

### Patients' satisfaction about nurses' competency in practicing communication skills

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**Abstract:** Background: Nurses' communication skills are considered a mean to provide and improve quality of nursing care. The purpose of this study was to patient's satisfaction about nurses' communication skills. Methods: comparative study utilizing correlational design utilized a sample of 193 nurses and 160 patients from two major hospitals in Saudi Arabia. Data collected from nurses and patients in regards to therapeutic communication skills used by nurses. Results: patients had higher levels of perception of effectiveness in practicing communication skills ( $M=4.3$ ,  $SD=.23$ ) than their nurses ( $M= 4.1$ ,  $SD = .20$ ) and this difference was statistically significant ( $t = - 5.99$ ,  $p < .05$ ). No statistical differences were found between patients and nurses in regards to personal and demographic characteristics ( $p > .05$ ). Conclusion: Nurses and health care professionals need to improve their communication skills and have to use their patients' feedback and evaluation as indicators for their performance.

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#### Introduction

Effective communications skills are necessary in each area of life, but of particular importance in the field of nursing. Nurses, if communicate effectively; optimal health outcomes can be easily reached. Nkeng (2009) defined nurse communication as the effective exchange of information, ideas, and feeling to achieve desirable interpersonal relationships which will be beneficial to the patient. Previous studies showed that practicing effective communication among nurses contributed to safe and high quality nursing care (Fleischer et al., 2009). However, the successful healing process requires that health care professionals, particularly nurses, feel and practice effective therapeutic relationship with their patients and enhance patients control and involvement in health care plans. Therefore, effective communication skills are the key to quality of patient care, and considered the essence of patients' recovery (Kettunen et al., 2000). Communicating effectively with patients also has been considered the heart of all patients' care

aspects (Fakhr-Movahedi et al., 2011). Communication skills provide pathway for transmitting important patient's information to other healthcare providers and for obtaining and sharing necessary information with patient's family members (Granados- Gamez, 2009).

According to Parburry (2000) the most integral part of nursing is caring. However, the nurse-patient relationship is considered the foundation of nursing care (Hagerty and Patusky, 2003). Theorists like Fawcett (2005) described the nurse-patient relationship as a critical element in the delivery of nursing care, while others (Peplau, 1952) previously maintained that nurse-patient interaction influences the health care outcome. Thus, nurse-patient relationship is a core element in the nurses' competency while delivery nursing care. Therefore effective communication between the nurse and patient is vital in establishing the therapeutic relationship that provides the foundation of quality of patient care (Finch, 2005).

Nowadays, nurses are providing care to more acutely and chronically ill patients with increased workloads and fewer resources; thus, interfering with the ability to develop a successful relationship with their patients (Ronayne, 2001). It has been found that the effective nursing communication influenced the rate of patients' recovery, controlled pain effectively, enhanced patients' adherence to treatment regimens, and improved patients' psychological functioning (Fallowfield and Jenkins 1999). In a previous Jordanian study, it has been reported that nurses and patients were different in their perception regarding the effective communication skills (Marmash, et al., 2012). The Joint Commission on Accreditation of Healthcare Organizations found that poor communication can affect patient's safety, satisfaction and quality of care, and has adverse effects on patient's compliance with recommended treatment regimes (Marshelle, 2007). This indicates that poor communication and lack of use of therapeutic communication skills may influence patients' participation in his treatment plans that will inversely affect the nurses' ability to manage patients' needs effectively. This will also expect to lowers the patients' perception of quality of care provided by nurses as patients and nurses are not developing a therapeutic relationship which is the core of nursing care as described by Peplua (1952) and Fawcett (2005). Shattell (2004) made an effort to review all studies in the literature related to nurse-patient interaction and concluded that most studies focused entirely on the nurse's competency in communication neglecting the patients' perception of the nurses' competency. However, Wilkinson (2002) previously maintained that although nurses had the clinical competencies, their patients had complaints of failure communication and nurses' inability to adequately convey a sense of care. The literature propose some factors that may contribute to poor nursing communication such as heavy nursing workload, hard nursing tasks, lack of welfare facilities for nurses, unfamiliarity of nurses with dialect, and sex differences between nurses and patients (Anoosheh et al., 2009).

