dehumanizing “Feelings or Fact” 194 times (18.2%). Therefore, in the observed incidences, students tended to use humanizing attitudes more often than dehumanizing attitudes.
Research Question 3

Question Three asked, "What is the most frequent pattern of interaction used by senior baccalaureate nursing students when interacting with patients?" Table 6 depicts the frequencies and percentages of patterns of interaction used by students when interacting with their patients.

Table 6 reveals that students used the communing pattern 159 times during their interactions (89.3%) (Possible use of each pattern of interaction = 178 times). The other most frequently used patterns were confronting pattern used in 95 interactions (53.4%), conflicting pattern used in 45 interactions (25.3%), and asserting pattern used in 43 interactions (24.2%). There were no incidences of separation. Therefore, in this study, students primarily used the communing pattern.

Additional Data

Table 7 provides examples of the types of messages students used during observed interactions with patients.
Table 6.

Frequencies and Percentages of Patterns of Interaction \((N = 178)\)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency of pattern of interaction used.</th>
<th>Number of interactions</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communing</td>
<td>0</td>
<td>19</td>
<td>(10.7%)</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>27</td>
<td>(15.2%)</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>15</td>
<td>(8.4%)</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>14</td>
<td>(7.9%)</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>18</td>
<td>(10.1%)</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>25</td>
<td>(14.0%)</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>60</td>
<td>(33.7%)</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td>(100 %)</td>
</tr>
<tr>
<td>Asserting</td>
<td>0</td>
<td>135</td>
<td>(75.8%)</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>28</td>
<td>(15.7%)</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>11</td>
<td>(6.2%)</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
<td>(2.3%)</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td>(100 %)</td>
</tr>
<tr>
<td>Confronting</td>
<td>0</td>
<td>82</td>
<td>(46.1%)</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>64</td>
<td>(35.9%)</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>21</td>
<td>(11.8%)</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>11</td>
<td>(6.2%)</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td>(100 %)</td>
</tr>
<tr>
<td>Conflicting</td>
<td>0</td>
<td>131</td>
<td>(73.6%)</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>45</td>
<td>(25.3%)</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2</td>
<td>(1.1%)</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td>(100 %)</td>
</tr>
<tr>
<td>Separating</td>
<td>0</td>
<td>178</td>
<td>(100%)</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td>(100 %)</td>
</tr>
</tbody>
</table>
Table 7.

*Examples of the message used most by the students per category*

<table>
<thead>
<tr>
<th>Category</th>
<th>Message(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanizing Feelings:</td>
<td></td>
</tr>
<tr>
<td>Communing</td>
<td>Gentle touch, eye contact, and dialogue.</td>
</tr>
<tr>
<td>Shows Tension Release</td>
<td>Warm, faces speaker, warm voice tone, and open posture.</td>
</tr>
<tr>
<td>Agree</td>
<td>Warm, empathetic, understanding, and smiles.</td>
</tr>
<tr>
<td>Humanizing Facts:</td>
<td></td>
</tr>
<tr>
<td>Suggestions, Made Or</td>
<td>Initiates communication, caring, and make requests calmly</td>
</tr>
<tr>
<td>Requested</td>
<td></td>
</tr>
<tr>
<td>Opinions, Given Or</td>
<td>Uses appropriate names, sincere feedback, and positive.</td>
</tr>
<tr>
<td>Requested</td>
<td></td>
</tr>
<tr>
<td>Information, Given Or</td>
<td>Provides facts, performs procedures with explanation, clear directions, and individualizes.</td>
</tr>
<tr>
<td>Requested</td>
<td></td>
</tr>
<tr>
<td>Dehumanizing Facts:</td>
<td></td>
</tr>
<tr>
<td>Information, Given Or</td>
<td>Performs procedures without explanation.</td>
</tr>
<tr>
<td>Requested</td>
<td></td>
</tr>
<tr>
<td>Opinions, Given Or</td>
<td>Carries out requests without speaking.</td>
</tr>
<tr>
<td>Requested</td>
<td></td>
</tr>
<tr>
<td>Suggestions, Made Or</td>
<td></td>
</tr>
<tr>
<td>Requested</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>Cold, withholds support, and judgmental.</td>
</tr>
<tr>
<td>Shows Tension</td>
<td>Cold voice, turns away from speaker, closed posture, and limited eye contact.</td>
</tr>
<tr>
<td>Alienation, Separation</td>
<td>Monologue.</td>
</tr>
</tbody>
</table>

As expected, students expressed their humanistic attitudes through using typical non-verbal behaviors that are essential to build a relationship; students used gentle touch, eye contact, warm voice tone, and open posture. On the other hand, students used the following verbal behaviors to convey their messages: they initiated conversation with their patients, made requests calmly; they provided facts, sincere feedback, and clear directions.
From a dehumanistic point of view, some students performed procedures without explanation. They often used cold voice, turned away from speaker, demonstrated closed posture and limited eye contact, and they carried-out requests without speaking.

