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## ORIGINAL ARTICLE

# Psychometric properties of the Health Professionals Communication Skills Scale (HP-CSS)



César Leal-Costa<sup>a,\*</sup>, Sonia Tirado-González<sup>b</sup>, Jesús Rodríguez-Marín<sup>b</sup>,  
Carlos Javier vander-Hofstadt-Román<sup>b</sup>

<sup>a</sup> *Católica de Murcia, Spain*

<sup>b</sup> *Universidad Miguel Hernández, Spain*

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### KEYWORDS

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**Abstract** One of the main features of the relationship between health professionals and their patients is that their effects can be measured. To do this, we need instruments that are well built and that have proven their validity and reliability empirically and experimentally. The objective of this study is to analyse the psychometric properties of the Health Professionals Communication Skills Scale (HP-CSS), which evaluates the communication skills that health professionals use to relate to their patients. The sample consisted of 410 health professionals in the region of Murcia, Spain, and 517 in the province of Alicante, Spain. We obtained descriptive statistics and discrimination indices of the items, the internal structure of the scale using both exploratory and confirmatory factor analysis, the internal consistency, the temporal stability, and the external evidence of validity. The results indicate that the HP-CSS is a valid and reliable instrument and is also useful for the purpose and context in which it will be used.

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### PALABRAS CLAVE

Habilidades de  
comunicación;  
profesionales de la  
salud;  
propiedades  
psicométricas;  
estudio instrumental

### Propiedades psicométricas de la Escala sobre Habilidades de Comunicación de profesionales de la Salud (EHC-PS)

**Resumen** Una de las principales características de la relación que se produce entre los diferentes profesionales de la salud y los pacientes es que sus efectos pueden ser medidos. Para ello precisamos de instrumentos que estén bien contruidos y que demuestren, de forma empírica y experimental, su validez y fiabilidad. El objetivo de este trabajo es analizar las propiedades psicométricas de la Escala de Habilidades de Comunicación de Profesionales de la Salud (EHC-PS) que evalúa las habilidades de comunicación que los profesionales de la salud tienen al

\* Corresponding author. Facultad de Enfermería, Universidad Católica de Murcia (UCAM), Campus de los Jerónimos, 30107 Guadalupe, Murcia (España).

E-mail address: [cleal@ucam.edu](mailto:cleal@ucam.edu) (C. Leal-Costa).

relacionarse con sus pacientes. La muestra estuvo compuesta por 410 profesionales de la salud de la Región de Murcia (España) y 517 de la Provincia de Alicante (España). Se obtuvieron los estadísticos descriptivos y los índices de discriminación de los ítems, la estructura interna de la escala mediante Análisis Factorial Exploratorio y Confirmatorio, la consistencia interna, la estabilidad temporal y evidencias externas de validez. Los resultados obtenidos indican que la EHC-PS resulta ser un instrumento válido y fiable y, además, útil para el propósito y el contexto en que va a ser utilizado.

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In recent decades the model of the relationship between health professionals and the patient has undergone a profound transformation. Healthcare organizations have in recent years experienced a significant change, having gone from being service-providing entities oriented by professionals to following user-centred organizational models and being preoccupied with meeting their expectations (Epstein & Street, 2011; Scholl, Zill, Härter, & Dirmaier, 2014). Today, Western societies have advanced towards democratic social relations directed by the idea of free and informed consent of the citizens. The current customer orientation of public services is the result of this change in mindset. Thus, patients are acquiring a progressively more active role, being more conscious of their rights and responsibilities, which are protected by law, such as the Law on Patient Autonomy (2002), and promoted by international agencies such as the World Health Organization (World Health Organization, 1993).

Empirical and experimental research conducted in different contexts on the relational aspects between health professionals and patients have shown greater satisfaction of both the clinician and the patient, cost containment, adherence to treatment, professional burnout prevention, prevention of medical-legal problems, improvement of quality-of-care indicators, and improvement in health outcomes (Barth & Lannen, 2011; Beach et al., 2005; Bernard, de Roten, Despland, & Stiefel, 2012; Bragard et al., 2010; Capone, 2014; Cebrià, Palma, Segura, Gracia, & Pérez, 2006; Lenzi, Baile, Costantini, Grassi, & Parker, 2011; Rezaei & Askari, 2014; Rider, 2010; Scholl et al., 2014; Stiefel et al., 2010; Uitterhoeve, Bensing, Grol, Demulder, & Van Achterberg, 2010; Vargas, Cañadas, Aguayo, Fernández, & de la Fuente, 2014; Xinchun et al., 2014).

Therefore, when communication is established between the health professional and the patient, it focuses on the needs and perspectives of the latter and presents a number of characteristics and properties that can convert it into a therapeutic instrument (Mead & Bower, 2002). One of the principal features of the clinical relationship that is produced between different health professionals and patients is that their effects can be measured. We need instruments for these measurements that are well constructed and whose psychometric properties can be demonstrated empirically and experimentally, while being feasible to use in practice (Peterson, Calhoun, & Rider, 2014).

The absence of instruments that measure this construct led us to build the Health Professionals Communication Skills Scale (HP-CSS). This paper presents the continuation of the study that created the scale (Leal, Tirado, Rodríguez-Marín,

& van-der Hofstadt, in press), which details all aspects relating to the semantic and syntactic definition of the construct, the assessment by the experts of the definition, the process of creating the items presented in tables of the specification of the scale and items, the assessment thereof by the experts, and the pilot study. The aim of this paper is to analyse the psychometric properties of the Health Professionals Communication Skills Scale (HP-CSS) [*Escala sobre Habilidades de Comunicación de Profesionales de la Salud (EHC-PS)* in Spanish]. To achieve this objective, the psychometric properties of the scale in a first sample were analysed: item analysis, analysis of the internal structure through exploratory factor analysis (EFA), reliability analysis, and external evidence of validity. In a second sample, a confirmatory factor analysis (CFA) was performed to confirm the stability of the internal structure of the scale in a different sample of another health system.

## Method

### Participants

The first sample, in the region of Murcia, Spain, was used to analyse the psychometric properties of the scale. It was composed of a total of 410 health professionals, obtained by quota sampling of the following hospitals: Virgen of the Arrixaca University General Hospital, Queen Sofia University General Hospital, Los Arcos del Mar Menor Hospital, and the Molina Hospital. This sample comprised 94 physicians (23%), 176 nurses (43%), and 140 nursing assistants (34%), of whom 278 (67,8%) were women and 132 (32,2%) were men. The second sample, collected in the province of Alicante, was used to perform the CFA. It was composed of a total of 517 participants, obtained by quota sampling of the Alicante University General Hospital, Vega Baja Regional, and Torrevieja. The last one was a privately run public centre. This sample comprised 103 physicians (20%), 274 nurses (53%), and 140 nurses (27%), of whom 374 (72,3%) were women and 143 (27,7%) were men. As inclusion criteria, all participants had to 1) be of legal age, 2) perform their healthcare work in the field of primary care or specialized care, 3) be a doctor, nurse, or nursing assistant, and 4) sign the informed consent.

### Instruments

- Health Professionals Communication Skills Scale (HP-CSS). Instrument validation object, composed of 42 items,

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