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Original Articles

Interpersonal relations and nurses' job satisfaction through knowledge and usage of relational skills

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ABSTRACT

Background/rationale: Many interpersonal labor disputes stem from the lack of communication skills and the relational problems in the interactions between health professionals.
Aims/methods: A qualitative study was conducted in a Spanish hospital in order to get to know how the communicative interaction between hospital nurses is like in relation to the nurses' interpersonal interaction and communication skills developed in their working relationships. Twenty-one hospital nurses between 29 and 55 years old, working in different wards, were interviewed. Open-ended interview discourses were transcribed verbatim and analyzed using qualitative content analysis.
Results: The following four key themes were analyzed: communication and sender; communication and awareness of who has the problem; non-verbal communication; communication and recipient.
Conclusion: The results of this study highlight the need to broaden nurses' relational–communication skills in order to increase job satisfaction.

1. Introduction

Lack of relational communication skills may lead to personal, social and labor disputes, with an impact on family, on social relations and in organizations. This deficiency is also related to higher rates of developing occupational stress syndrome, and a decrease in job satisfaction and the quality of the care provided (Wang, Wai, & Ying, 2011).

In response, the current concern about interpersonal disputes in the various workplaces is evident—especially in close institutions like hospitals—partly due to the relational problems and the lack of a proper communication (Harolds, 2012; Stella, 2010), and it is mainly understood from the perspective of active listening (feedback, empathy, authenticity, be focused on the other).

1.1. Background

Communication is inherent to human beings. It is an interpersonal process in which participants express something about themselves through verbal or non-verbal signs with the aim of influencing the other's behavior, and it determines the kind of relationships that people will develop with others and with the surrounding world (Cibanal, Arce, & Carballal, 2010). It is the act of conveying a message to others and also the main skill for the effective functioning of health professionals (Al Odhayani & Ratnapalan, 2011).

The Palo Alto School communication principles consider communication as a social interaction process and as the basis of all relationships. This institution's authors emphasize that if people want to communicate effectively they have to consider that one same word or sentence may have different meanings, as people experiment, feel and live reality in a personal way (Cibanal et al., 2010).

Since nurses' relationships with other health professionals are mainly communicative, the need to develop effective communication skills in this relationship becomes more evident (Moore, Rivera, Grez, & Lawrie, 2013), especially when it is known that the levels of interpersonal conflicts are a relevant precedent in the emergence and development of burnout syndrome. Prevention involves improving communication skills and contributing to the increase of the levels of professional self-fulfilment and to reduce occupational stress (Polito, 2013).

Different studies have evaluated the effectiveness of training programs in health care professionals aimed to reduce the communication barriers and to promote assertive communication and positive feelings among workers (Williams, Harricharan, & Sa, 2013), to be able to handle interpersonal conflict situations and to defend their professional skills against other groups (Norgaard, Ammentorp, Ohm, & Kofoed, 2012).

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1.2. The communicative interaction in the humanistic and existentialist psychology

According to what has been stated, to address the process of communication–relationship requires considering the skills and/or attitudes nurses should develop in their communicative relationships with other colleagues, in the role of both sender and recipient.

In this way, and based on the central ideas of the main exponents of humanistic and existentialist psychology, Rogers (authenticity, positive thinking, empathic understanding) and Carkhuff (empathy, respect, specificity, genuineness, self-disclosure, confrontation, immediacy and concreteness), we can approach to the set of skills that define a good sender and a good receiver in a good communicative interaction (Carkhuff, 2009; Rogers, 2000). Thus, we can state that a good sender is a person that is able to convey clearly the message's content, feeling and request to his receiver, as he/she also cares about the relationship (how you say it) in the process. Another skill he/she should possess is the ability to cope with relational communication problems originated by the receiver, that lead to an easy-to-solve conflict through the proper use of "I messages". Thomas Gordon described these messages with this formula: "When… I feel… Because… I ask you to…", where *when* alludes to the description of the situation, *feel* describes the feeling produced by the message or by the receiver's behavior, *because* refers to the effects of that behavior in the transmitter, and *I ask you to* describes the change requested by the sender without a reproach to the receiver (Gordon, 1986). Moreover, a good recipient is a person who has good active listening skills: feedback, empathic ability, authenticity and unconditional acceptance to decode the message conveyed by the sender correctly (Carkhuff, 2009; Rogers, 2000). Besides, he/she should have a special sensitivity to control non-verbal language properly (Cibanal et al., 2010).