The presence of others during the interactions appeared to have no effect on students' behavior. Students used both humanized and dehumanized communication regardless of whether family members, and staff were present or if the patient was alone. Family member, a nurse or both were presented in 85 student-patient encounters while none was present in the rest of the encounters, (47.8%) and (52.2%) respectively.

Table 8 describes the genders of the student-patient diad, and if others were present during the interaction.

Table 8.

*Frequencies and Percentages of the Sample Related Variables (N = 178)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>f</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other presented during the observations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>39</td>
<td>(21.9%)</td>
</tr>
<tr>
<td>Nurse</td>
<td>37</td>
<td>(20.8%)</td>
</tr>
<tr>
<td>Family &amp; Nurse</td>
<td>9</td>
<td>(5.1%)</td>
</tr>
<tr>
<td>None presented</td>
<td>93</td>
<td>(52.2%)</td>
</tr>
<tr>
<td>Patient gender per interaction:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>82</td>
<td>(46.1%)</td>
</tr>
<tr>
<td>Male</td>
<td>96</td>
<td>(53.9%)</td>
</tr>
<tr>
<td>Student gender per interaction:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>102</td>
<td>(57.3%)</td>
</tr>
<tr>
<td>Male</td>
<td>76</td>
<td>(42.7%)</td>
</tr>
</tbody>
</table>

Additionally, when types of messages were analyzed by units, the analysis revealed that more humanizing communication was used on Medical-Surgical floors and dehumanizing communication on Post Anesthesia Unit and Critical Care Units. Only 25
interactions involved students who had previous experience with the investigator during their course of study, while 153 interactions involved students who had no experience with the investigator during their course of study, (14%) and (86%) respectively.

Students who had previous experience with the investigator used more humanized communication than students who did not have experience with the investigator (78.7%) and (64.2%), respectively. Students who did not have experience with the investigator used more dehumanizing communication than students who had previous experience with the investigator (19.2%) and (12%), respectively.

When the patient was a female, students used more humanized communication. Dehumanized communication was used with both patients’ genders (male or female). Female students used more humanizing communication than male students, they used humanized communication 425 times (69.4%) and 282 times (60.6%), respectively (Possible times to use humanized messages = 612 times for female students and 456 times for male students), while dehumanizing communication was used equally by both males and females students (see Table 9).

Summary

This chapter analyzed the data from observation of 22 senior baccalaureate nursing students during interactions with patients during their preceptorship clinical experience to describe the communication patterns used. The analysis revealed the following: (1) during the interactions, the frequencies of feelings and facts messages were approximately equal, (2) in the observed interactions, students tended to use humanizing attitudes with patients more than dehumanizing attitudes, (3) the type of communication
Table 9.

_Frequencies and Percentages of the Observation Related Variables (N = 178)_

<table>
<thead>
<tr>
<th>Variable</th>
<th>Humanistic encounters</th>
<th>Dehumanistic encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$f$</td>
<td>$P$</td>
</tr>
<tr>
<td><strong>Clinical area</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical-surgical floor</td>
<td>340</td>
<td>84.6%</td>
</tr>
<tr>
<td>Critical care unit</td>
<td>165</td>
<td>61.1%</td>
</tr>
<tr>
<td>ER</td>
<td>55</td>
<td>76.4%</td>
</tr>
<tr>
<td>L &amp; D</td>
<td>38</td>
<td>70.4%</td>
</tr>
<tr>
<td>PACU</td>
<td>59</td>
<td>28.1%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>50</td>
<td>83.3%</td>
</tr>
<tr>
<td><strong>Student gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>425</td>
<td>69.4%</td>
</tr>
<tr>
<td>Male</td>
<td>282</td>
<td>60.6%</td>
</tr>
<tr>
<td><strong>Patient gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>336</td>
<td>68.3%</td>
</tr>
<tr>
<td>Male</td>
<td>371</td>
<td>64.4%</td>
</tr>
</tbody>
</table>

pattern used by students was overwhelming communing pattern, (4) students used more humanizing communication on Medical-Surgical floors and dehumanizing communication on Post Anesthesia Unit and Critical Care Units, (5) female students used more humanizing communication than males, and, (6) presence of family members or staff had no apparent effect on the type of communication patterns used.

