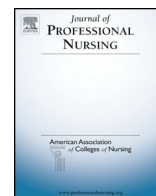




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Communication apprehension and willingness to listen in nursing education☆

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Introduction

Communication is considered an essential component of safe, quality nursing care across the world (Boynton, 2015; Kavanagh & Szweda, 2017; Griffiths, Speed, Horne, & Keeley, 2012). The safety of patients during all phases of care depends upon optimal communication by the interdisciplinary team. These necessities of patient care emphasize the need for nurses to work collaboratively and communicate effectively to make informed decisions to promote positive patient outcomes. Effective communication is necessary to help patients move through the system, create functional interdisciplinary teams, and facilitate processes in the health care organization (Chard & Makary, 2015) as well as provide safe patient care.

The Interprofessional Educational Collaborative panel (IPEC) has identified communication competency as an expectation of all health professions that should be included in programs of study (Ellison, 2015). This recommendation has become a focus as some evidence suggests that students are not prepared in their nursing education programs with these skills (Cooper, Martin, Fisher, Marks, & Harrington, 2013; Griffiths et al., 2012; Kavanagh & Szweda, 2017). In the study by Berkow, Virkstis, Stewart, and Conway (2008), nurse leaders in health care facilities across the US were surveyed about new graduate nurses' abilities upon entry into the profession. Two-thirds of new graduates ($n = 3265$) were rated as less than competent with interdisciplinary communication skills.

Nurses skilled in the communication strategy of listening-to-patients are highly desired because the job requires ongoing interactions with patients (Barrere, 2007; Bunkers, 2010). The literature overwhelmingly identifies communication as a desired characteristic of a nurse (Griffiths et al., 2012; O'Hagan et al., 2014). To prepare the next generation of graduates with this skill, programs of nursing seek to develop and teach effective interprofessional communication. But, communication can be difficult for some students. Blume, Baldwin, and Ryan (2013) recognized the difficulties nursing students can experience when communicating with patients. The scientists noted that nursing

students experience fear, anxiety, and negative attitudes during communication with patients – suggesting failure to communicate effectively may be related to the student's range of fears concerning communication tasks or situations (commonly referred to as communication apprehension [CA]) instead of the quality of educational programs and training.

Most nursing curricula can demonstrate the integration of communication throughout the program of study but, CA and WL have not been parceled out as important constructs worthy of consideration in nursing education. This study seeks to recognize CA and WL as important traits necessary for effective communication with patients and interdisciplinary health care teams.

The purpose of this observational cross-sectional quantitative study was to investigate the effect of students' academic year (freshman, sophomore, junior and senior) across a baccalaureate program of study on self-reported measures of CA and WL. The *Personal Report of Communication Apprehension* (PRCA-24) and *Willingness to Listen* (WL) surveys were utilized to measure the construct in pre-nursing and nursing students in the freshman, sophomore, junior and senior years of academic progression. Questions guiding the project for the purposes of the study are:

- Is there a significant effect between nursing students' academic year in a baccalaureate program and Communication Apprehension and Willingness to Listen survey scores?
- Do nursing students show a change in their Communication Apprehension survey score and Willingness to Listen survey scores as they matriculate through a baccalaureate program of study?

Background

In the 1970s, James McCroskey established himself as an expert in the field of CA and WL as critical factors for developing communication skills (Boynton, 2015; Ellison, 2015; McCroskey, 1977). Disciplines outside of nursing have recognized the significance of CA and WL with much of the work focusing on the public speaking aspect of communication (Blume et al., 2013; Byrne, Flood, & Shanahan, 2012; Fall, Kelly, MacDonald, Primm, & Holmes, 2013; Griffiths et al., 2012; Kourkouta & Papathanasiou, 2014; McCaffrey, Hayes, Cassell, Miller-Reyes, & Donaldson, 2012; Norgaard, Ammentorp, Kyvik, & Kofoed, 2012; Roberts & Vinson, 1998). In the nursing education literature, students' attitudes toward communicating and listening with patients and

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interdisciplinary health care teams have been largely neglected in the nursing education literature.

Communication apprehension

The strongest evidence found on the subject of CA within the last 30 years was work by Allen and Bourhis (1996). The scientists analyzed 36 studies on the subject of CA and reported that CA scores negatively correlated with both the quality ($r = -0.38$) and quantity ($r = -0.29$) of communication interactions – meaning the higher the CA score the lower the quality and quantity. Similarly, work by Blume et al. (2013) found that students with higher CA may choose to avoid interpersonal interaction experiences and when those students did interact in discussions, the amount of time in these interactions was much lower than their peers with lower CA scores. The authors also suggested CA negatively influences critical thinking skills. In more recent work, LaRochelle and Karpinski (2016) found that as CA increased interprofessional socialization decreased. And, Wagner, Liston, and Miller (2011) found that communication apprehension can be a factor influencing nursing students' interactions with patients and groups.

