

A STUDY OF STATEMENTS OF COMMUNICATION PRACTICES
AND IDENTIFICATION OF TYPES OF NURSE-PATIENT
COMMUNICATION BY NINETY-FOUR REGISTERED
NURSES IN NINE SELECTED HOSPITALS

Submitted by

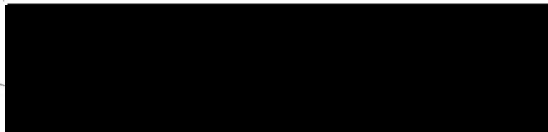
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A THESIS

Presented to the University of Oregon School of Nursing
and to the Graduate Council of the
University of Oregon Medical School
in Partial Fulfillment of the
Requirements for the Degree of
Master of Science

June 9, 1966

APPROVED:



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This Study was Supported

by a

United States Public Health

Service Grant NT-35-C8

TABLE OF CONTENTS

CHAPTER	Page
I. INTRODUCTION	
Statement of the Problem	1
Purpose of the Study	2
Limitations	2
Assumptions	2
Definitions	3
Hypotheses.....	4
Justification for the Study	5
Procedure for Solution	5
Overview of the Study	7
II. REVIEW OF RELATED LITERATURE	
Review of Related Literature	8
Review of Related Studies	10
Summary	19
III. REPORT OF THE STUDY	
Purpose of the Study	21
Procedure of the Study	22
Tabulation and Interpretation of the Data	24
IV. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	
Purpose of the Study	53
Procedure of the Study	54
Conclusions	55
Recommendations for Further Studies	57
BIBLIOGRAPHY	58
APPENDICES	
A. Letter to Directors of Nursing Service	63
B. Questionnaire	64
C. Key to Questionnaire	77
D. Raw Data	83

LIST OF TABLES

Table	Page
1. Number of Questionnaires Given to Nursing Service Directors in Nine Hospitals and Number and Percent of Usable Questionnaires Returned	25
2. Distribution of 84 Registered Nurses in Nine Hospitals According to Number of Years of Experience in Nursing Service	26
3. Distribution of 84 Registered Nurses in Nine Hospitals According to Employment Areas	27
4. Statements of Communication Practices Related to the Giving of Information, Offering Emotional Support, Nonverbal Communication and Listening, and the Number of Nurses Indicating Effective or Ineffective Use of the Practices, and the Number of Nurses Indicating that the Practice Had Not Been Tried	29
5. Thirty-six Responses Relative to the Giving of Information, Offering Emotional Support, Nonverbal Communication and Listening, and Number Correctly Identified by 94 Registered Nurses in Nine Hospitals	32
6. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to the Giving of Information by 94 Registered Nurses in Nine Hospitals	33
7. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to the Offering of Emotional Support by 94 Registered Nurses in Nine Hospitals	34
8. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to Nonverbal Communication by 94 Registered Nurses in Nine Hospitals	35
9. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to Listening by 94 Registered Nurses in Nine Hospitals	36
10. Value of Chi-Square for Each Area of Nurse-Patient Communication	37

Table (Continued)	Page
11. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to the Giving of Information by 84 Registered Nurses in Nine Hospitals According to Length of Experience in Nursing Service	38
12. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to the Offering of Emotional Support by 84 Registered Nurses in Nine Hospitals According to Length of Experience in Nursing Service	39
13. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to Nonverbal Communication by 84 Registered Nurses in Nine Hospitals According to Length of Experience in Nursing Service	40
14. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to Listening by 84 Registered Nurses in Nine Hospitals According to Length of Experience in Nursing Service	41
15. Value of Chi-Square for Each Area of Nurse-Patient Communication According to Length of Nursing Service	42
16. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to the Giving of Information by 84 Registered Nurses in Nine Hospitals According to Employment Areas ...	44
17. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to the Offering of Emotional Support by 84 Registered Nurses in Nine Hospitals According to Employment Areas	45
18. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to Nonverbal Communication by 84 Registered Nurses in Nine Hospitals According to Employment Areas ...	46
19. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to Listening by 84 Registered Nurses in Nine Hospitals According to Employment Areas	47

Table (Continued)

	Page
20. Value of Chi-Square for Each Area of Nurse-Patient Communication According to Employment Areas	48
21. Differences at the 0.05 Level Between Percentages of Stated Effective Communication Practices and Percentages of Correctly Identified Responses Relative to the Four Areas of Nurse-Patient Communication	51

ACKNOWLEDGMENTS

The writer wishes to express her grateful appreciation to those who contributed to the investigation and completion of this study, to Miss Lucile Gregerson, thesis adviser, for her understanding, guidance and encouragement during the development of this study, and to the writer's daughter Enid for her unremitting faith and forbearance.

d.l.s.

CHAPTER I
INTRODUCTION

STATEMENT OF THE PROBLEM

The broad role of nursing is that of helping patients and their families to meet their biological, psychological and social needs. A survey of the literature of the recent years shows an increasing awareness of the need for competency in interpersonal relations if the modern nurse is to meet the demands of her role.

Effective communication is requisite for successful interpersonal relationships. Wiens, et al.⁴⁶ state that some functions of the professional nurse probably can be carried out only through verbal and nonverbal communication. They assume that various nursing situations make different interaction demands and that these demands could vary on different wards and with different patients, as well as with the same patient at different times. They assume also that the nurse's communication patterns should be related to her success in the nursing role.

A number of studies have been made of communication skills and interpersonal attitudes and relationships of student^{5,11,22,26,35,43,44} nurses but less has been done in the field of communication skills and practices of graduate nurses.^{41,46} This study was undertaken to investigate verbal and nonverbal communication between registered nurses and their patients.

PURPOSES OF THE STUDY

The purposes of this study are to determine what nurses state their practices to be when giving patients information, offering them emotional support, utilizing nonverbal communication and listening, and the ability of nurses to identify these four types of nurse-patient communication.

Further purposes are to determine:

1. Any significant difference between the percentage of stated effective communication practices and of correctly identified types of nurse-patient communication.
2. If the variable of differences in length of experience in nursing service affects the differences between the percentage of stated effective communication practices and of correctly identified types of nurse-patient communication.
3. If the variable of employment area in the hospitals affects the differences between the percentage of stated effective communication practices and of correctly identified types of nurse-patient communication.

LIMITATIONS

This study is limited to data collected through a questionnaire. The findings are dependent necessarily upon the sensitivity, reliability and validity of the measuring instrument.

This study is further limited to data collected in the State of Oregon, within a radius of 50 miles of Portland, and from 94 registered nurses employed in nine general hospitals.

ASSUMPTIONS

1. It is assumed that communication embraces all the modes of

behavior that one individual employs consciously or unconsciously to affect another.

2. It is assumed that human communication is the cohesive force vital to all human activities, and because of this an awareness and understanding of the process of communication is urgent in all human affairs.
3. It is assumed that nurse-patient communication can be identified.
4. It is assumed that the respondents to the questionnaire answered the questions truthfully and to the best of their ability.
5. For the purpose of this study it is assumed that the instrument constructed for the collection of data is sufficiently reliable and sensitive to measure differences in stated communication practices and in identification of types of nurse-patient communication.

DEFINITIONS

For the purpose of this study the following definitions were used:

Communication. According to Webster ⁴⁵ it is the giving and receiving of information, signals and messages by talk, gestures and writing.

According to Mereness and Karnosh ²⁴ it is the reciprocal exchange of information, ideas, beliefs, feelings and attitudes between at least two people.

Nonverbal communication. According to Mereness and Karnosh ²⁴ it is information revealed by facial expression, voice quality, physical posture, gestures and general emotional and intellectual attitudes.

Verbal communication. According to Webster ⁴⁵ it is communication

which is accomplished through the use of language and includes writing,²⁴ reading, listening and speaking. According to Mereness and Kernosh it presents a major reciprocal element as persons question, challenge, clarify and enlarge upon statements.

HYPOTHESES

1. There is no significant difference between the percentage of stated effective communication practices, indicated in Part I of the questionnaire, and the percentage of correctly identified types of nurse-patient communication, indicated in Part II of the questionnaire.
2. There is no significant difference between the percentage of stated effective communication practices relative to the giving of information, offering emotional support, nonverbal communication and listening and the percentage of correctly identified responses of these types of nurse-patient communication.
3. The variable of differences in length of experience in nursing service will not affect the differences between the percentage of stated effective communication practices relative to the giving of information, offering emotional support, nonverbal communication and listening, and the percentage of correctly identified responses of these types of nurse-patient communication.
4. The variable of employment in different areas in the hospitals will not affect the differences between the percentage of stated effective communication practices relative to the giving of information, offering emotional support, nonverbal communication

and listening, and the percentage of correctly identified responses of these types of nurse-patient communication.

JUSTIFICATION FOR THE STUDY

The ability to communicate effectively is one of the most important and pervasive aspects of human relationship. Abdellah³ states that in order to facilitate the maintenance of effective communication the nurse must convey to the patient her understanding and her readiness to help him. The nurse must recognize the patient's needs for verbal and nonverbal communication and accept his efforts to communicate on his own level.

The nurse must be skillful in three areas of communication:

1. She must be able to give information that is accurate and appropriate to time, place and person.
2. She must be able to offer emotional support.
3. She must be able to perceive and utilize nonverbal communication.

This includes listening which is one of the most important components of nonverbal communication and one of the most difficult to achieve.

Since a nurse's communication patterns may be expected to be related to her success in her role as a nurse⁴⁵ it becomes important to determine not only what she states to be effective communication practices for her, but also her ability to identify different types of nurse-patient communication.