Chapter V will present a discussion of these findings. Additionally, recommendations for further study will be presented.
CHAPTER V
CONCLUSIONS, DISCUSSION, AND RECOMMENDATIONS

This descriptive study employed a non-participant observation method to describe communication patterns used by 22 baccalaureate nursing students during their preceptorship clinical experience. This chapter presents the conclusions, discussion of the findings, and recommendations for further study, practice, and education.

Conclusions

Twenty-two senior baccalaureate nursing students volunteered to participate in this study. The investigator, as a non-participant, observed 178 student-patient interactions to describe the communication patterns used. The study conclusions were:
(1) during the interactions, the frequencies of feelings and facts messages were approximately equal, (2) in the observed interactions, students tended to use humanizing attitudes with patients more than dehumanizing attitudes, (3) the type of communication pattern used by students was overwhelmingly the communing pattern, (4) students used more humanizing communication on Medical-Surgical floors and dehumanizing communication on Post Anesthesia Unit and Critical Care Units, (5) female students used more humanizing communication than males, and, (6) the presence of family members or staff had no apparent effect on the type of communication patterns used.

Discussion

The literature overwhelmingly described nursing students, as well as nurses, as falling short in the area of effective communication. Poor communication leads to
a variety of negative consequences in providing quality health care. These consequences include, but are not limited to patient’s dissatisfaction, delay in patient’s recovering rates, increase length of hospital stay, and decrease in patient’s ability to cope with illness and to maintain their health (Chant, Jenkinson, Randle, Russell & Webb, 2002).

Communication is central to nursing care (Faulkner, 1980), and it is the key to quality nursing care (Persaud, 2005). May (1990) reported that nurses lack communication skills and they frequently block patients by controlling the options of what patients were allowed to communicate. Duffin (2000) reported that communication remains a barrier in health care.

The literature revealed a need to improve nurses’ skills in communication. Since education precedes practice, educators must provide the needed knowledge and communication skills for their students. The goal of this study was to assess and describe pattern of interaction as have been used by senior baccalaureate nursing student in one school of nursing.

A descriptive study using a non-participant observational method was used to observe 22 senior baccalaureate nursing students interacting with patients during their last semester preceptorship clinical experience to describe their communication patterns. The strength of the convenience sample was that all students were completing their program of study and had same experienced the same courses, instructors, and clinical experiences.

Three research questions guided this study. The findings of each question will be discussed.
Research Question 1 asked, "What are the messages frequently used by senior baccalaureate nursing students?" The students in this study used more "Feelings" messages than "Facts" messages. "Feelings," as defined earlier "comes from within the individual and are by nature subjective" (Duldt & Giffin, 1985, p. 13). Feelings were counted in this study as non-verbal behaviors. While "Facts" "are one’s statement concerning the phenomenologic worlds" (Duldt & Giffin, 1985, p. 13). Facts were counted in the study as verbal behaviors.

Gross (1990) claimed that non-verbal communication comprises (55 - 97%) of the messages communicated. Heintzman, Leathers, Parott, and Cairns (1993) described eye gaze, smiling, touch, affirmative head nodding, and body position as the most essential non-verbal behaviors found to build rapport between people. These behaviors are especially important given that the majority of patients today are aged. The aging process changes the elder’s ability to focus, to hear, and to see. Therefore, non-verbal communication is especially useful with this cohort. Subjects in this study used numerous non-verbal communication behaviors that might reflect the impact special course content had on students. For example, in the Gerontology course, a whole class is given on effective communication with aged people, and in the Psychiatric and Mental Health Nursing course, students are instructed on the use of therapeutic communication with patients.

The findings revealed that female subjects used more humanized communication inclusive of both verbal and non-verbal than males. These findings could be related to different variables. First, based on the participant’s sample, female students represent (59.1%) of the sample, which made their chances to use humanistic communication
larger than male students (40.9%). Second, nursing, as a profession is overwhelmingly a female profession, males count for less than (6%) (Trossman, 2003), where nurses have been educated to socialize and focus on their virtues rather than their knowledge (Gordan & Nelson, 2005). Female nurses during through their education are trained to communicate with others in a style that foster to establish and maintain the relationship (Parpia, 2007). Third, literature demonstrated male students interest in high acuity areas, such as ER and ICU. Also, it is worthy to mention that male students prefer science and technical courses over other nursing courses (Ellis, Meeker, & Hyde, 2006). Fourth, perhaps, the cultural phenomenon that assumes that of nurturing, touch, closeness are female characteristics. Gray (1992) argues that men and women are ‘from different planets’ when it comes to communication. Women want empathy and understanding, they are relationship-oriented, and their sense of self is defined through their feelings. Men are goal-oriented, and their sense of self is defined through their ability to achieve results. The nursing literature supported the results of this study in that female nurses and female students communicate more effectively with patients than do male nurses or students (e.g. Hathaway, 1990; Lane, 1989).