The literature proposed evidence that further research is needed to examine patients' perception of nurses' communication skills and abilities. Understanding the patients' perception of what is effective communication mean should be considered to achieve satisfactory communication and collaboration (Park and Song, 2005). The measurement of patients' satisfaction with nursing care is a significant indicator to quality of nursing care (Lui and Wang, 2007). There is currently a gap in knowledge regarding the availability of information relative to patient satisfaction related to nursing

communication skills. Therefore, this study came to address this issue and further to extend our knowledge among patients in the Saudi culture. The purpose of this study was to examine patient's level of satisfaction about nurses' communication skills.

The specific aims were:

- To examine the patient's satisfaction about nurses' communication skills.
- To examine the differences between patients and nurses in regards patient's satisfaction about nurses' communication skills.
- To identify personal and demographic factors that influence patient's satisfaction about nurses' communication skills.

### Methods

**Design:** this is a comparative study utilizing correlational design. Data collected using self-report questionnaires from general nurses and their patients in general wards in different health care agencies in Riyadh, Saudi Arabia. Data collected from nurses and patients in regards to therapeutic communication skills used by nurses.

**Sample and Setting:** This study used a convenience sample from nurses and patients in general care settings in Saudi Arabia. A total of 193 nurses and 160 patients completed and returned the questionnaires. Inclusion criteria for nurses were 1) has working experience in the health field for at least 6 months. No exclusion criteria included. For patients, the inclusion criteria were: 1) above the age of 18 years, 2) admitted to general wards, and 3) able to read and write in Arabic. Exclusion criteria in clued: 1) had cognitive or physical disability that may contribute to understand or fill out the survey. The sample included nurses and patients from health care settings representing the public and private sectors. A simple random technique used to select the targeted hospitals.

**Procedure:** after obtaining approval from the ethical committees at each targeted institution, a package of two self-report questionnaires and an author-developed demographic survey distributed to nurses and patients in the targeted settings. The heads of units served as liaisons to facilitate approaching patients and nurses. Research assistants were available during distributing and receiving the packages, thus; nurses and patients returned the surveys directly to research assistants. The questionnaires arranged in packages and only those who expressed interest in participation asked to fill out the questionnaires. The package included a cover letter that includes information about the purpose of the study, its significance and what is expected from subjects, and that the study is anonymous. In addition, the cover letter included contact information of the principal investigator and co-investigators for any further information and for

answering the questions related to the study. The cover later included a statement informing the subjects that returning the questionnaire considered an approval to participate in the study, and that their participation in the study is voluntarily and their decision to participate is of their own choice without any direct or indirect influence. Data kept in a closed cabinet at the College of Nursing at King Saud University where no one but the research team has the access to the files, and electronic files were saved at the personal computer of the principal investigator.

**Instrumentation:** data collected using the Communication Assessment Tool (CAT) (Makoul et al., 2007). In this study the Arabic version of CAT (Marmash et al., 2012) has been used. CAT measures patient perception of communication with the health team. CAT is a validated instrument developed to assess communication across different specialties and environments. The CAT includes 15 items and a 5-point response scale (1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent). It was originally designed to assess patient perceptions of an individual physician's communication effectiveness. The CAT was field tested with 950 patients and 38 physicians across multiple specialties (dermatology, family medicine, neurosurgery, ophthalmology, orthopaedic surgery, physical medicine and rehabilitation) (Makoul et al., 2007). The Arabic version of CAT is adapted for nurses' environments by making minor changes in the instructions and item-stems to broaden the focus of assessment from a single doctor to the nurses. First, references in the original CAT to "your doctor" or "the doctor" was changed "your nurse". Second, the stem of item 15 focused on "the doctor's staff" in the original CAT and changed to "nurses staff. Consistent with previous research on the CAT, results are reported as percentages of "excellent" responses. This scoring is based on the original CAT where patients' percent excellent (scores of 5) correspond to a "yes" answer while percents non-excellent (scores of 1-4) correspond to a "no" answer (Makoul et al., 2007). The scale has good reliability with Chronbach's alpha of .83.

#### **Covariates:**

A. For nurses: Personal details obtained on participants' age, gender, details about their nursing education, years in nursing, and job titles, length of employment on current ward, length of employment in the nursing profession.