PROCEDURE FOR SOLUTION

The steps whereby this study was developed are described as follows:

1. A review of related literature pertaining to nurse-patient communication was made. The nursing journals and other periodicals were searched as well as other recent publications on the subject.
2. The statement of the problem was formulated.
3. The problem was delimited.
4. Assumptions for the study were stated.
5. The hypotheses were formulated.
6. The data-collection tool was devised. See Appendix B.
7. A pilot study was conducted in a hospital in the State of Washington. The responses were analyzed and the tool revised.
8. The tool was submitted to a jury of nurses who were enrolled for graduate study at the University of Oregon.
9. The population of the study was defined.
10. The variables within the population were defined.
11. The hospitals were selected in which the study would be made.
12. Permission was sought and obtained from the directors of nursing service to conduct the study in their hospitals.
13. A mutually acceptable time was arranged and the questionnaires were taken to the directors of nursing service.
14. The directors of nursing service distributed the questionnaires among the registered nurses employed in their hospitals and collected the completed questionnaires.
15. A second visit was made to each of the hospitals to collect the completed questionnaires.
16. Sufficient postage was left with the directors of nursing

service for the questionnaires that were not completed at the time of the second visit.

17. The findings were tabulated, tables constructed, the study described and interpreted.
18. The study was summarized, conclusions drawn and recommendations made for further studies.

OVERVIEW OF THE STUDY

There are three chapters in the remainder of the study. Chapter II is a review of related literature. Chapter III is a report of the study containing findings and analysis of the data. Chapter IV presents the summary, conclusions and recommendations.

CHAPTER II

REVIEW OF RELATED LITERATURE

A review of the literature and studies of the last fifteen years has revealed a growing awareness of the need for interpersonal skills by the modern professional nurse. One of the greatest needs of people is to be understood. This need is intensified when people are sick or in trouble and the nurse must be prepared to accept the supporting and counseling role.

Abdellah^{2,3} states that while technical competence is essential and represents the overt, visible aspect of nursing, covert nursing problems frequently are overlooked or perceived incorrectly. These problems often are interpersonal, psychological or sociological in nature. Positive and negative feelings, reactions and expressions need to be recognized and accepted and the maintenance of effective verbal and nonverbal communication facilitated. The nurse must convey to the patient her understanding and her readiness to help him. She must accept his efforts to communicate on his own level, and she must try to identify the sources of difficulty in communication.

¹⁰
Davis states that communication skills need to be based on concepts and principles derived from a body of clinical knowledge and research. The University of California School of Nursing applies Jurgen Ruesch's theory of communication in teaching psychiatric nursing skills which are perceived as pertaining to all patients.

According to Ruesch individuals learn to communicate through a

developmental sequence. During the process of maturation the child employs three types of language - somatic, action and verbal. As an adult he is expected to use any of these three levels, or a combination of them, according to how he perceives and evaluates the situation. Ruesch states that communication embraces all modes of behavior that one individual uses, consciously or unconsciously, to influence another.

14

Eldred says that everything we do or say has communication value. Words, gestures, clothes, cars and houses function as signs or symbols to communicate meanings. These meanings are culturally determined and members of the same culture or subculture tend to perceive them in approximately the same way. When speaking words and kinesics are used. Kinesics are not only the obvious gestures but the totality of body set, rhythm or movements of a nonrhythmic nature. They serve to support or modify the spoken word and their meanings also are culturally determined.

7

Ball states that patients choose a variety of ways in their struggle to convey their messages. When their messages are not understood patients experience increasing frustration. If the nurse wishes to focus on the patient's needs she must learn how to listen. True listening is the process of attaching meaning to what is heard and for effective listening there must be a synthesis of visual and auditory processes.

16

Harper contends that intelligent listening is an essential component of nursing care. The way a nurse listens may invite rejection by the patient and impair the quality of nursing care that the nurse offers. A good listener learns of a patient's problems, hopes, fears and unspoken emotions. In this way the nurse gains an insight into the patient's needs and only then can she use her special talents to help him.

Hewitt lists five categories of verbal errors in communication which frequently are committed by nurses and which inadvertently block communication between nurses and patients:

1. Changing the subject.
2. Stating one's own opinions and ideas about the patient and his situation, thereby impeding exploration of the problem.
3. False or inappropriate reassurance which prevents the patient from expressing anxiety.
4. Jumping to conclusions or offering solutions to the problem which interferes with further investigation of the subject.
5. Inappropriate use of medical facts or nursing knowledge before determining how the patient thinks or feels about the subject.

These errors may be committed because of the nurse's own anxiety, her attitude toward the patient or her preconceived notions of how patients should behave.

REVIEW OF RELATED STUDIES

In 1955 in an unpublished Master's thesis at Marquette University,
5
Adams reports on a study of communication skills in the general nursing course. She states that all educated persons must possess the ability to communicate effectively but in nursing the unique responsibility for health education demands an even greater proficiency in communication. The success of a nurse's care and teaching are contingent upon the nurse's understanding of the patient and the patient's understanding of the nurse. This understanding which is basic to all effective nursing care may be described as communication.

Adams states that some aspects of nursing care are directly related to communication. The nurse must teach the patient how to improve and maintain his health and how to adjust to his condition and any resultant limitations. She must help the patient to feel secure in his new environment in the hospital. She must help him to understand what is being done for him and why it is being done. Only when he feels secure in his knowledge and understanding of his condition will he adjust to it, and this knowledge and understanding are increased when there is adequate communication between the patient and those responsible for his care.

The nurse must bring her professional knowledge within the understanding of each patient. The physician frequently has not the time to teach the patient, and the auxiliary worker has not the specialized knowledge which is necessary for health teaching. The nurse must have a command of two vocabularies - a professional vocabulary for co-professional persons who are interested in the patient, and a lay vocabulary for the patient who is confused and bewildered by technical terminology.

Adams further states that the nurse must be a good listener and for this she needs a basic knowledge of physiology, psychology and sociology. She needs an appreciation and understanding of stress and the effects of emotional crisis upon the reactions of individuals.

The professional nurse needs something over and above the ordinary ability to communicate effectively. She is dealing with people who are sick in mind or body or both. She must possess compassion, understanding and patience greater than that of the ordinary person and she must be able to share these attitudes with the patient.

Adams reports that general nursing instructors were well prepared to integrate communication skills into the courses of the basic professional program. The instructor in the basic collegiate program in nursing can utilize the previous learning background as a foundation for growth and development in the area of communication. The basic communication skills can be related directly to nursing. The instructor in the diploma program has no such foundation on which to build and she must plan carefully and systematically for the integration of communication skills into each course in the program.

At Catholic University in 1959 in an unpublished Master's thesis
35
Robinson reports on a study of verbal communication skills of nursing students. A tool to evaluate communication skills was devised using four concepts of communication:

1. Communication is a two-way process.
2. All communication has implications.
3. Language must be clear and concise.
4. Language must be adapted to the patient and his environment.

Robinson reports that the ability to build early conversation about the patient and his family was revealed as the weakest area in communication. The second weakest area was the ability to maintain rapport with the patient when not giving direct nursing care. Other weaknesses were in listening, in the realization of the role of the professional nurse in meeting the communication needs of patients and in motivating patients to solve their own problems.

Robinson further reports that most of the students were able to

establish rapport easily and create an accepting relationship that enhanced conversation. The language they used was clear, concise, simple and adjusted to the patient's level of understanding.

Robinson recommended that fundamental concepts of communication be integrated in all clinical nursing courses and that adequate experience be provided and guidance given to all students with the aim of improving their communication skills.

In 1962 at the University of Oregon School of Nursing Doby reports on student nurse perceptions of nurse-patient relations. The major purpose of this study was to obtain illustrative incidents describing student nurses' perceptions of themselves, their patients, and other nurses in the nurse-patient relationship.

To obtain valid examples of perceptions of behavior the critical incident technique was used. In addition a rating scale was devised for the students' appraisal of nurse behavior as described in the incidents.

Doby reports that in most instances students were in agreement to attributes of patient and nurse behavior, and attributes of their own responses to enjoyable, difficult, helpful nurse, and non-helpful nurse situations.

Doby reports further that results of the rating scale indicate that students tend to see themselves as trying hard to be helpful but are handicapped because of the patient's or their own negative feelings. The non-helpful nurse was perceived as being inadequate because of her negative approach.

One of Duby's recommendations is that a parallel study be made taking a single group such as head nurses, staff nurses and faculty to establish if any correlation exists between groups of students and other groups. Duby contends that since the attitudes of others in the school and hospital environment have some effect on students, a study of these other groups should be rewarding.

In 1963 at the University of Oregon School of Nursing in an unpublished Master's thesis Thompson reports on a study of interpersonal attitudes of student nurses. This study was planned to measure attitudes and attitude changes of student nurses during their sophomore years in the school of nursing, and to attempt to evaluate the effects on their attitudes of a new course in interpersonal relations.

Thompson used the Nursing Personnel Relationship Test and the F-scale to measure attitudes in this study. The results of the Nursing Personnel Relationship Test indicated a consistent pattern of attitude change during the course of the study. Both the experimental and control groups tended to evaluate less and understand more in their interpersonal relations. However, the experimental group became less hostile and more supportive than the control group. Results of the F-scale indicated that both experimental and control groups decreased significantly in the degree of authoritarian attitudes during the course of the study. After the experimental group had taken the course in interpersonal relations they demonstrated significantly less authoritarian attitudes than did the control group.

Thompson states that the general hypothesis that student nurses'

attitudes in interpersonal relationships can be modified to a significant degree by instruction and experience was fully verified.

Thompson recommends that further studies be made using the Nursing Personnel Relationship Test and the F-scale to determine the performance of different categories of nurses, and nurses with different backgrounds.