On the other hand, the verbal communication behaviors found in this study were employed to initiate communication with patients, make requests calmly, give sincere feedback, and provide facts. In general, these verbal behaviors were task-oriented, short in duration, and superficial (Clark, 1981; Faulkner, 1980; Tuohey, 2003). Suikkala and Leino-Kilpi’s (2005) research results revealed that students were just concerned about performing tasks and their relationship with patients was directed by daily routines. This was supported in this study in that interactions in critical care areas (ICU & PACU) were
more dehumanizing than in medical-surgical areas. These differences in students' behavior according to the clinical area are dependant on different variables. The critical care units in the hospital are a highly technical-specialized arena; the environment of the units, the type of patients, the procedures and treatment performed in the units, and the quality of the staff are also have unique characteristics. Often, critical care patients are fatigued, attached to equipments, such as ventilators that influence with their ability to communicate, or are comatose. However, the need to communicate even if one way in the critical care area is essential for humanistic care.

Hewitt (2002) reviewed the factors related to psych-affective disorders and alterations that might affect the communication in the intensive care unit. These disorders or alterations include perceptual disturbances, such as delusion, delirium, and disorientation; affective disorders, such as anxiety and stress; confusional state where sedative drugs lead to disorientation and/or perceptual disturbances; patterns of change that happens when psychological changes experienced by patient; sensory alterations due to physical and social isolation, and restriction of movement; noise that produced by inappropriate alarm settings, suction equipment, use of the phone by staff, monitors and ventilators alarms, staff conversation, and consultants’ rounds; pain that resulted from invasive procedures, suctioning, intubations, physical restriction, sedation, and physical therapy; physiological factors, such as hypotension, hypoxia, and pyrexia, and finally, sleep deprivation that might result from restlessness, disorientation, delusion, anxiety, increased illness, and noise.

All these alterations could at any point affect student-patient communication. In this study, the practice of dehumanized communication could be related to these
alteration or disorders. Duldt (2005) maintained that in this kind of arena, patients are at risk to be treated in a dehumanized way.

Research Question 2 asked, “Do baccalaureate nursing students tend to convey a humanized or dehumanized attitude?” Nursing students in this study were able to convey their messages in a humanized manner in (66%) their communication, where they used humanized feeling and facts. They only failed to communicate in a humanized manner in (18%) of their communication. They performed procedures without explanation, carried-out tasks without speaking, were cold, and used closed posture.

The literature revealed that nurses do exert power over patients through communication. For example, they frequently “order” patients to do something or prevent them from doing something; or in some cases, nurses used questions with limited range of responses, used multiple questions, or left patients without feedback (Clark, 1981; Hewison, 1995; Suikkala & Leino-Kilpi, 2005). Perhaps, this School of Nursing is doing well with educating students to avoid these behaviors. The findings indicate though that further education is needed in the curriculum with critical care patients in order to decrease the number of dehumanized episodes.

On the other hand, nursing students in this study were able to express their humanized attitudes in various ways, such as, use appropriate names, individualize their caring, use eye contact, gentle touch, and by using warm voice tone. These humanistic behaviors are important as identified by Suikkala & Leino-Kilpi (2005). Students in the present study showed respect and appreciation that were based on equality, caring, and empathy. Kotecki (2002) supported the use of the strategies to ease communication with
patients. Listening, explaining, spending time with patients, and supporting are all essential strategies in providing quality patient care.

Research Question 3 asked, “What is the most frequent pattern of interaction used by senior baccalaureate nursing students when interacting with patients?” Based on Duldt’s theory (Duldt & Giffin, 1985), communing is the heart of humanistic communication where listening is the core of communing. Communing consists of three elements: trust, self-disclosure, and feedback. In this study, students used communing in (89%) of their interactions with patients. For example, they used communing six times in each of 60 encounters with their patients.

