



## Family Perspectives

## Mindfulness predicts student nurses' communication self-efficacy: A cross-national comparative study



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## ABSTRACT

**Objectives:** The aim of this study was to compare student nurses' communication self-efficacy, empathy, and mindfulness across two countries, and to analyse the relationship between these qualities.

**Methods:** The study had a cross-sectional design. Data was collected from final year student nurses in Norway and Sweden. Communication self-efficacy, empathy, and mindfulness were reported by questionnaires; Clear-cut communication with patients, Jefferson Scale of Empathy, and Langer 14 items mindfulness scale.

**Results:** The study included 156 student nurses, 94 (60%) were Swedish. The mean communication self-efficacy score was 119 (95% CI 116–122), empathy score 115 (95% CI 113–117) and mindfulness score 79 (95% CI 78–81). A Mann-Whitney test showed that Swedish students scored significantly higher on communication self-efficacy, empathy, and mindfulness than Norwegian students did. When adjusted for age, gender, and country in a multiple linear regression, mindfulness was the only independent predictor of communication self-efficacy.

**Conclusion:** The Swedish student nurses in this study scored higher on communication self-efficacy, empathy, and mindfulness than Norwegian students did. Student nurses scoring high on mindfulness rated their communication self-efficacy higher.

**Practice implications:** A mindful learning approach may improve communication self-efficacy and possibly the effect of communication skills training.

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## 1. Introduction

Communication skills, empathy, and non-judgmental person-centred care are highly wanted and valued nurse qualities by users of nursing health services [1]. Carl Rogers theory of person-centeredness is founded on acceptance, caring, empathy, and sensitivity in human interactions [2]. A common approach to person-centred care is strategies to achieve effective

communication, partnership, and health promotion [3]. In nursing, the Human-to-Human Relationship Model emphasises the importance of communication in the nurse-patient relationship and in the relief of patient suffering. Empathy and development of feeling of sympathy are phases of the rapport building [4]. Therefore, skills to communicate and relate with the patients are essential to provide person-centred care [2,5,6], and students in the nursing field must develop these skill. Previously, student nurses were reported to have a rather shallow understanding of the communication skills needed for caring for older persons [7]. In person-centred communication, the aim is to ensure attention to the whole person, including sharing information and decisions, delivering compassionate and empowering care, and being perceptive to patient needs [3]. We propose that person-centred communication is defined by health care provider skills and

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qualities, including verbal, paraverbal and non-verbal communication, as well as empathy and mindfulness [8].

Empathy includes both empathic skills, communication skills, as well as abilities to build a trusting relationship [9]. Empathic communication encourages patient trust, mutual understanding, medication adherence, social support, and self-efficacy [10]. Student nurses score significantly higher on empathy than undergraduate students in other health professions, which may indicate that students choosing to become nurses have a specific ability to establish a helping relationship with other people [11]. However, whether empathy is an innate quality being developed and integrated into everyday professional behaviours or a skill that can be taught has been debated [12].

This socio-cognitive definition of mindfulness by Ellen Langer was applied in this study. Mindfulness is described as an active mind-set characterised by openness to novelty, resulting in alertness to distinction, sensitivity to different contexts, awareness of multiple perspectives, and orientation in the present guided, but not governed by rules and routines (Langer, 1989, 1997; Langer & Moldoveanu, 2000; Pirson M et al., 2012). This Western scientific tradition expresses a mind-set of openness to novelty, engaging in a learning agenda, enhancing problem solving, and other cognitive exercises. Mindfulness can be considered as a cognitive ability like memory or intelligence, as a personal trait like extroversion, or as a cognitive style representing a preferred way of thinking, having characteristics of all, but being closest to the latter (Sternberg, 2000). Mindfulness informs both formal knowledge, and knowledge learned during practice and observation [13]. Health care providers scoring high on mindfulness show more person-centred communication and have more satisfied patients [14,15]. Mindful practice gives the practitioner more tools to promote patient care by curiosity and insight, and the use of insight to generalise and integrate new behaviours and attitudes, to express empathy, and to be present [10].