46

A study was made by Wiens, et al. at the University of Oregon in 1965 on interview interaction behavior of supervisors, head nurses and staff nurses. This is the first of a projected series of studies of nurse interactions and this study examines some of the non-content aspects of behavior.

The major methodological requirement was that the verbal behavior of the three different groups of nurses be studied under comparable conditions. In meeting this requirement the duration of each speech and silence unit for both interviewer and nurse interviewee was recorded on the Interaction Recorder.

Wiens, et al. report that from the findings of this study it was apparent that there were both large individual differences among the nurses, and considerable overlap in the three nursing groups in the variables that were measured. It was generally apparent that the supervising and head nurses did not differ significantly from each other, but the staff nurses differed significantly from both these groups. In general, the staff nurses interrupted the interviewer fewer times, spoke in shorter speech units and utilized less of the total interview time for their own speech.

31
In an earlier study in 1961 Phillips, et al. analyzed the speech content of interviewees and found that the more verbally fluent interviewees had interview content that was more oriented toward other people and toward interpersonal interaction. The interviewees who were less verbally active had interview content that emphasized more of their own non-interpersonal concerns rather than interaction with others.

46
Wiens, et al. state that the results of their study suggest further questions. They assume that various nursing situations make different nursing interaction demands and that it may be possible to identify the different demands of different types of patients.

They state further that they cannot say whether differentiating interaction characteristics were inherent in the individual nurses or whether the appointment to an administrative position stimulated the development of characteristic supervisory verbal interaction patterns. It may be possible to determine this by studying nurses at the time they are appointed as supervisors and comparing these interaction measures with repeated measures after they have had a period of supervisory experience. Some of the staff nurses had verbal interaction characteristics more like those of head or supervisory nurses. If it were possible to follow their careers it might be possible to determine whether that group of nurses achieve supervisory positions in greater proportions than do their peers.

In 1965 at the University of Oregon School of Nursing in an

unpublished Master's thesis Stenberg reports on differences in interview interaction among nurses, civil service employees and clerks. Stenberg's study was made in conjunction with a long-range program of research extending over the past decade in the Departments of Medical Psychology and Psychiatry.

A standardized interview was used and the data were collected by special interaction recorders of interviews. The verbal activity of nurses, policewomen and department store applicants was measured and compared. It was found that staff nurses and policewomen did not differ significantly from one another but that both staff nurses and policewomen differed significantly from department store applicants.

Stenberg concluded that this study supported other studies in that the age of the nurse has no influence on frequency and duration of speech units. She concluded also that department store applicants speak longer than nurses but that nurses speak more frequently than department store applicants. She concluded further that frequency and duration of speech units of nurses and policewomen were the same.

Stenberg's recommendations for further study were:

1. Conduct a study to see if other variables of nurses such as education, level of intelligence and position affect the frequency and duration of speech.
2. Conduct a study to see if it would be possible to select an individual for a certain position by the interaction behavior demonstrated to a standardized interview and if the interview

could be used on a promotional level.

3. Conduct a study to see if the standardized interview would be helpful in selection of applicants to schools of nursing.
4. Conduct a study of nurses in other areas of the United States to see if the results compare.
5. Conduct a study to see if job requirements concerning verbal interaction are similar for nurses and policewomen.

SUMMARY

The ability to communicate effectively is one of the most important aspects of human relationships. A review of recent literature reveals a growing awareness of the need for professional nurses to be skillful in communicating with patients if they are to meet the demands of their role.

The nurse has a unique contribution to make to the patient and this is contingent upon the patient hearing and understanding the nurse, and upon the nurse hearing and understanding the patient. The nurse who is skilled in communication develops a comprehensive understanding of the patient and in turn promotes within the patient a greater understanding.

Patients choose a variety of ways to convey their messages and they become increasingly frustrated when their messages are not understood. The nurse needs to be a good listener to gain an insight into the patient's problems. She needs to be sensitive to the nonverbal level of communication and know how to utilize it in her communications with patients. She needs to develop the increased sensitivity required for perceiving and understanding the covert aspects of nursing problems.

All educated persons must possess the ability to communicate effectively but the nurse needs more than the ordinary ability. She is dealing with people who are sick in body or mind, or both. She must have the ability to impart information, bringing her professional knowledge within the understanding of each patient. She must be able to communicate her compassion and understanding as she assists the patient toward recovery or an adjustment to his limitations.

Basic communication skills can be related directly to nursing. Instructors in the basic collegiate program can utilize the previous learning background, but instructors in diploma programs must plan carefully and systematically for integration of communication skills into each course in the program. Adequate experience should be provided and guidance given to all student nurses with the aim of improving their communication skills.

Various nursing situations make different nursing interaction demands, and it may be possible to identify the different interaction demands of different types of patients. Differentiating interaction characteristics may be inherent in individual nurses or they may be stimulated by employment in different areas of the hospital. This can be determined only by further study.

CHAPTER III

REPORT OF THE STUDY

PURPOSE OF THE STUDY

As described in the introduction, the purpose of this study is to prove or disprove the null hypotheses:

1. There is no significant difference between the percentage of stated effective communication practices, indicated in Part I of the questionnaire, and the percentage of correctly identified types of nurse-patient communication, indicated in Part II of the questionnaire.
2. There is no significant difference between the percentage of stated effective communication practices relative to the giving of information, offering emotional support, nonverbal communication and listening, and the percentage of correctly identified responses of these types of nurse-patient communication.
3. The variable of differences in length of experience in nursing service will not affect the differences between the percentage of stated effective communication practices relative to the giving of information, offering emotional support, nonverbal communication and listening, and the percentage of correctly identified responses of these types of nurse-patient communication.

4. The variable of employment in different areas in the hospitals will not affect the differences between the percentage of stated effective communication practices relative to the giving of information, offering emotional support, nonverbal communication and listening, and the percentage of correctly identified responses of these types of nurse-patient communication.

PROCEDURE OF THE STUDY

This study was developed according to the steps described in Chapter I.

The instrument of measurement was a questionnaire of two parts. Part I consisted of 20 statements of communication practices relative to the giving of information, offering emotional support, nonverbal communication and listening. (See Appendix B.) Each respondent was asked to indicate if she had used the listed practice and whether it had been effective or ineffective, or if the listed practice had not been tried. Part II consisted of descriptions of 12 situations involving a nurse and a patient. Following each situation were three responses that the nurse might give. Recent literature on the subject of nurse-patient communication had been searched for criteria for determining descriptions of these responses. Descriptions of the responses followed the responses pertaining to each nurse-patient situation. Each respondent was asked to match descriptions to the appropriate responses. The responses and their descriptions were relative to the giving of information, offering emotional support, nonverbal communication and listening. (See Appendix C.) If the respondents to the questionnaire were using the

listed communication practices and not merely stating what they considered to be socially acceptable communication practices, they could be expected to be able to identify responses that illustrated these practices.

As background information, each participant was asked to designate:

1. Her place of employment.
2. Length of time in her present or similar position.
3. The area in the hospital in which she worked, such as surgery or pediatrics.

The population for this study was defined as 115 registered nurses employed in nine general hospitals in Oregon which were located within a radius of 50 miles of Portland. The variables within this population included:

1. Number of years of experience in nursing service.
2. Employment area in the hospital.

A list was compiled of all general hospitals in Oregon which were within a 50 mile radius of Portland. The hospitals were assigned to three categories:

1. Those that were less than a 100 bed capacity.
2. Those that were between a 100 and 200 bed capacity.
3. Those that were over a 200 bed capacity.

Each hospital was assigned a number. To get approximately the same number of participants from each category, four numbers were selected at random from the first category, three numbers from the second category and two numbers from the third category. In tabulating the findings the hospitals are identified by letters A, B, C, D, E, F, G, H and I.

Letters were sent to the directors of nursing service in the selected hospitals seeking permission to conduct the study in their hospitals. Six directors of nursing service signified their willingness to assist with the study and three failed to reply. Numbers of three hospitals of comparable size to those from whom replies had not been received were selected at random. The directors of nursing service of these three hospitals granted their permission for the study to be conducted in their hospitals.

A mutually acceptable time was arranged with the directors of nursing service of the participating hospitals. The questionnaires were taken to the hospitals for distribution by the directors to registered nurses employed in their hospitals. The directors of nursing service gathered the completed questionnaires and a second visit was made to each of the hospitals to collect the questionnaires.

TABULATION AND INTERPRETATION OF THE DATA

As indicated above, questionnaires were left with the nursing service directors. On a second visit, the completed questionnaires were collected or arrangements made for mailing. One hundred fifteen questionnaires were distributed and 96 were returned, of which 94 were usable. Two had been filled out so inadequately as to make them unusable and these were discarded.

Table 1 indicates the number distributed and the number and percent of usable questionnaires from each of the nine hospitals.

Table 1. Number of Questionnaires Given to Nursing Service Directors in Nine Hospitals and Number and Percent of Usable Questionnaires Returned

Hospital	Number Given	Number Usable Returned	Percent Usable Returned
A	15	15	100
B	15	15	100
C	15	13	87
D	15	8	53
E	15	14	93
F	15	11	73
G	10	6	60
H	10	8	80
I	5	4	80
Total	115	94	82

Certain background information was sought from each participant. This consisted of three items placed at the end of the questionnaire in order not detract from the instructions and the content of the questionnaire. It appears expedient, however, to present the findings of the background information in advance of the questionnaire in order that relationships to the responses can be calculated where appropriate.

The first item sought the name of the place of employment. Each of the nine hospitals is identified in the tables only by letter.