Literature revealed that when nursing students interact in a facilitative way, they tended to employ an open and confidential relationship with patients, giving them an opportunity to express their feelings, and give feedback (Kotecki, 2002; Suikkala & Leino-Kilpi, 2005; Tuohy, 2003). When trust occurred in the relationship between patients and students, patients were willing to participate in students’ learning process (Beck, 1993; Suikkala & Leino-Kilpi, 2005).

The conceptual framework for this study was Duldt’s Humanistic Nursing Communication Theory (Duldt & Giffin, 1985) with an emphasis on humanistic communication. The theory focused on patterns and attitudes of interpersonal communication in all aspects of nursing. It provides a useful basis for teaching and assessing the communication process with students. Furthermore, the theory provides directions for humanized communication and a solution for dehumanized communication with patients, if it occurs.
The conceptual linkage is sound. The findings of this study supported the conceptual framework and revealed that communing is the heart of any relationship, that have positive consequence on both students and patients. The findings from this study gave credence to the theoretical suppositions inherent within the Duldt’s Humanistic Nursing Communication Theory.

No studies were found that examined nursing students’ interaction patterns using Duldt’s Humanistic Nursing Communication Theory as the conceptual framework. Also, no studies were found that examined nursing students’ interaction patterns using the Nursing Communication Observation Tool (Duldt, 1996). Though, some similarities were found between the present study and other reviewed studies regarding types of messages, context of encounter, type of relationship, and other related issues.

Humanized Patterns of interaction and attitudes found in the present study have some similarities with Beck’s analysis of students’ protocols (1993), where students’ caring experiences included: authentic presence, competence, and emotional support. In the present study, students were authentic, used self-disclosure, and used appropriate names when they dealt with patients. Students supported their patients and allowed them choices though dialogue.

Also, the present study had similarities with strategies identified to ease communication in Kotecki’s study (2002) and with Tuohy’s study (2003). For example, students used numerous non-verbal behaviors, including but not limited to, eye contact, gentle touch, warm voice tone, smiles; students made their requests calmly, were positive, and individualized their care according to their patient’s needs. Other similarities were found with facilitative relationship described in Suikkala and Leino-
Kilpi's study (2005). For example, students gave their patients opportunities to express their feelings, used empathy and understanding to meet patients' needs.

Dehumanized patterns of interaction and attitudes presented in the present study had some similarities with the following studies: Clark, (1981), where students used short, stereotyped, and superficial conversation; Hewison (1995), where nurses did exert power over patient through communication as instructions given as orders, and where nurses controlled the agenda of their patients. In general, students in the present study had been cold in some cases, used closed posture, performed procedures without explanation, and carried out request without speaking especially in critical care units.

**Limitations**

One limitation that might have biased the findings was that of population mortality. Of the 45 students senior baccalaureate nursing students, 38 (84.4%) students volunteered to participate in the study. The investigator was unable to get permission from one hospital where 16 (42%) of these students who volunteered to participate in the study were training. This loss resulted in a sample that was representative of the class, except for ethnicity. The sample was primarily White (95.5%) and had only one African American subject. There was no literature that described the role ethnicity that might influence communication patterns, but this could be a question future research might address.

The investigator was the sole non-participant observer to collect data for this study. Only 25 (14%) interactions involved students who had previous experience with the investigator as an instructor during their course of study. It was interesting to note that
students who had previous experience with the investigator used more humanized communication. One might question if presence of faculty provide students with a ‘comfort zone’ that they can be more humanistic. Fagerberg and Ekman (1997) research results supported this assumption in considering first year experience in nursing is challenging one when students have no experience in nursing or in interpersonal relations.

Presence of family member, or staff during the interactions was inconclusive in relation to the use of either humanized or dehumanized communication. It might expected that the presence of a family member, the nurse, or both would affect the students’ behavior and the way they would communicate with patients. It is worthy to mention that some family member and the nurse in this study stood back to allow the student to have enough ‘space’ to complete his or her goal; some students appreciated this behavior and felt more comfortable.

Dyer (1995) maintained that the presence of a family member or relatives is known to enhance a more humanistic and meaningful communication. Elliot and Wright (1999) reported that other related variable could affect the communication process while relatives are in the scene, such as, general activity level in the unit, personality differences between students, and the time student spent with patient.

Recommendations

The findings of this study have clear recommendations and implications for education, research, and for nursing students, and for nurses who care for patients in clinical settings. The findings validate the importance of humanistic communication
within nursing student-patient interactions in the clinical setting. It was documented in the literature that the use of humanistic communication produces positive outcomes for patients. As the literature described, humanistic communication has significance for both patients and nursing students. Specific implications for practice, education, and research in nursing are presented in this section.