B. For patients information collected on age, gender, medical diagnosis, length of stay at the hospital, number of admission to hospitals in the last 12 months, level of education, marital status, and type of education.

#### **Analysis Plan:**

**1). Descriptive statistics** in terms of mean scores and standard deviation used to describe the data variables. Nurses' perception of practicing therapeutic communication skills and patients' perception of nurses' effectiveness in perception of nurses therapeutic communication skills described using the central tendency measures (means, and medians) and the dispersion measures (standard deviation and ranges). The main variables of the study; nurses' therapeutic communication skills described among each group, and then compared.

**2) Inferential statistics:** Pearson correlation Coefficient (Pearson r) used to test the correlation between mean item scores of patients and nurses. The t-test for two-independent samples used to test for difference in perception of therapeutic communication skills between nurses and patients. Also t-test for two-independent samples used to examine the differences among groups in relation to selected demographic and personal factors.

#### **Results**

##### **Descriptive characteristics**

A total of 193 nurses and 160 patients completed and returned the questionnaire. For nurses (see table 1), the age of nurses ranged from 21 to 61 years with mean age of 36.7 ( $SD = 7.8$ ). About 50% of them were between the ages of 28 to 48 years. There were 27 male nurses (13.4%) and 166 female nurses (82.2%). About 65.5% ( $n = 132$  nurse) received special course in therapeutic relationship, and 12.9% ( $n = 26$ ) have a degree in therapeutic communication. Regarding patients, patients' age ranged from 18 to 100 years with mean of 44.9 ( $SD = 18.8$ ). About 50% of the patients were between the ages of 30-56 years. There were 71 male patients (44.4%) and 89 female patients (55.6%). Patients' length of stay at the hospital ranged from 1 to 630 days with mean of 17.2 days ( $SD = 61.0$ ) and about 50% of them had length of stay ranging from 2 to 10 days.

##### **Nurses' communication skills**

Regarding nurses' perception of their communication skills, the analysis (see table 2) showed that the items mean score ranged from 3.9 ( $SD = 0.89$ ) for item 11 "I involved patient in decision as much as he wants" to 4.5 ( $SD = 0.63$ ) for item 3 "I am treat with respect". The analysis in general shows that nurses had moderate to high level of satisfaction about practicing communication skills as their total mean score of the scale was 4.1 ( $SD = 0.20$ ).

Regarding patients' satisfaction about nurses' communication skills, the analysis (see table 2) showed that the items mean score ranged from 4.0 ( $SD = 1.24$ ) "Participate in decision making" for item 11 to

4.7 ( $SD = 0.76$ ) for item 2 “Treat me with respect”. The analysis shows that patients had high level of satisfaction about nurses’ communication skills as the mean score for the total scale was 4.3 ( $SD = .23$ ) compared to nurses mean score that was 4.1 ( $SD =$

0.20). This indicates that patients had higher level of confidences that nurses are practicing therapeutic communications skills, and that nurses’ communication skills were highly recognized and satisfactory to their patients.

**Table 1. Demographic characteristics of nurses (N = 193) and patients (160)**

Variable		M	SD	Min	Max	n	%	
Nurses	Age in years	36.7	7.8	21	61			
	Years of experience	13.2	8.5	.5	37			
	Gender	Male					27	13.9
		Female					166	86.1
	Marital status	Single					54	27.2
		Married					135	69.9
		Divorced					4	2.1
Level of education	Diploma					110	56.9	
	Undergraduate					82	42.5	
	Graduate					3	1.5	
Special course in therapeutic relationship	Yes					132	68.4	
	No					61	31.6	
Patients	Age in years	44.9	18.8	18	100			
	Period of diagnosed in months	4.4	7.4	1	50			
	Number of admissions	2.5	2.5	1	14			
	Length of stay in days	17.2	61.0	1	630			
	Gender	Male					71	44.4
		Female					89	55.6
	Marital status	Single					29	18.1
		Married					113	70.6
		Divorced					7	4.4
		widow					11	6.9
	Level of education	< high school					67	42.1
		High school Diploma					43	27.0
		Undergraduate					14	8.8
Graduate						31	19.5	
						4	2.5	
Working status	Unemployed					86	53.8	
	full time job					44	27.5	
	Part-time job					11	6.9	
	Retired					19	11.9	
Medical Diagnoses	CVD					30	18.8	
	Cancer					9	5.6	
	Orthopedic					23	14.4	
	Renal					17	10.8	
	Maternal					25	15.6	
	Pulmonary					11	6.9	
	Others					47	28.2	