The next item requested the length of time in this or similar position. Table 2 shows the distribution according to length of experience in nursing service. Over one-half of the participants had been employed for five years or less. The remainder were distributed almost equally between those with six to ten years, and those with 11 or more years of experience in nursing service. This information was not

supplied by 10 of the participants, accordingly the tabulation is for 84 nurses only.

Table 2. Distribution of 84 Registered Nurses in Nine Hospitals According to Number of Years of Experience in Nursing Service

Number of Years of Experience in Nursing Service	Hospitals									N
	A	B	C	D	E	F	G	H	I	
0 - 5	10	8	8	3	7	5	2	2	4	49
6 - 10	2	5	1	1	4	2	1	1	0	17
11 - 15	0	1	1	0	1	2	2	3	0	10
16 and over	1	0	3	3	1	0	0	0	0	8
Total	13	14	13	7	13	9	5	6	4	84

The third item asked the participants to designate in which area in the hospital they were employed. These were not very clearly defined areas since the medical-surgical area included hemodialysis, intensive care, recovery room, gynecology and "all areas", and the medical area included neurology and geriatrics. The remainder indicated that they were employed in administration, orthopedics, obstetrics, surgery and emergency and central service. This information was not supplied by 10 of the participants, accordingly the tabulation is for 84 nurses only.

Table 3. Distribution of 84 Registered Nurses in Nine Hospitals According to Employment Areas

Employment Area in Hospital	Hospitals									N
	A	B	C	D	E	F	G	H	I	
Administration	1	0	0	0	0	1	1	0	0	3
Medical-Surgical	3	6	6	5	9	1	4	4	4	42
Medical	3	3	2	1	2	4	0	0	0	15
Orthopedics	1	4	0	0	2	0	0	0	0	7
Obstetrics	1	0	2	0	0	1	0	0	0	4
Surgery	2	1	2	0	0	2	0	2	0	9
Emergency and Central Service	1	0	1	2	0	0	0	0	0	4
Total	12	14	13	8	13	9	5	6	4	84

Part I of the questionnaire consisted of 20 statements of communication practices relative to the giving of information to patients, offering patients emotional support, nonverbal communication and listening. (See Appendix B.) Each participant was asked to indicate if she had used each of the listed practices and whether it had been effective or ineffective, or if the listed practice had not been tried.

In four out of five of the statements related to the giving of information, there was a high degree of consensus. Fewer agreed that refraining from stating one's own opinions or ideas was an effective communication practice.

In the group of five statements relative to the offering of emotional support there was high consensus for two of the statements. Of the remaining three statements, 78 out of 94 stated that attempting to identify negative feelings and refraining from giving false reassurance

were effective practices. Fifty-seven stated that attempting to identify areas of omission which might indicate intense feelings was an effective practice while 22 stated that they had not tried this practice.

In the group of five statements related to listening there was high consensus to three statements but less agreement regarding the remaining two statements. "Tuning out" the emotional overtones of one's own value system while listening to a patient was stated to be effective by 76 and ineffective by 10. Attempting to identify important areas of frequency, omissions or change of subject was stated to be effective by 65 and had not been tried by 20.

Table 4 shows the items related to the four areas of nurse-patient communication, and the number of statements indicating effective or ineffective use of these communication practices and the number indicating that the listed practice had not been tried. This information was supplied by 94 participants. Information was not supplied by eight of the participants for various items; accordingly, the total number of statements for these items is less than 94. Four of the participants stated that they had found a listed practice both effective and ineffective at different times; accordingly, the total number of statements for these items is more than 94.

The total number of statements of effective communication practices for each of the four areas of nurse-patient communication is as follows:

1. Relative to the giving of information	410
2. Relative to the offering of emotional support	398
3. Relative to nonverbal communication	443
4. Relative to listening	414

Data relative to each of the 20 statements of communication practice are given in the table.

Table 4. Statements of Communication Practices Related to the Giving of Information, Offering Emotional Support, Nonverbal Communication and Listening and the Number of Nurses Indicating Effective or Ineffective Use of the Practices, and the Number of Nurses Indicating that the Practice Had Not Been Tried

Statements of Communication Practices	Numbers			N
	Effective	Ineffective	Not Tried	
Giving of Information:				
Items: 1	81	3	8	92
2	88	3	2	93
3	81	7	5	93
4	73	14	5	92
5	87	6	2	95
Offering Emotional Support:				
Items: 6	91	1	2	94
7	78	11	5	94
8	78	6	9	93
9	57	13	22	92
10	94	0	0	94
Nonverbal Communication:				
Items: 11	90	3	2	95
12	82	8	5	95
13	91	4	0	95
14	86	6	1	93
15	94	0	0	94
Listening:				
Items: 16	91	3	0	94
17	93	0	1	94
18	76	10	8	94
19	67	2	20	89
20	87	3	4	94
Total	1665	103	101	1869

Part II of the questionnaire consisted of descriptions of 12 situations involving a nurse and a patient. (See Appendix B.) Following each situation were three responses which the nurse might give. Recent literature on the subject of nurse-patient communication had been searched for criteria for determining descriptions of these responses. (See Appendix C.) Descriptions of the responses followed the responses pertaining to each nurse-patient situation. Each participant was asked to match descriptions to the appropriate responses. The responses and their descriptions were relative to the giving of information, offering emotional support, nonverbal communication and listening.

Of the total of 36 descriptions of responses, the numbers of responses relative to each of the four areas of nurse-patient communication were as follows:

1. Giving information - 11
2. Offering emotional support - 16
3. Nonverbal communication - 6
4. Listening - 3

In the area of nurse-patient communication relative to the giving of information, seven of the responses were correctly identified by 75 or more of the participants. Fewer correctly identified the remaining four responses. In items II. 1 and XI. 2, stating one's own opinions was correctly identified by 46 and 48 participants respectively. In items II. 3 and IX. 1, the offering of false reassurance was correctly identified by 35 and 70 participants respectively.

In the area of the offering of emotional support, ten of the 16 responses were identified correctly by 75 or more of the participants. Fewer correctly identified the remaining six responses. In III. 1 denial of the patient's right to feel embarrassed was identified correctly by 73, and in VIII. 1 providing reassurance by encouraging the patient to talk was identified correctly by the same number of participants. In VIII. 2 denial of the right to feel lonely was correctly identified by 38. In VIII. 3 false reassurance was correctly identified by 45. In X. 1 denial of need for reassurance was correctly identified by 74 and in XI. 1 denial of the patient's nonverbal expression of anxiety was identified correctly by 42 participants.

In the area of nonverbal communication all six responses were identified correctly by 77 or more participants. In the area of listening all three responses were identified correctly by 85 or more participants.

Table 5 shows the number of participants who identified correctly each of the 36 responses. This information was supplied by 94 participants. Accordingly, the tabulation is for that number of nurses.

Table 5. Thirty-six Responses Relative to the Giving of Information, Offering Emotional Support, Nonverbal Communication and Listening and Number Correctly Identified by 94 Registered Nurses in Nine Hospitals

Responses	Number Correctly Identified	Responses	Number Correctly Identified
I. 1	77	VII. 1	93
2	88	2	91
3	85	3	91
II. 1	46	VIII. 1	73
2	87	2	38
3	35	3	45
III. 1	73	IX. 1	70
2	76	2	90
3	89	3	77
IV. 1	90	X. 1	74
2	89	2	85
3	89	3	78
V. 1	75	XI. 1	42
2	75	2	48
3	86	3	85
VI. 1	80	XII. 1	82
2	87	2	90
3	91	3	75
		Total	2745

Part I of the questionnaire presented five statements of communication practices relative to each of the four areas of nurse-patient communication. Part II of the questionnaire presented a varying number of responses relative to these areas of nurse-patient communication. (See Appendix C.) Because of this discrepancy between the numbers of statements of communication practices and the numbers of responses relative to the four areas of nurse-patient communication, all numbers were converted to percentages.

This information was supplied by 94 participants; accordingly, the tabulation is for 94 nurses in Tables 6, 7, 8 and 9.

The formula for chi-square $\left[\chi^2 = \sum \frac{(f_o - f_e)^2}{f_e} \right]$ was used to prove or disprove any significant differences between the two sets of percentages. Yates' Correction for Continuity was used in computing chi-squares for Tables 6, 7, 8 and 9.

Table 6 presents the data relative to statements of effective communication practices and correctly identified responses related to the giving of information.

Table 6. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to the Giving of Information by 94 Registered Nurses in Nine Hospitals

Type of Items	Number	Percent
Part I. Statements of effective communication practices	410	87
Part II. Correct identification of responses	773	75

Chi-square for 0.05 level - 3.84

$$\chi^2 = 4.76 \quad df = 1 \quad P < 0.05$$

Therefore, there was a significant difference and the hypothesis:

There is no significant difference between the percentage of stated effective communication practices relative to the giving of information and the percentage of correctly identified responses of this type of nurse-patient communication.

was rejected and for the nurses in this study the ability to identify responses relative to the giving of information differed significantly from their statements of effective communication practices in this area of nurse-patient communication.

Table 7 presents data relative to statements of effective communication practices and correctly identified responses related to offering emotional support.

Table 7. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to the Offering of Emotional Support by 94 Registered Nurses in Nine Hospitals

Types of Items	Number	Percent
Part I. Statements of effective communication practices	398	85
Part II. Correct identification of responses	1199	80

Chi-square for 0.05 level - 3.84
 $\chi^2 = 0.6$ $df = 1$ $P > 0.05$

Therefore, there was no significant difference and the hypothesis:

There is no significant difference between the percentage of stated effective communication practices relative to the offering of emotional support and the percentage of correctly identified responses of this type of nurse-patient communication.

was accepted and for the nurses in this study the ability to identify responses relative to the offering of emotional support did not differ significantly from their statements of effective communication practices in this area of nurse-patient communication.