**Practice**

In this study, nursing students fell short in some humanistic communication areas when they interacted with patients. For example, students performed procedures without explanation; they carried-out tasks without speaking; in some case, students were cold, used limited eye contact, and used closed posture, especially in the intensive care unit context. Nursing students are in a position to provide humanistic holistic care to their patients regardless of the clinical context. Holistic care requires the use of verbal and non-verbal communication behaviors, such as gentle touch, eye contact, smiling...etc. These behaviors are essential, and nurses are to provide humanistic, caring, and quality nursing care.

When students fall short in practicing humanistic communication, the patients and/or their families may experience a sense of not being worthy enough to be treated in humanistic manner. As a result, patients will experience negative consequences that might affect their well being and general health. Patient's dissatisfaction is expected in such cases.

It is recommended that nursing students, nurses, and physicians be encouraged to practice in a humanistic manner at all times. Other clinical team members, such as the
respiratory therapist, physiotherapist, and occupational therapist, also should be encouraged to use humanistic communication. One way to implement this recommendation is through periodically offered in-service education to all staff. Another way may include designing a mentorship program, where physicians, administrators, nurses, and other health care team members get involved in a sense of shared-responsibility in applying and implementing the concepts of humanistic communication.

Another recommendation is for nurse executives and coordinators who are planning care of patients to consider incorporating humanistic communication in care plans, policies, and procedures. Using Duldt’s theory (Duldt & Giffin, 1985) as a foundation for clinical practice in the clinical setting also is recommended. Teaching nurses at all levels the basic tenets of the conceptual framework would help to promote the use of humanistic communication with patients.

Education

The use of humanistic communication is essential for quality nursing care. Students need to be taught early in the nursing curriculum to use humanistic communication as one way to provide holistic care. Duldt’s theory (Duldt & Giffin, 1985) is an ideal framework from which to base a curriculum model.

There is evidence that application of the theory into a baccalaureate curriculum has been successful (Duldt, personal conversation, May 4th, 2006; Spickerman, 1986). The philosophy of the baccalaureate program in the present study focuses on human-centered caring and the holistic nature of the individual. It is recommended that the theory be used as a framework for teaching communication within the nursing
curriculum, and as a theory from which students base their clinical practice. Designing a course specific to teach communication skills that adopts Duldt’s Theory is one way to do that. The course could be offered as a mini session course that can last for a week or two, at the very beginning of nursing program. The students would study the concepts of the theory, and participate in case studies, focus groups, interview skills, and role-playing activities.

Nursing educators need to develop teaching strategies to implement and promote the use of humanistic communication with patients. It is recommended that special clinical assignments involving the exploration of humanistic communication be given to students for pre- and post-conferences. Nursing educators could give assignments that focus on gathering information about the effect of humanistic communication, such as writing a formal paper, exploring the Internet, and creating case studies for discussion.

Nursing students should be taught the ultimate aim in using humanistic communication with patients is to instill a sense of self worth and well being. Clinical conferences on a regular basis focusing on humanistic communication are highly recommended.

Clinical conferences could be used to discuss topics and explore individual feelings about humanistic communication. Also, practicing humanistic communication on one another in conferences is recommended in order to promote a more relaxed and natural way to communicate in a humanistic manner with others.

It is also recommended that nursing educators explore their own feelings about communicating with patients in humanistic manner before teaching students the value of humanistic communication. Nursing educators need to genuinely have the desire to use
humanistic communication with patients and teach humanistic communication in order to convey its value to nursing students. Patients and nursing students would be able to sense a genuine interest in humanistic communication versus a fake interest.

Education on the importance and use of humanistic communication should be emphasized with physician educators and medical students. Ebersole & Hess (1994) contended that physicians and staff working with elderly people need patience, tolerance, and understanding.

Research

After the completion of the present study, several implications were evident. The paucity of research in this area indicate that replicating this study is recommended in order to provide further support of the findings. Further studies involving patients in different clinical settings may enhance generalization of the study findings. Studies involving other geographical areas would be beneficial for a larger degree of generalization of the results. Also, studies comparing different levels on nursing programs, such as associate degree and baccalaureate degree programs would be helpful in the generalization of the results.

Studies involving nurses and patients that are diverse in regard to genders and ethnicity would provide more widespread generalization of the findings. Furthermore, more studies using Duldt’s theory (Duldt & Giffin, 1985) would help to support the use and application of the theory in clinical practice and in nursing education.