**Table 2. Mean item scores of nurses (N = 193) and patients (160)**

	Items	Nurses		Patients		Diff in Mean	Test statistics	
		M	SD	M	SD		t- test	p -value
1	Greeting patient	4.3	.75	4.6	.82	-0.30	-5.99	< .05
2	Treating patient with respect	4.5	.63	4.7	.76	-0.20		
3	Showing interest in patient idea about health	4.2	.67	4.3	1.02	-0.10		
4	Understanding patients main health concern	4.2	.69	4.4	.96	-0.20		
5	Paying attention to patient	4.4	.71	4.5	1.02	-0.10		
6	Letting patient talk without interruption	4.2	.71	4.5	.93	-0.30		
7	Giving patient as much information as he want	3.9	.83	4.3	1.08	-0.40		
8	Talking in term that patient understand every thing	3.9	.88	4.2	1.11	-0.30		
9	Checking to be sure patient understand every thing	4.1	.79	4.2	1.05	-0.10		
10	Encouraging patient to ask question	4.0	.87	4.0	1.21	.00		
11	Involving patient in decision as much as he want	3.9	.89	4.0	1.24	-0.10		
12	Discussing with patient next step including any follow up	3.9	.85	4.4	1.16	-0.50		
13	Showing patient care and concern	4.3	.72	4.5	.84	-0.20		
14	Spending the right amount of time with patient	4.1	.89	4.2	1.05	-0.10		
15	The nursing staff treat patient with respect	4.4	.67	4.6	.90	-0.20		
<b>Total scale</b>		4.2	.20	4.4	.82	-0.20		

### Differences between nurses and patients' perception related to nurses' communication skills

Using Pearson  $r$  test used to examine the correlation magnitude between patients and nurses in regard to nurses communication skills using mean items of for both nurses and patients. The analysis showed that there is a significant strong and positive correlation ( $r = 0.80$ ,  $p = < .001$ ) between means of items of nurses and means of items of patients. However, this correlation was not significant using the total score of nurses and patients as the correlation ( $r$ ) was  $0.015$ , with  $p$ -value  $> .05$ . to examine if there is a significant difference between patients' and nurses mean scores,  $t$ -test (see table 2) was used and revealed a significant difference between their scores ( $t = -5.99$ ,  $p < .05$ ) The highest difference between nurses and their patients have been observed in item 1 "Greeting the patient" (- 0.30) item 7 "Giving patient as much information as he want" (- 0.40), and item 12 "Discussing with patient next step including any follow up" (- 0.50). On the other hand, the lowest difference in mean item score was observed in item 10 "Encouraging patient to ask question" (0.0). Interestingly, in all mean item scores, patients had higher mean than their nurses expect in one item (item 10; Encouraging patient to ask questions).

Differences in patients' perception of nurses' effectiveness in using communication skills related to demographic characteristics

Regarding the differences in patients' perception in relation to demographic characteristics, the analysis showed that there were no significance differences between patients in regards to age, gender, marital status, educational level, and working status ( $p > .05$ ).

Moreover, there was no significant association between patients' perception of nursing communication and their length of stay at the hospital and number of times of admissions. This infers that patients' demographic and personal characteristics have no contribution to patients' perception. Moreover, the analysis showed that there were significant differences between patients' in regards to their medical diagnosis ( $F_{6, 141} = 2.62$ ,  $p = .019$ ). using post hoc comparison (Tukey HSD), the analysis showed that patients diagnosed with cancer were significantly different in their perception of nurses' effectiveness in using communication skills than those diagnosed with CVD ( $p < .001$ ), Maternal problems ( $p = .013$ ) and Orthopedic problems ( $p = .043$ ).