Communication skills training has a positive effect on students' attitudes, students' behaviours and patient outcomes. For training to be effective, the training needs to be experiential and participatory, and the students need to be ready and motivated. Evidence suggests that communication skills training have stronger effects when targeting specific clinical areas and focusing on specific skills. A combination of didactic components and practices with constructive feedback from peers and skills facilitator has been encouraged [16].

Previous research has shown that communication training may improve communication self-efficacy [17]. Self-efficacy describes persons' confidence that they successfully can achieve a specific goal, and the strength of confidence will likely affect whether they try to achieve the goal [18]. Higher communication self-efficacy was found to be associated with improved communication performance after communication skills training [19]. Thus, communication self-efficacy may be used to measure student nurses' confidence in person-centred communication.

In this study, we proposed that there was no difference in communication self-efficacy between student nurses in Norway and Sweden. However, we proposed that communication self-efficacy correlates with the student nurses' level of empathy and mindfulness. Further, to explore these aspects, the aim of this study was to compare student nurses' communication self-efficacy, empathy, and mindfulness across two countries and to analyse the relationship between these qualities.

## 2. Methods

The study had a descriptive, comparative cross-sectional design. The target population was undergraduate student nurses at two universities in Norway and Sweden. The sample population

included a convenience sample of student nurses in the final year of the nursing programme.

### 2.1. Educational settings

The study took place within the framework of the undergraduate nursing programme at a Norwegian and a Swedish university. The nursing programmes followed the regulations for nursing education established by the governments in each country. The three-year nursing programmes correspond to 180 credits in the European Credit Transfer System and result in a Bachelor's degree in nursing.

The Norwegian nursing programme is based on Suzie Kim's 4 domains: scientific knowledge, hermeneutical knowledge, aesthetic and ethical knowledge and critical hermeneutical knowledge [20]. The communication skills teaching in the first year includes role play, feedback and reflection to increase the students' knowledge and understanding about relationship building and observing, as well as small group simulation training on verbal and nonverbal communication, active listening, and meta communication. In addition, the students work in groups and present a case on the psychosocial needs related to acute illness. In the second year, before entering hospital practice, the students work in small groups on cases linked to mental health practice, role-playing as nurses with teachers playing the patient and a relative. The focus is on relationship building and giving information. In the third year, before entering the home health care, the students have a two-hour lecture on how to integrate, interact with and inform relatives with special attention to dementia and stroke. In total, nine weeks of training is dedicated to simulations and practical communication skills training.

The Swedish nursing programme states that nurses upon graduation should have required skills to provide information and patient education, and the competence to discuss care provision with different parties. Nurses are also required to have empathy and knowledge of self. At the participating university, communication teaching and training was part of courses in caring sciences, mainly based on a caring perspective [21] and a holistic view on the patient, as well as courses in health care pedagogy. The latter run through all three years of the programme and focus on communication in relation to nurses' learning and educational functions. The first year focus on health, including cross cultural caring encounters, the second year on ill health, patient learning and caring conversations and the third year on complex caring situations. In total, eleven weeks of training is dedicated to simulations and practical communication skills training.

### 2.2. Sample and data collection

A convenience sample of third year student nurses was obtained at the two universities. Of the 175 student nurses who were eligible, 156 answered the questionnaires providing a response rate of 90%. The data was collected after an ordinary lecture in the nursing programme, in the last semester of the programme. The students were asked to report on their communication self-efficacy, empathy, and mindfulness by three questionnaires: Ammentorp "Clear-cut communication with patients" [22], Jefferson Scale of Empathy [23,24] and Langer 14 items mindfulness scale [25].

#### 2.2.1. "Clear-cut communication with patients"

The "Clear-cut communication with patients" (CCC) questionnaire includes 16 items and scores communication self-efficacy in terms of experienced accomplishment in different aspects of clinical communication. The score was given on a 10-point Likert-scale, where 10 is very sure to succeed. The sum score ranges from

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