Other research recommendations include implementing other control measures to decrease the number of validity threats that were encountered in this study. Employing
several research assistants would have enabled the non-participant observation more student-patient interactions.

A real weakness of the present study was the use of only subjective methods to collect the data. Only one investigator’s observations and field notes were used. Using audio and videotaped methods would help to reduce the subjectivity. Another recommendation is to further test the instrument used in the present research to establish a solid validity and reliability of the instrument, and to suggest refinement, if applicable.

Summary

Clearly, this study provided support for the use of humanistic communication with patients in the clinical settings by students. The literature stresses that humanistic communication has a significant positive impact on both patients and students. The use of humanistic communication in the literature was found to increase patient’s satisfaction rates, their ability to cope with illness and maintain health, and decrease length of hospital stays.

It is evident from the study’s findings that nursing students used both “Feeling” and “Facts” messages in their interaction with patients. Senior baccalaureate nursing students used humanistic communication in (66%) of their interactions; and communing was the most frequent pattern of communication used by students.

There is a message in these findings that nurses need to heed, whether they are functioning in clinical practice, educational settings, or in research settings. Humanistic communication should be used at all times, with all patients, in all clinical settings so as to promote better patient outcomes.
The investigator concluded that even though nursing students' communications were acceptable, they fell short in some areas, such as performing procedures without explanation, being cold, or by using closed posture. The conceptual framework was supported; as the findings of the study gave credibility to the suppositions within Duldt's theory (Duldt & Giffin, 1985).

Based on the findings, strategies for practice, education, and research were identified to promote the use of humanistic communication in the clinical setting to ensure holistic humanistic care.
APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL

The University of Southern Mississippi
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Hattiesburg, MS 39406-0001
Tel: 601.266.6820
Fax: 601.266.5509
www.usm.edu/irb

TO: Waddah Mhammad D'Emeh
118 College Drive #7551
Hattiesburg, MS 39406-0001

FROM: Lawrence A. Hosman, Ph.D.
HSPRC Chair

PROTOCOL NUMBER: 27032001
PROJECT TITLE: A Description of Communication Patterns Used By Baccalaureate Nursing Students When Interacting With Patients in The Clinical Setting

Enclosed is The University of Southern Mississippi Human Subjects Protection Review Committee Notice of Committee Action taken on the above referenced project proposal. If I can be of further assistance, contact me at (601) 266-4279, FAX at (601) 266-4275, or you can e-mail me at Lawrence.Hosman@usm.edu. Good luck with your research.
The project has been reviewed by The University of Southern Mississippi Human Subjects Protection Review Committee in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months. Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 27032001
PROJECT TITLE: A Description of Communication Patterns Used By Baccalaureate Nursing Students When Interacting With Patients in The Clinical Setting
PROPOSED PROJECT DATES: 03/26/07 to 11/01/07
PROJECT TYPE: Dissertation or Thesis
PRINCIPAL INVESTIGATORS: Waddah Mhammad D'Emeh
COLLEGE/DIVISION: College of Health
DEPARTMENT: School of Nursing
FUNDING AGENCY: N/A
HSPRC COMMITTEE ACTION: Expedited Review Approval
PERIOD OF APPROVAL: 03/29/07 to 03/28/08

Lawrence A. Hosman, Ph.D.
HSPRC Chair
APPENDIX B

PARTICIPANT'S CONSENT FORM

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

AUTHORIZATION TO PARTICIPATE IN RESEARCH PROJECT

I understand that I have been asked to participate in a study being conducted by Waddah Demeh (Ph D. student) from the University of Southern Mississippi, School of Nursing. The study is to describe nursing care activities demonstrated by senior baccalaureate nursing students in the clinical settings.

If I decide to participate, I understand that I will be asked to answer questions about personal data (age, gender, ethnicity, and contact information). I understand that I will be observed by the investigator during part of my clinical experience on mutually agreed upon days during my preceptorship course. The time commitment for this will be less than one hour.

I understand that:

- Participation in this study is completely voluntary. If I decide I do not want to take part, it will not affect my grades.
- I can refuse to participate at any time.
- All information collected will be strictly confidential and anonymous. My name will not be recorded on any data collection forms.
- There is no cost to me related to this project.

The benefits of this study will assist the School of Nursing in improving the curriculum.

If you have any question about the research, you may call Dr. Anna Brock (Academic Advisor) at 601-266-5490 or Waddah Demeh at 601-266-3290 or 601-307-3850 or you can reach him at waddahd@hotmail.com.