Table 8 presents the data relative to statements of effective communication practices and correctly identified responses related to nonverbal communication.

Table 8. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to Nonverbal Communication by 94 Registered Nurses in Nine Hospitals

Types of Items	Number	Percent
Part I. Statements of effective communication practices	443	94
Part II. Correct identification of responses	508	90

Chi-square for 0.05 level - 3.84

$$\chi^2 = 1.088 \quad df = 1 \quad P > 0.05$$

Therefore, there was no significant difference and the hypothesis:

There is no significant difference between the percentage of stated effective communication practices relative to nonverbal communication and the percentage of correctly identified responses of this type of nurse-patient communication.

was accepted and for the nurses in this study the ability to identify responses relative to nonverbal communication did not differ significantly from their statements of effective communication practices in this area of nurse-patient communication.

Table 9 presents the data relative to statements of effective communication practices and correctly identified responses relative to listening.

Table 9. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to Listening by 94 Registered Nurses in Nine Hospitals

Type of Items	Number	Percent
Part I. Statements of effective communication practices	414	88
Part II. Correct identification of responses	265	95

Chi-square for 0.05 level - 3.84

$$x^2 = 3.21 \quad df = 1 \quad P > 0.05$$

Therefore, there was no significant difference and the hypothesis:

There is no significant difference between the percentage of stated effective communication practices relative to listening and the percentage of correctly identified responses of this type of nurse-patient communication.

was accepted and for the nurses in this study the ability to identify responses relative to listening did not differ significantly from their statements of effective communication practices in this area of nurse-patient communication.

Table 10 shows the values of chi-square for each of the four areas of nurse-patient communication as shown in Tables 6, 7, 8 and 9 on pages 33 to 37.

Table 10. Value of Chi-Square for Each Area of Nurse-Patient Communication

Areas of Nurse-Patient Communication	Value of Chi-Square
Information	4.760
Emotional Support	0.600
Nonverbal	1.088
Listening	3.210
Total	9.658

Chi-square for 0.05 level - 9.49

$$\chi^2 = 9.658 \quad df = 4 \quad P < 0.05$$

Therefore, there was a significant difference and the hypothesis:

There is no significant difference between the percentage of stated effective communication practices and the percentage of correctly identified types of nurse-patient communication.

was rejected and for the nurses in this study there was a significant difference between their ability to identify types of nurse-patient communication and their statements of effective communication practices.

In considering the variable of differences in length of experience in nursing service, the participants in this study were assigned to four categories according to the number of years of experience in nursing service. Tables 11, 12, 13 and 14 analyze the data to determine the effect of this variable on the differences between the percentage of stated effective communication practices and the percentage of correctly identified responses of the four types of nurse-patient communication. This information was not supplied by ten participants; accordingly, the tabulation is for 84 nurses only in Tables 11, 12 13 and 14.

Table 11 analyzes the effect of differences of length of experience in nursing service on nurse-patient communication relative to the giving of information.

Table 11. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to the Giving of Information by 84 Registered Nurses in Nine Hospitals According to Length of Experience in Nursing Service

Length of Nursing Service	Part I. Statements of Effective Communication		Part II. Correct Identification of Responses	
	Number	Percent	Number	Percent
0 - 5 years N-49	222	91	412	76
6 - 10 " N-17	74	87	140	76
11- 15 " N-10	45	82	82	75
16 years and over N-8	32	91	65	74

Using the formula for Chi-square additively for the four categories of length of nursing service:

Chi-square for 0.05 level = 9.49

$$\chi^2 = 22.992 \quad df = 4 \quad P < 0.05$$

Therefore, there was a significant difference. Table 6 on page 33 also shows a significant difference at the 0.05 level; therefore, the hypothesis:

The variable of differences in length of experience in nursing service will not affect the differences between the percentage of stated effective communication practices relative to the giving of information and the percentage of correctly identified responses of this type of nurse-patient communication.

was accepted and for the nurses in this study the variable of differences in length of experience in nursing service did not affect the differences

between the percentage of stated effective communication practices and the percentage of correctly identified responses relative to the giving of information.

Table 12 analyzes the effect of differences of length of experience in nursing service on nurse-patient communication relative to the offering of emotional support.

Table 12. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to the Offering of Emotional Support by 84 Registered Nurses in Nine Hospitals According to Length of Experience in Nursing Service

Length of Nursing Service	Part I. Statements of Effective Communication		Part II. Correct Identification of Responses	
	Number	Percent	Number	Percent
0 - 5 years N-49	212	87	634	81
6 - 10 " N-17	71	84	214	80
11- 15 " N-10	42	84	125	78
16 years and over N-8	31	78	106	83

Using the formula for Chi-square additively for the four categories of length of nursing service:

Chi-square for 0.05 level - 9.49

$$x^2 = 5.76 \quad df = 4 \quad P > 0.05$$

Therefore, there was no significant difference. Table 7 on page 34 also shows no significant difference at the 0.05 level; therefore, the hypothesis:

The variable of differences of length of experience in nursing service will not affect the differences between the percentage of stated effective communication practices relative to the offering of emotional support and the percentage of correctly identified responses of this type of nurse-patient communication.

was accepted and for the nurses in this study the variable of differences

of length of experience in nursing service did not affect the differences between the percentage of stated effective communication practices and the percentage of correctly identified responses relative to the offering of emotional support.

Table 13 analyzes the effect of differences of length of experience in nursing service on nurse-patient communication relative to nonverbal communication.

Table 13. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to Nonverbal Communication by 84 Registered Nurses in Nine Hospitals According to Length of Experience in Nursing Service

Length of Nursing Service	Part I. Statements of Effective Communication		Part II. Correct Identification of Responses	
	Number	Percent	Number	Percent
0 - 5 years N-49	232	95	276	94
6 - 10 " N-17	81	95	91	90
11- 15 " N-10	46	92	52	87
16 years and over N-8	37	93	41	85

Using the formula for Chi-square additively for the four categories of length of nursing service:

$$\text{Chi-square for } 0.05 \text{ level} = 9.49$$

$$\chi^2 = 6.588 \quad df = 4 \quad p > 0.05$$

Therefore, there was no significant difference. Table 8 on page 35 also shows no significant difference at the 0.05 level; therefore, the hypothesis:

The variable of differences of length of experience in nursing service will not affect the differences between the percentage

of stated effective communication practices relative to nonverbal communication and the percentage of correctly identified responses of this type of nurse-patient communication.

was accepted and for the nurses in this study the variable of differences of length of experience in nursing service did not affect the differences between the percentage of stated effective communication practices and the percentage of correctly identified responses relative to nonverbal communication.

Table 14 analyzes the effect of differences of length of experience in nursing service on nurse-patient communication relative to listening.

Table 14. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to Listening by 84 Registered Nurses in Nine Hospitals According to Length of Experience in Nursing Service

Length of Nursing Service	Part I. Statements of Effective Communication		Part II. Correct Identification of Responses	
	Number	Percent	Number	Percent
0 - 5 years N-49	214	88	132	90
6 - 10 " N-17	78	92	47	92
11- 15 " N-10	42	84	23	77
16 years and over N-8	37	93	22	92

Using the formula for Chi-square additively for the four categories of length of nursing service:

Chi-square for 0.05 level - 9.49

$$x^2 = 2.046 \quad df = 4 \quad p > 0.05$$

Therefore, there was no significant difference. Table 9 on page 36 also shows no significant difference at the 0.05 level; therefore, the hypothesis:

The variable of differences in length of experience in nursing service will not affect the differences between the percentage of stated effective communication practices relative to listening and the percentage of correctly identified responses of this type of nurse-patient communication.

was accepted and for the nurses in this study the variable of differences of length of experience in nursing service did not affect the differences between the percentage of stated effective communication practices and the percentage of correctly identified responses relative to listening.

It is interesting to note that in Table 9 the percentage of correctly identified responses relative to listening was 95 and the percentage of statements of effective communication practices was 88. Only in this area of nurse-patient communication did the percentage of correctly identified responses exceed the percentage of statements of effective communication practices. In Table 14 this tendency was found only in the category of nurses having five years or less of experience in nursing service.

Table 15 shows the values of chi-square for each of the areas of nurse-patient communication, as shown in Tables 11, 12, 13 and 14 on pages 38 to 42, when the data are analyzed according to length of nursing service.

Table 15. Value of Chi-Square for Each Area of Nurse-Patient Communication According to Length of Nursing Service

Areas of Nurse-Patient Communication	Value of Chi-Square
Information	22.992
Emotional Support	5.760
Nonverbal	6.588
Listening	2.046
Total	37.386

Using the formula for Chi-square additively for the four categories of length of nursing service in the four areas of nurse-patient communication:

Chi-square for 0.05 level = 26.27

$$\chi^2 = 37.386 \quad df = 16 \quad P < 0.05$$

Therefore, there was a significant difference. Table 10 on page 37 also shows a significant difference at the 0.05 level; therefore, the hypothesis:

The variable of differences in length of experience in nursing service will not affect the differences between the percentage of stated effective communication practices in the four areas of nurse-patient communication and the correctly identified responses of these types of nurse-patient communication.

was accepted and for the nurses in this study the variable of differences of length of nursing service did not affect the differences between the percentage of correctly identified responses and the percentage of statements of effective communication practices.