In regards to differences in nurses' perception related to their personal and demographic characteristics, the analysis showed that none of the personal and demographic characteristics of the nurses had a significant association with their perceptions; age, gender, marital status, years of experience, whether had a special course or holding an academic degree in therapeutic communication. This infers that nurses' perception has not been influenced by their demographic or personal characteristics. In summary, demographic characteristics have no contribution in both nurses and patients' perception of nurses' perceptions of effectiveness of practicing communication skills.

### Discussion

Successful healing process requires that health care professionals, particularly nurses, feel and practice effective therapeutic relationship with their

patients. Fakhri-Movahedi and associates (2011) maintained that communicating effectively with patients is considered the heart of all patients' care aspects. This requires that nurses and patients should have an agreement on what and how communication skills can be effective. One approach is through obtaining patients' satisfaction about nurses' communication skills. This study explored patient's level of satisfaction about nurses' competency in practicing communication skills. The findings of this study indicated that patients had high level of satisfaction about nurses' communication skills, while nurses had moderate to high level of satisfaction about their communication skills. This difference was statistically significant and infers that nurses and patients have different perception of what may contribute to satisfactory communication skills. Although nurses and patients had almost satisfied about nurses' communication skills, the difference between patients and nurses may raise questions about the influence of this difference in managing patients' needs. Peternej and Yonge (2003) maintained that communication skills are the mean through which nurses are able to improve patients' well-being, while Parburry (2002) sustained that effective communication skills contributed to a positive experience of a health-ill cycle. Therefore, there nurses and patients should entirely agree on be satisfied about nurses communication skills at the same level to avoid confusion and disagreement on other element of care plan. Moreover, the results in this study infer that patients were able to evaluate nurses' communication skills better than nurses do for themselves. The results do not agree with previous studies that found that nurses were reported as poor communicators by their patients, and their competency was not enough to adequately convey a sense of care (Shattell, 2004; Wilkinson et al., 2002). This can be related to the lack of feedback that nurses might used to judge their communication skills, and to their low level of satisfaction about their communication skills. Another possible explanation is that nurses and patients have different knowledge background about communication skills in which nurses might used their acquired knowledge and patients used their personal experience which may resulted in this difference in satisfaction. In addition, the study is using Arabian patients who used to be generous and extreme in their evaluation for any given situation. According to Fenghali (1997), Arabs tend to be indirect in their communication in which they have high tendency to accommodate and go along with their interactors. In this case, Arab patients tend to be indirect for the purpose of satisfying their interactors whom are the nurses.

Moreover, in this study, there were no significant differences in patients' satisfaction about nurses' communication skills in regards to demographic characteristics except for medical diagnoses in which patients diagnosed with cancer had different perception. The results agree with previous reports that patients' perception of nurses' communication skills is affection by patients' demographics. Previous studies (e.g., Bakhtiari et al., 2009) found that patients diagnosed with cancer had different perception of nurses' communication skills. One possible explanation is that patients in specialized care units such as oncology and palliative care units may have longer period of interaction and their disease process also may have an influence on their satisfaction level about nurses' communication skills. On the other hand, patients in general wards have less contact time with their nurses that influence their level of satisfaction about their nurses' communication skills.

One limitation of this study is that the study used the modified tool of CAT in which the modified tool used in regards to nurses roles; while the original CAT has been develop to examine effective communication skills in regards to physicians' roles.

### **Conclusion and implications**

This study found that patients had high level of satisfaction about their nurses' communication skills. Nurses, on the other hand, had moderate to high level of perception of their effectiveness of practicing communication skills. The difference between nurse and patients was significant.

Consequently, there is a possibility that nurses might be unable to adequately meet patients' needs and improve their patients' wellbeing and provide a quality of nursing care. The study has an implication for nurses and health care providers at the Saudi health care settings. Nurses and health care professionals need to improve their communication skills and have to use their patients' feedback and evaluation as indicators for their performance. Communication is the mean inn which nurses know the outcome of their care, thus; nurses need to appropriately consider seriously their effective practice of communication skills with their patients. It is recommended that there should be nursing staff development programs addressing practicing communication skills. Further research is needed also focusing on evaluating effectiveness of communication skills considering the Arabian culture of communication. Further research is needed to explore the perceptions, competencies, and educational needs of nurses in the field of therapeutic relationships and effective communication skills. Health care administrators need to assist nurses to gain

the necessary knowledge and skills in practicing effective practice of communication skills.