Therefore, the aim of this study is to explore the experience of nurses' communicative interactions with other health team members in different units of a general hospital in Spain from the point of view of the use of relational–communication skills developed in these interactions.

2. Methods

2.1. Research design

This is a qualitative descriptive study based on a naturalistic inquiry approach. That is there is no pre-selection of variables to study, no manipulation of variables and neither an a priori commitment to any theoretical view (Sandelowski, 2000), with the exception of the humanistic and existential psychology framework that embrace the concepts used in this research.

2.2. Sampling strategy

The study was carried out in a general hospital, in a medium-size city in Spain. The hospital provides acute care to a population of near 90,000 people living in an area of 10,000 km^2. The hospital has got medical and surgical units and clinics, operation rooms, emergency room and a recovery room; but it lacks of complex care units (critical care unit, transplant unit). A purposeful sampling technic was used to achieve the cases that provided us rich, broad and meaningful information for the purposes of the study. The following considerations were taken into account in the determination of the sample: heterogeneity, accessibility, variability, propriety and suitability. The saturation concept was also considered in the sample size (Mason, 2010). The participants were clinical nurses working in different units of a general hospital in Spain.

2.3. Participants

Inclusion criteria consisted of nurses from Santa Barbara city Hospital in Soria (Castilla-y-Leon State, Spain) that had been working in different units of the hospital on a continuing basis for at least 6 months prior to the interview, to have had the opportunity of getting used to the hospital organization and running. Twenty-one nurses with a mean aged between 29 and 55 were included, being the frequency of men 14.29% ($n = 3$). The mean of years of professional experience was 23.3 years and none of the participants withdrew from the study. Nurses were not excluded on the basis of their gender or the kind of units where they were working (Table 1).

Table 1
Participants' demographic characteristics.

Participant code	Age (years)	Gender	Education	Working experiences (years)	Training communication skills
1	40	Female	Diploma	19	Yes
2	42	Male	Diploma	16	Yes
3	45	Female	Diploma	22	Yes
4	52	Female	Diploma	31	Yes
5	50	Female	Diploma	30	No
6	35	Male	Diploma	14	No
7	29	Female	Diploma	8	No
8	38	Female	Diploma	9	No
9	47	Female	Diploma	25	Yes
10	50	Female	Diploma	30	Yes
11	49	Female	Diploma	26	Yes
12	35	Female	Diploma	14	Yes
13	51	Female	Diploma	28	No
14	40	Female	Diploma	17	Yes
15	48	Female	Diploma	25	Yes
16	55	Female	Diploma	36	Yes
17	48	Male	Diploma	25	Yes
18	55	Female	Diploma	30	Yes
19	55	Female	Diploma	36	Yes
20	47	Female	Diploma	24	No
21	55	Female	Diploma	35	Yes

2.4. Procedure

The principal investigator (PI) made an initial contact with the nurses through the nursing supervisor in each unit, explaining the aims of the study and asking for collaboration to attract participants. Next the PI gave the information to the nurses that had been attracted to the study, and answered any question the participants could have about the aims or the process of the research (i.e. that the instrument to collect data was not a test but an interview). Then the PI noted down the personal data to make a personal contact afterwards. A 2-week period was then allowed for nurses to decide whether or not they wished to participate. At the second face-to-face contact, we explained to the participant again the purposes of the research and the procedure to follow. The PI also thanked the participant's involvement and guaranteed the confidentiality of the data and the possibility to access to the final report. The PI also reminded that the interview was going to be recorded and validated by the participant and gave him/her the informed consent to be signed. Following this, data were collected and the interview was completed.

2.5. Ethics approval

This study was reviewed and approved by the Health Research Unit in Soria (Spain) and by the institution in which the study was conducted on April 27, 2010. Special attention was given to the ethical considerations related to the data collection tools used (interviews and researcher field notes), and to the treatment and management of personal data. Permission to record the interviews was always sought prior to their being performed. Informed consent was obtained beforehand and in the event of any emotional response during the interviews, the participant was offered the possibility to either suspend the interview or withdraw the study. All personal data and information that might identify nurses were replaced with a numerical code.