In considering the variable of differences in employment areas in the hospitals, the participants were assigned to seven categories according to employment areas. Tables 16, 17, 18 and 19 analyze the data to determine the effect of the variable of differences in employment areas on the differences between the percentage of statements of effective communication practices and the percentage of correctly identified responses relative to the four areas of nurse-patient communication. This information was not supplied by nine participants and only one participant was employed in the pediatric area. Accordingly, the tabulation is for 84 nurses in Tables 16, 17, 18 and 19. It is recognized that the participants referred to a functional area such as administration interchangeably with clinical areas for which they did not indicate their functional area. The terms used by the participants are used in this report regardless of their lack of homogeneity.

Table 16 analyzes the effect of differences of employment areas on nurse-patient communication relative to the giving of information.

Table 16. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to the Giving of Information by 84 Registered Nurses in Nine Hospitals According to Employment Areas

Employment Area	Part I. Statements of Effective Communication		Part II. Correct Identification of Responses	
	Number	Percent	Number	Percent
Administration N-3	13	87	24	86
Medical-Surgical N-42	189	90	358	77
Medical N-15	67	91	127	77
Orthopedics N-7	28	82	60	78
Obstetrics N-4	17	85	35	80
Surgery N-9	39	91	75	76
Emergency and Central Service N-4	19	95	34	77

Using the formula for Chi-square additively for the seven categories of employment areas:

Chi-square for 0.05 level - 14.07

$$\chi^2 = 36.555 \quad df = 7 \quad P < 0.05$$

Therefore, there was a significant difference. Table 6 on page 33 also shows a significant difference at the 0.05 level; therefore, the hypothesis:

The variable of differences in employment areas will not affect the differences between the percentage of stated effective communication practices relative to the giving of information and the percentage of correctly identified responses of this type of nurse-patient communication.

was accepted and for the nurses in this study the variable of differences in employment areas did not affect the differences between the percentage of stated effective communication practices and the percentage of correctly identified responses relative to the giving of information.

Table 17 analyzes the effect of differences of employment areas on nurse-patient communication relative to the offering of emotional support.

Table 17. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to the Offering of Emotional Support by 84 Registered Nurses in Nine Hospitals According to Employment Areas.

Employment Area	Part I. Statements of Effective Communication		Part II. Correct Identification of Responses	
	Number	Percent	Number	Percent
Administration N-3	11	73	36	75
Medical-Surgical N-42	183	87	550	82
Medical N-15	63	84	200	83
Orthopedics N-7	29	83	85	76
Obstetrics N-4	15	79	49	77
Surgery N-9	37	82	121	84
Emergency and Central Service N-4	16	80	50	78

Using the formula for Chi-square additively for the seven categories of employment areas:

Chi-square for 0.05 level - 14.07

$$x^2 = 5.714 \quad df = 7 \quad P > 0.05$$

Therefore, there was no significant difference. Table 7 on page 34 also shows no significant difference at the 0.05 level; therefore, the hypothesis:

The variable of differences in employment areas will not affect the differences between the percentage of stated effective communication practices relative to the offering of emotional support and the percentage of correctly identified responses of this type of nurse-patient communication.

was accepted and for the nurses in this study the variable of differences in employment areas did not affect the differences between the percentage of stated effective communication practices and the percentage of correctly identified responses relative to offering emotional support.

Table 18 analyzes the effect of differences of employment areas on nurse-patient communication relative to nonverbal communication.

Table 18. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to Nonverbal Communication by 84 Registered Nurses in Nine Hospitals According to Employment Areas

Employment Area	Part I. Statements of Effective Communication		Part II. Correct Identification of Responses	
	Number	Percent	Number	Percent
Administration N-3	13	87	18	100
Medical-Surgical N-42	201	96	232	92
Medical N-15	67	89	87	97
Orthopedics N-7	34	97	39	93
Obstetrics N-4	18	90	21	88
Surgery N-9	42	95	50	93
Emergency and Central Service N-4	20	100	23	96

Using the formula for Chi-square additively for the seven categories of employment areas:

$$\text{Chi-square for } 0.05 \text{ level} = 14.07$$

$$\chi^2 = 26.879 \quad df = 7 \quad p < 0.05$$

Therefore, there is a significant difference. Table 8 on page 35 shows no significant difference at the 0.05 level; therefore, the hypothesis:

The variable of differences in employment areas will not affect the differences between the percentage of stated effective communication practices relative to nonverbal communication and the percentage of correctly identified responses of this type of nurse-patient communication.

was rejected and for the nurses in this study the variable of differences in employment areas did affect the differences between the percentage of stated effective communication practices and the percentage of correctly identified responses relative to nonverbal communication.

Table 19 analyzes the effect of differences of employment areas on nurse-patient communication relative to listening.

Table 19. Number and Percentage of Statements of Effective Communication Practices and Correctly Identified Responses Relative to Listening by 84 Registered Nurses in Nine Hospitals According to Employment Areas

Employment Area	Part I. Statements of Effective Communication		Part II. Correct Identification of Responses	
	Number	Percent	Number	Percent
Administration N-3	13	87	8	89
Medical-Surgical N-42	188	90	123	98
Medical N-15	66	88	44	98
Orthopedics N-7	29	83	19	90
Obstetrics N-4	14	74	11	91
Surgery N-9	40	89	26	96
Emergency and Central Service N-4	19	95	12	100

using the formula for Chi-square additively for the seven categories of employment areas:

$$\begin{aligned} \text{Chi-square for 0.05 level} &= 14.07 \\ \chi^2 &= 26.149 \quad df = 7 \quad P < 0.05 \end{aligned}$$

Therefore, there was a significant difference. Table 9 on page 36 shows no significant difference at the 0.05 level; therefore, the hypothesis:

The variable of differences in employment areas will not affect the differences between the percentage of stated effective communication practices relative to listening and the percentage of correctly identified responses of this type of nurse-patient communication.

was rejected and for the nurses in this study the variable of differences in employment areas did affect the differences between the percentage of stated effective communication practices and the percentage of correctly identified responses relative to listening.

Table 20 shows the values of chi-square for each of the areas of nurse-patient communication, as shown in Tables 16, 17, 18 and 19 on pages 44 to 48, when the data are analyzed according to employment areas.

Table 20. Value of Chi-Square for Each Area of Nurse-Patient Communication According to Employment Areas

Areas of Nurse-Patient Communication	Value of Chi-Square
Information	36.555
Emotional Support	5.714
Nonverbal	26.879
Listening	26.149
Total	95.297

Using the formula for Chi-square additively for the seven categories of employment areas in the four areas of nurse-patient communication:

Chi-square for 0.05 level - 41.32

$$\chi^2 = 95.297 \quad df = 28 \quad P < 0.05$$

Therefore, there was a significant difference. Table 10 on page 37 also shows a significant difference at the 0.05 level; therefore, the hypothesis:

The variable of differences of employment areas will not affect the differences between the percentage of stated effective communication practices in the four areas of nurse-patient communication and the percentage of correctly identified responses of these types of nurse-patient communication.

was accepted and for the nurses in this study the variable of differences in employment areas did not affect the differences between the percentage of stated effective communication practices and the percentage of correctly identified responses relative to the four areas of nurse-patient communication.

The analysis of the data shows that for the nurses in this study significant differences did exist between the percentage of statements of effective communication practices and the percentage of correctly identified types of nurse-patient communication when all four areas of nurse-patient communication were considered as a whole. Except for the area of communication relative to the giving of information, this tendency was not seen when the four areas of nurse-patient communication were considered separately.

The variable of differences in length of experience in nursing service did not affect the differences in percentages between the stated effective communication practices and the percentages of

correctly identified responses when the four areas of nurse-patient communication were considered as a whole or when they were considered separately.

The variable of differences in employment areas in the hospitals did not affect the differences in percentages between the stated effective communication practices and the percentages of correctly identified responses when the four areas of nurse-patient communication were considered as a whole. However, when the areas relative to non-verbal communication and listening were considered separately significant differences were seen.

Table 21 summarizes the differences between percentages of stated effective communication practices and the percentages of correctly identified responses relative to the four areas of nurse-patient communication, and according to differences in length of experience in nursing service and differences of employment areas in the hospitals.

Table 21. Differences at the 0.05 Level Between Percentages of Stated Effective Communication Practices and Percentages of Correctly Identified Responses Relative to the Four Areas of Nurse-Patient Communication

Areas of Nurse-Patient Communication	Population of 94 Nurses	Effect of Variable of Differences of Length of Experience in Nursing Service	Effect of Variable of Differences of Employment Areas
Information	Significant	Significant	Significant
Emotional Support	N.S.	N.S.	N.S.
Nonverbal	N.S.	N.S.	Significant
Listening	N.S.	N.S.	Significant
Total	Significant	Significant	Significant

An analysis of the data suggests that there was a high consensus for many of the statements of effective communication practices in Part I of the questionnaire. However, 74 or fewer participants were in agreement as to the efficacy of several of the stated communication practices.

These communication practices were:

1. Refraining from stating one's own opinions or ideas
2. Attempting to identify negative feelings
3. Refraining from giving false reassurance
4. Attempting to identify areas of omission which might indicate intense feelings
5. "Tuning out" one's own value system while listening to a patient
6. Attempting to identify important areas of frequency, omission or change of subject.

Further analysis suggests that the types of responses in Part II of

the questionnaire that were most frequently identified incorrectly were:

1. Stating one's own opinion
2. Offering false reassurance
3. Providing reassurance by listening to the patient talk
4. Denial of the patient's right to feel embarrassed or lonely
5. Denial of patient's need for reassurance
6. Denial of nonverbal expression of anxiety.

Further analysis suggests that for the nurses in this study differences do exist between the percentage of statements of effective communication practices and the percentage of correctly identified types of nurse-patient communication. These differences are not consistent within the categories to which the nurses were assigned according to length of experience in nursing service and according to employment areas in the hospitals. Neither are they consistent within the four areas of nurse-patient communication.