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### References

1. Nkeng M. Guide lines for promoting effective therapeutic communication in nursing. Retrieved on Jan 25, 2012 from <http://ezinearticles.com/?Guidelines-For-Promoting-Effective-Therapeutic-Communication-In-Nursing&id=2646123>.2009.
2. Fleischer S, Berg A, Zimmermann M, Wüste K, Behrens J. Nurse-patient interaction and communication: A systematic literature review. *Public Health* 2009; 17: 339- 53.
3. Kettunen T, Poskiparta M, Liimatainen L. Communicator styles of hospital patients during nurse-patient counselling. *Patient Education and Counselling* 2000; 41 (2): 161-80.
4. Fakhr-Movahedi A, Salsali M, Negharandeh R, Rahnavard Z. A qualitative content analysis of nurse-patient communication in Iranian nursing. *International Nursing Review* 2011; 58: 171-80.
5. Granados- Gamez G. The nurse-patient relationship as a caring relationship. *Nursing Science Quarterly* 2009; 22 (2): 126 – 7.
6. Parburry S. Patient and person: Developing interpersonal skills in nursing. *American Journal of Critical Care* 2002, 9 (1): 20-7.
7. Hagerty B, Patusky K. Reconceptualizing the Nurse-Patient Relationship. *Journal of Nursing Scholarship* 2003; 35 (2): 145-50.
8. Fawcett J. Contemporary nursing knowledge: Analysis and evaluation of nursing models and theories (2nd ed.). Philadelphia: F. A. Davis Company. 2005.
9. Peplau H. Interpersonal relations in nursing. (1st Ed.). New York, NY: Putnam, 1952.
10. Finch LP. Nurses' communication with patients: examining relational communication dimensions and relationship. *International Journal for Human Caring* 2005; 9 (4): 14-23.
11. Ronayne S. Nurse-patient partnerships in hospital care. *Journal of Clinical Nursing* 2001; 10 (5): 591- 2.
12. Fallowfield L, Jenkins V. Effective communication skills are the key to good cancer care. *European Journal of Cancer* 1999; 35 (11): 1592– 7.
13. Marmash L, Hamdan-Mansour A, Elaian R, & Hiyarat S. Differences in Jordanian nurses' effectiveness in practicing communication skills. *Jordan Medical Journal* 2012; 46 (2): 154-64.
14. MarshelleT. Improving nurse-client relationships by developing a communicating plan. *Home Health Care Management & Practice* 2007; 19 (3): 213-5.
15. Shattell M. Nurse-patient interaction: a review of the literature. *Journal of Clinical Nursing* 2004; 13: 714 –22.
16. Wilkinson SM, Gambles M, Roberts A. The essence of cancer care: the impact of training on nurses' ability to communicate effectively. *Journal of Advanced Nursing* 2002; 40: 731-8.
17. Anoosheh M, Zarkhah S, Faghihzadeh S, Vaismoradi M. Nurse-patient communication barriers in Iranian nursing. *International Nursing Review* 2009; 56 (2): 243-9.
18. Park EK, Song M. Communication barriers perceived by older patients and nurses. *International Journal of Nursing Studies* 2005; 42 (2): 159 – 66.
19. Liu Y, Wang G. Inpatient satisfaction with nursing care and factors influencing satisfaction in a teaching hospital in China. *Journal of Nursing Care Quality* 2007; 22 (3): 266- 71.
20. Makoul G, Krupat E, Chang CH. Measuring patient views of physician communication skills: Development and testing of the Communication Assessment Tool. *Patient Education and Counseling* 2007; 67: 333 - 42.
21. Peternej T, Yonge O. Exploring boundaries in the nurse client relationship: Professional roles and responsibilities. *Perspectives in Psychiatric Care* 2003; 39 (2): 55-66.
22. Wilkinson SM, Gambles M, Roberts A. The essence of cancer care: the impact of training on nurses' ability to communicate effectively. *Journal of Advanced Nursing* 2002; 40: 731-8.
23. Feghali E. Arab cultural communication patterns. *International Journal of Intercultural Relation* 1997; 1 21 (3): 345-78.