This project and this consent form have been reviewed by the Human Subjects Protection Review Committee, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research participant should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001,(601) 266-6820.

__________________________________________  ________________________
Signature of Participant                          Date

__________________________________________  ________________________
Signature of the Investigator                    Date
### APPENDIX C

**DESCRIPTIVE DATA QUESTIONNAIRE**

(D'emehe, 2007)

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<tr>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
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<td>38 or older</td>
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**Previous Nursing Experience:** please, check all apply, for each state length of experience:

- [ ] LPN: ...............(months)
- [ ] Nurse Aide (CAN): ...............(months)
- [ ] Other (specify) ...............(months)

**Contact information:**

Name:..................................................

Phone #:..................................................

Email:..................................................

Please see next page.
APPENDIX D

PARTICIPANT'S CLINICAL SCHEDULE

Please complete this schedule and email it back to me at: waddahd@hotmail.com.

Clinical Schedule

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APPENDIX E
PERMISSION FOR INSTRUMENT USE

Bonnie Weaver Battey Ph.D., R.N.
2921 Bellflower Drive
Antioch, California 94531
Phone: 925-706-0442
Fax: 925-706-0621
bwbattey@comcast.net
http://www.samuelmerritt.edu/depts/nursing/dldlt
May 25, 2006

Waddah Demeh, Ph.D., RN, Graduate Assistant
School of Nursing
The University of Southern Mississippi
118 College Drive #5059
Hattiesburg, MS 39406 0001

Dear Mr. Demeh:

Thank you for your interest in using the Nursing Communication Observation Tool (NCOT) for your dissertation research.

The purpose of this letter is to grant permission to you to use this tool in your dissertation, "A Description of Communication Patterns Used By Baccalaureate Nursing Students When Interacting With Patients in The Clinical Settings". In return, I would appreciate receiving a report regarding the findings so that it might serve as a resource for future research projects.

Sincerely,

Bonnie Weaver Battey, Ph.D., R.N.
**APPENDIX F**

**NURSING COMMUNICATION OBSERVATION TOOL**

Duldt's Humanistic Nursing Communication Observation Tool

<table>
<thead>
<tr>
<th>Coding of interaction: Communing = C, Asserting = A, Confronting = N, Conflicting = X, Separating = S</th>
</tr>
</thead>
</table>

**Messages**

<table>
<thead>
<tr>
<th>Humanizing Feelings:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communing: trustful, dialogue, praises, encourages, supportive, intimate, gentle touch, eye contact.</td>
</tr>
<tr>
<td>2. Shows Tension Release: equality, warm, warm voice tone, coping, responsible, faces speaker, open posture, use of humor, frequent eye contact.</td>
</tr>
<tr>
<td>3. Agree: empathetic, warm, compliant, authentic, understanding, positive regard, smiles, nods, ignores inappropriate behaviors, accepting.</td>
</tr>
</tbody>
</table>

**Humanizing Facts:**

| 4. Suggestions, Made Or Requested: caring, initiates, communication, coaches, make requests calmly, allows choice. |
| 5. Opinions, Given Or Requested: authentic, self-discloses, uses appropriate names, confronting, positive, sincere feedback. |
| 6. Information, Given Or Requested: choice, clear directions, progress, individualizes, perform procedures with explanation, provides facts. |

**Dehumanizing Facts:**

| 7. Information, Given Or Requested: directions, questions, demands, commands, categorizes, role-playing, performs procedures without explanation. |
| 9. Suggestions, Made Or Requested: careless, abusive language, belittles, ridicules, questions, tolerates, hits, kicks, carries out requests without speaking, gives directions. |

**Dehumanizing Feelings:**

| 10. Disagree: tolerance, disregard, cold, rejecting, noncompliant, critical, withholds support, judgmental. |
| 11. Shows Tension: degradation, cold voice, helplessness, anger, turns away from speaker, closed posture, pain, struggle, limited eye contact. |

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REFERENCES

American Educational Research Association, American Psychological Association, &

nurses towards the elderly in an acute care setting, *Journal of Advanced Nursing*,
14, 34-41.


*Journal of Nursing Education*, 19(8), 33-36.

NJ: Lawrence Erlbaum Associates.

Bottorff, J. (1994). Development of an observational instrument to study nurse-patient

Boyd, B. (1986). Relationship of nursing behavior and trust. (Unpublished master’s
research). Greenville, N.C.: East Carolina University, School of Nursing.

Scribner’s Sons.

Burns, N., & Grove, S. (2001). *The practice of nursing research: conduct, critique, and

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