Since the numbers of nurses in each group were small, from the results of the present study it can be concluded only that the results suggest that further exploration of the problem is feasible.

CHAPTER IV

SUMMARY OF THE STUDY

PURPOSE OF THE STUDY

The purpose of this study was to obtain information from questionnaires to prove or disprove the following null hypotheses:

1. There is no significant difference between the percentage of stated effective communication practices, indicated in Part I of the questionnaire, and the percentage of correctly identified types of nurse-patient communication.
2. There is no significant difference between the percentage of stated effective communication practices relative to the giving of information, offering emotional support, nonverbal communication and listening, and the percentage of correctly identified responses of these types of nurse-patient communication.
3. The variable of differences in length of experience in nursing service will not affect the differences between the percentage of stated effective communication practices in the four areas of nurse-patient communication and the percentage of correctly identified responses of these types of nurse-patient communication.
4. The variable of employment in different areas in the hospitals will not affect the differences between the percentage of stated effective communication practices in the four areas

of nurse-patient communication and the percentage of correctly identified responses of these types of nurse-patient communication.

PROCEDURE OF THE STUDY

A survey of recent literature showed an increasing awareness of the need for skill in communication if the modern nurse is to meet the demands of her role. The nurse needs to be skillful in three areas of communication. She must be able to give information that is appropriate to time, place and person. She must be able to offer emotional support. She must be able to perceive and utilize nonverbal communication, including listening.

This study was undertaken to elicit statements of effective communication practices and correctly identified responses in four areas of nurse-patient communication. To achieve this, a questionnaire was administered to 115 registered nurses in nine general hospitals.

It was found that the statements of communication practice in Part I of the questionnaire to which there was least agreement were:

1. Refraining from stating one's own opinions or ideas
2. Attempting to identify negative feelings
3. Refraining from giving false reassurance
4. Attempting to identify areas of omission which might indicate intense feelings
5. "Tuning out" one's own value system while listening to a patient
6. Attempting to identify important areas of frequency, omission or change of subject.

It was found also that the types of responses in Part II of the questionnaire that were most frequently identified incorrectly were:

1. Stating one's own opinion
2. Offering false reassurance
3. Providing reassurance by listening to the patient talk
4. Denial of the patient's right to feel lonely or embarrassed
5. Denial of the patient's need for reassurance
6. Denial of nonverbal expression of anxiety.

Analysis of the data suggests that for the nurses in this study differences do exist between the percentage of statements of effective communication practices and the percentage of correctly identified types of nurse-patient communication. The variable of differences in length of experience in nursing service did not affect the differences in percentages between the stated effective communication practices and the percentages of correctly identified responses. However, the variable of differences in employment areas in the hospitals did affect the differences between these sets of percentages in the areas of nonverbal communication and listening.

CONCLUSIONS

On the basis of information obtained from 94 selected nurses in nine randomly selected hospitals, no widespread generalizations can be drawn. Therefore, these conclusions are limited to the data obtained from this study.

1. Analysis of the data suggests that the group of nurses in this study tend to commit two of the errors of communication listed

by Hewitt,¹⁷ stating one's own opinions or ideas and offering false reassurance.

2. For the group of nurses in this study, a rejection of negative feelings and expressions and some degree of insensitivity to covert nursing problems is inferred from statements of communication practices that were not considered effective by 20 or more nurses, and from the responses most frequently identified incorrectly.
3. Significant differences were found between the percentage of statements of effective communication practices and the percentage of correctly identified responses. It is inferred that the participants may have been indicating communication practices that are considered socially acceptable rather than those with which they were familiar.
4. Differences in length of experience in nursing service did not affect the differences between the percentage of statements of effective communication practices and the percentage of correctly identified types of nurse-patient communication. However, differences were found between these two sets of percentages when the data were analyzed according to differences of employment areas. Wiens, et al.⁴⁶ assume that various nursing situations make different nursing interaction demands. It is inferred that the effect of the variable of differences in employment area may be a function of nursing interaction demands in different nursing situations.

RECOMMENDATIONS FOR FURTHER STUDIES

Based on the findings of this study, it is recommended that the following studies be made:

1. A similar study that included a group of nurses employed in pediatrics and admitting offices, and other areas of employment not included in this study.
2. A similar study between two groups of auxiliary personnel, one of which was employed by a general hospital and the other employed by a psychiatric hospital where sensitization to nurse-patient communication might have occurred.
3. A similar study using an instrument devised to give an interval-scale measurement in order that correlations might be computed.
4. A similar study using observations of nurse-patient communication in place of a questionnaire.

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APPENDICES

APPENDIX A

LETTER TO DIRECTORS OF NURSING SERVICE

Dear Director:

In partial fulfillment of requirements for a Master of Science degree at the University of Oregon School of Nursing, I am undertaking a study of nurse-patient communication. You and your staff are invited to participate. It will involve completing a simple questionnaire. A self-addressed post card is enclosed for your convenience in indicating your willingness to assist with this study. A mutually satisfactory date will be arranged for coming to your hospital to administer the questionnaire which can be completed in about half an hour.

Upon completion of this study, copies of the report will be placed in the library at the University of Oregon Medical School.

Yours sincerely,

APPENDIX B

QUESTIONNAIRE FOR DATA COLLECTION

PART I

The purpose of this section is to determine the communication practices that you have found to be effective in giving nursing care to patients. Please answer all questions. The value of the study depends on your complete responses. This is confidential and you do not need to give your name.

Check a (X) if the listed practice has been used by you and has been effective.

Check b (X) if the practice has been used by you but has been ineffective.

Check c (X) if the practice has not been tried.

Giving information.

1. The nurse should explore how the patient thinks and feels about the subject before giving medical facts of nursing knowledge. a....b....c....
2. The nurse questions the patient in an attempt to discover the cause of his difficulty. a....b....c....
3. The nurse attempts to help the patient to solve a specific problem. a....b....c....
4. The nurse refrains from stating her own opinions or ideas. a....b....c....
5. The nurse attempts to bring her professional knowledge within the patient's understanding. a....b....c....

Directions Summarized a effective b ineffective c not tried,

Emotional Support.

- | | |
|---|-----------------|
| 6. The nurse reassures the patient by listening to him discuss his non-medical worries. | a....b....c.... |
| 7. The nurse attempts to identify negative feelings, reactions and expressions such as fear, anxiety and hostility. | a....b....c.... |
| 8. The nurse refrains from giving false or inappropriate reassurance. | a....b....c.... |
| 9. The nurse attempts to identify areas of omission which may indicate feelings too intense to be verbalized. | a....b....c.... |
| 10. The nurse talks to the patient in a friendly, sincere way in order to give him the recognition he needs. | a....b....c.... |

Nonverbal Communication.

- | | |
|--|-----------------|
| 11. The nurse uses the tone of her voice to convey to the patient her interest in his welfare. | a....b....c.... |
| 12. The nurse reassures a fearful patient by holding his hand. | a....b....c.... |
| 13. The nurse reassures an anxious and fearful patient by her calm and unhurried manner. | a....b....c.... |

Directions Summarized
a effective
b ineffective
c not tried.

14. The nurse's facial expression conveys her acceptance of the patient and her concern for his welfare. a....b....c....
15. The nurse's manner of listening conveys her sincere interest in the patient. a....b....c....

Listening.

16. The nurse focuses on the needs of the patient by listening to his problems, hopes and fears. a....b....c....
17. The nurse conveys her interest in, and concern for the patient by listening to what he says. a....b....c....
18. The nurse attempts to "tune out" the emotional overtones of her own value system while listening to what the patient says. a....b....c....
19. The nurse attempts to identify important areas of frequency, omissions or change of subject. a....b....c....
20. The nurse listens in order to identify the patient's emotional difficulties. a....b....c....

PART II

The purpose of this section is to identify the types of nurse-patient communication used in different situations. Following each situation are three responses - 1, 2 and 3. Descriptions a, b and c refer to the responses. Match descriptions a, b and c to responses 1, 2 and 3. Please check (X) a, b or c for each response. Do not omit any. The value of the study depends on your complete responses.

Example:

0. Mr. Clark is an elderly man who is to be admitted for diagnostic tests. He tries to appear nonchalant but the apprehensive look in his eyes gives him away.

- | | |
|---|------------------|
| 1. The nurse says, "Good afternoon, Mr. Clark. I am Miss Smith and I will be taking care of you for the next few days." | a....b.X...c.... |
| 2. The nurse says, "Good afternoon, Mr. Clark. Aren't you fortunate to be here only for tests and not for surgery?" | aX...b....c.... |
| 3. The nurse completes the admission procedure quickly and efficiently and with a minimum of conversation. | a....b....c.X.. |
| a. Denies the patient the right to feelings of apprehension. | |
| b. Offers reassurance. | |
| c. May be perceived as rejection. | |

- I. Mrs. West is scheduled for a hysterectomy. The nurse enters the room to give a preoperative enema. Mrs. West begins to cry and says she wants to be left alone.

1. The nurse leaves the room and comes back later when Mrs. West has had time to compose herself. a....b....c....
 2. The nurse tells Mrs. West that the doctor has ordered this treatment and that it will have to be done. a....b....c....
 3. The nurse says, "The thought of having this enema disturbs you," and listens to what Mrs. West says. a....b....c....
- a. Nonverbal communication which may be perceived as rejection.
 - b. Listening in order to focus on the patient's needs.
 - c. Failure to explore how the patient feels about the situation.

Directions Summarized
Match descriptions
a, b or c to
responses 1, 2 and 3.

II. While the nurse is giving the enema, Mrs. West says that her mother died following similar surgery a few years ago. Mrs. West is afraid that she will not come back from the operating room.