In qualitative work by Byrne et al. (2012) three major themes emerged as sources of CA in a sample of college-level business and accounting students ($n = 17$): fear of peer evaluation, prior experiences with communication, and preparation with the subject matter. The authors reported that the higher a student's CA score the more likely he or she will negatively view interactions within these themes. Of particular interest to nursing was the theme of preparation with the subject matter – referred to the students' feelings of comfort with the subject matter under discussion. Students feared “looking stupid”. The evidence suggests that increasing students' skills and abilities to communicate may be improved by addressing and reducing CA (Byrne et al., 2012).

Willingness to listen

McCroskey (1977) referred to WL as the “unwillingness to communicate” that focused on a global predisposition to avoid communication with a variety of causative factors including apprehension (p. 79). Most of the work surrounding WL during the 70s and 80s focused on the trait in students with English as a first language and in the US. Since that time, WL has been of particular interest in the English-as-a-second-language and communications literature (Akdemir, 2016). Roberts and Vinson (1998) recognized WL as a measurable predisposition that leads to a person's willingness to communicate – claiming high or low levels of willingness prevent the development of important interpersonal relationships (p. 45).

Much of the nursing and nursing education literature on the subject of listening combines the skill within interpersonal communication – referred to as active listening. Active listening, too, is considered a necessity for a patient-centered approach to safe, effective care (Bunkers, 2010; O'Hagan et al., 2014) and requires the nurses' undivided attention to assess the verbal and non-verbal messages expressed by patients (Kourkouta & Papathanasiou, 2014). In her book, Boynton (2015) recognizes respectful listening within the realm of effective communication skills. Willingness to Listen is an affective construct that refers to an individual's tendency to engage in communication when given the choice (Akdemir, 2016; McCroskey, 1977, 1982). However, a student's attitude toward listening or willingness to engage in interactions to provide undivided attention to patients is largely absent. Active listening serves to demonstrate empathy and assure that communication is understood (Boynton, 2015; Olson & Iwasiw, 1987). However, Klagsbrun (2012) clearly differentiates listening skills from other aspects of communication stating “For a patient, being carefully listened to can be a moving and profound experience, one that transforms the relationship between patient and nurse” (n.p.). Listening can also enhance the patient's self-esteem as well as collect vital information for assessing the patient's condition to provide safe, effective nursing care.

Jenkins, Abelson-Mitchell, and Cooper (2007) surveyed 80 ambulance paramedics and emergency department staff investigating hand-over processes. The findings showed emergency department staff recognized active listening skills as essential for critically ill patients and absence of this skill can lead to delayed health care. Barrere (2007) recorded 140 interactions from 20 nurse-patient pairs in two different hospital settings during one shift. Listening was found to be threaded throughout the interactions in assessment, teaching, decision-making and reassurance. The findings emphasized the importance of listening-to-the-patient to reach optimal results in daily nursing care activities and self-management (O'Hagan et al., 2014).

In the one study found specific to listening skills and nursing students, Olson and Iwasiw (1987) studied the effects of education on the interpersonal active listening skills of registered nurses ($n = 26$) enrolled in a baccalaureate degree completion program. The Behavioral Test of Interpersonal Skills for Health Professionals (BTIS) was administered before and ten weeks after a 14 week communications course. The paired *t*-test results found significant increases ($p < 0.05$) in active listening skills suggesting students gained these skills in the program of study.

It is clear that active listening and effective communication are essential skills for nursing and many studies have implemented didactic and practical education strategies to improved communication skills (McCaffrey et al., 2012; Norgaard et al., 2012; O'Hagan et al., 2014). However, little to no evidence was found in the nursing or nursing education literature on the subjects of CA and WL. In fact, no studies were found measuring CA or WL in nursing students. The authors believe this work to be the first.

Methods

The descriptive cross sectional design utilized a modified version of the *Personal Report of Communication Apprehension* (PRCA-24) and *Willingness to Listen* (WL) surveys for the purposes of the study. Each survey contains 24 statements for a total of 48 items students were asked to voluntarily complete. The project was given approval by the University of Arkansas research review committee. Informed consent was obtained from participants and those under 18 years of age did not participate in the study.

Sample

Participants were students enrolled in classes toward a baccalaureate in nursing degree at a major university in the Southeast US. In the program of study, freshmen had declared nursing as their chosen major but had not attended nursing courses. Sophomore students were introduced to active listening, empathy, and communicating with patients in a therapeutic communications course. The upper division baccalaureate curriculum built upon the foundational course by integrating communication throughout the program of study in didactic and practical experiences during the junior and senior years.

The sample included students attending their respective nursing advising session for enrollment into nursing courses (freshman); prenursing students at the conclusion of a required communications course (sophomores); nursing students attending first year nursing courses (juniors); nursing students attending their second and final year of nursing courses (seniors). The initial sample included a total of 238 college-level students surveyed in the four different cohorts representing freshman ($n = 86$), sophomore ($n = 40$), junior ($n = 68$) and senior ($n = 44$) year of academic progression toward a baccalaureate degree in nursing. Of the 238 students, 209 students with complete PRCA-24 and WL data were retained from the four different cohorts representing freshman ($n = 76$), sophomore ($n = 36$), junior ($n = 61$) and senior ($n = 36$).

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