1. The nurse tells Mrs. West about similar operations and how successful they were. a....b....c....
 2. The nurse encourages Mrs. West to talk about her fear of surgery. a....b....c....
 3. The nurse says, "Surgery is much safer than it used to be and you do not need to worry." a....b....c....
- a. Stating one's own opinions.
 - b. False reassurance.
 - c. Listening may elicit clues to the patient's needs.

III.

The nurse is preparing to irrigate a colostomy and Mr. Smith, a middle-aged man, is obviously very embarrassed.

1. The nurse tells Mr. Smith that within a few weeks he will be doing this treatment himself and will think nothing of it. a....b....c....

2. The nurse explains to Mr. Smith in a matter of fact way how she will do this treatment. a....b....c....
 3. The nurse completes the treatment as quickly as possible and without comment. a....b....c....
- a. Explanation of nursing care.
 - b. Denial of the patient's right to feel embarrassed.
 - c. Silence may be perceived as rejection.

IV.

Mrs. Thomas has had several back injuries. Today she was admitted with severe back pain. She tells the nurse that she is worried about leaving her husband alone at home. He is just home from the hospital where he had a prostatectomy and cancer was discovered.

1. The nurse asks questions about Mr. Thomas that will convey to Mrs. Thomas the nurse's concern and interest. a....b....c....
 2. The nurse says, "I'm sure your husband will be all right while you are in the hospital." a....b....c....
 3. The nurse talks about something else because the subject of her husband's illness seems to agitate Mrs. Thomas. a....b....c....
- a. Changing the subject.
 - b. Reassurance by listening to the patient's worries.
 - c. False reassurance.

Directions Summarized
Match descriptions
a, b or c to
responses 1, 2 and 3.

V.

This evening Mr. Thomas visited his wife. He is very thin and pale and even to a casual observer he appears to be a sick man. After he left Mrs. Thomas began to cry and she said, "I know he is not going to get better. I wish I could die. There will be nothing left for me to live for."

1. The nurse says, "You should think about him. He needs you." a.....b.....c.....
 2. The nurse says, "You are worried about him because he doesn't look well but you must remember that he has just had surgery." a.....b.....c.....
 3. The nurse says, "Your husband's illness must cause you a great deal of concern." a.....b.....c.....
- a. Acceptance of the patient's need to express her feelings.
 - b. Denial of the patient's rights to feelings of despair.
 - c. False reassurance.

VI.

Joanne is sixteen. Several weeks ago she was injured in a car accident. Her doctor has told her that she will be in a cast for another six or eight weeks. She is an unusually happy girl and does not complain about her long stay in bed. Today the nurse enters Joanne's room and finds her in tears.

1. The nurse respects Joanne's right to privacy and leaves the room. a.....b.....c.....
 2. The nurse stays with Joanne for a few minutes and holds her hand. a.....b.....c.....
 3. The nurse says, "Don't cry. In time everything will be all right." a.....b.....c.....
- a. False reassurance.
 - b. Nonverbal communication which may be perceived as rejection.
 - c. Nonverbal acceptance of the patient's need to cry.

VII.

Half an hour later Joanne has stopped crying but she appears very quiet and subdued - something unusual for her.

1. The nurse lets her talk when she is ready to do so and listens for any clues. a.....b.....c.....
 2. The nurse talks about the ball game that Joanne's school team won. a.....b.....c.....
 3. The nurse says, "Why were you crying? You are usually so cheerful." a.....b.....c.....
- a. Changing the subject.
 - b. Why questions frequently are challenging.
 - c. Listening in order to focus on needs.

Directions Summarized
Match descriptions
a, b or c to
responses 1, 2 and 3.

VIII.

Joanne tells the nurse that all her friends are going to a party tonight and she feels that she is losing touch with them.

1. The nurse encourages Joanne to go on talking.
2. The nurse suggests that Joanne think about all the parties that she can go to when she is out of the hospital.
3. The nurse tells Joanne that she is young and will have plenty of time for parties when she has recovered.

a....b....c....

a....b....c....

a....b....c....

- a. Denies the patient's right to feel lonely.
- b. Provides reassurance.
- c. False reassurance.

IX.

Mrs. Allen was treated for cancer of the cervix three months ago. This evening she was admitted with heavy vaginal bleeding. At bed time she said to the nurse, "Please leave my light on. Last week my little dog was poisoned and she died in my arms. As soon as the light goes off I can see it all over again."

1. The nurse tells Mrs. Allen that the sedative that she has been given will help her fall asleep in a short time. a....b....c....
 2. The nurse leaves the light on and lets Mrs. Allen talk about her dog. a....b....c....
 3. The nurse says, "Don't think about that now and try to get some rest." a....b....c....
- a. Denial of the patient's need for reassurance.
 - b. False reassurance.
 - c. Nonverbal acceptance of the patient's need to express her feelings.

X.

During the night Mrs. Allen has her call light on every few minutes. Finally she tells the nurse that she is afraid to go to sleep because she may start to hemorrhage and no one will discover it in time.

1. The nurse gives her another sedative to help her go to to sleep. a....b....c....
 2. The nurse assures her that she will be watched, then looks in on her every half hour. a....b....c....
 3. The nurse tells her that now she is in the hospital she does not need to feel afraid. a....b....c....
- a. False reassurance.
 - b. Denial of need for reassurance.
 - c. Verbal and nonverbal reassurance.

Directions Summarized
Match descriptions
a, b or c to
responses 1, 2 and 3.

XI.

Mrs. Jackson recently was diagnosed as having diabetes. During her stay in the hospital she tried to learn all that she could about diabetes. She spoke with warmth of her family and was eager to go home. This morning her doctor discharged her. The nurse notices that Mrs. Jackson appears to be preoccupied and is making no attempt to pack.

1. The nurse says, "Your family will be happy to have you home again." a....b....c....
 2. The nurse says, "I'm sure that you will have no trouble with your diet and insulin when you are at home." a....b....c....
 3. The nurse says, "Living with diabetes will be a new experience. What do you think will give you the greatest difficulty?" a....b....c....
- a. Stating one's own opinion.
 - b. Attempting to solve a specific problem.
 - c. Denial of patient's nonverbal expression of anxiety.

XII.

Mrs. Jackson tells the nurse that she understands that diabetes is hereditary. What are the chances of her children or her grandchildren developing diabetes?

- 1. The nurse tells Mrs. Jackson not to worry about it as it does not happen very often. a....b....c....
 - 2. The nurse asks Mrs. Jackson if she has any specific reason for her anxiety. a....b....c....
 - 3. The nurse reassures Mrs. Jackson that other members of her family would be able to adjust to this problem as well as she has, if this should be necessary. a....b....c....
- a. False reassurance.
 - b. Stating one's own opinion.
 - c. Attempting to solve a specific problem.

<p>Background Information</p> <p>Place of employment</p> <p>Length of time in this or a similar positionyears.</p> <p>Area in the hospital in which you work, e.g. pediatrics, surgery</p>

Thank you for your assistance with this study.

Please return this form on or before to:

Doris L. Schindler,
 209 "H" Street,
 Vancouver, Washington

APPENDIX C

KEY TO PART II OF THE QUESTIONNAIRE

- I. 1.a. Nonverbal communication which may be perceived as rejection.
 What we do not say may be misinterpreted.⁴⁷
 One common type of communication error is the rejection of the
 patient's feelings.⁵
- 2.c. Failure to explore how the patient feels about the situation.
 One common type of verbal error is the giving of information
 before exploring how the patient thinks or feels about the topic.¹⁷
- 3.b. Listening in order to focus on the patient's needs.
 A nurse must be a good listener for it is through listening to
 the patient's problems, hopes, fears and unspoken emotions that
 she gains a true insight into his needs.⁵
- II. 1.a. Stating one's own opinions.
 Stating one's own opinions and ideas about the patient and his
 situation hinders exploration of the patient's problems.⁵
- 2.c. Listening may elicit clues to the patient's needs.
 See I3.b.
- 3.b. False reassurance.
 False or inappropriate reassurance keeps the patient from
 expressing anxiety.¹⁷
- III. 1.b. Denial of the patient's right to feel embarrassed.
 Nursing problems involving emotional and interpersonal

difficulties usually are covert and include the need to identify and accept positive and negative feelings, expressions and reactions.³

One common type of communication error is the rejection of the patient's feelings.⁵

2.a. Explanation of nursing care.

The patient wants explanation of his care.³

Only when the patient understands what is being done for him will he feel secure.⁵

3.c. Silence may be perceived as rejection.

What we do not say may be misinterpreted.⁴⁶

Overt nonverbal behavior gives evidence of feelings and attitudes.³³

IV. 1.b. Reassurance by listening to a patient's worries.

We function adequately and securely in direct proportion to the emotional support we derive from others. How we function depends on how well we communicate.³⁸

2.c. False reassurance.

See II.3.b.

3.a. Changing the subject.

Often the nurse blocks communication between herself and the patient by changing the subject.¹⁷

V. 1.b. Denial of the patient's rights to feelings of despair.

See III.1.b.

2.c. False reassurance.

See II.3.b.

3.a. Acceptance of the patient's need to express her feelings.

See III.1.b.

VI. 1.b. Nonverbal communication which may be perceived as rejection.

What we do not say may be misinterpreted.⁴⁷

Overt nonverbal behavior gives evidence of feelings and
attitudes.³³

2.c. Nonverbal acceptance of the patient's need to cry.

Everything we do or say has communication value and functions
as a sign or symbol to communicate messages.¹⁴

The need to accept and identify positive and negative feelings,
expressions and reactions.³

3.a. False reassurance.

See II.3.b.

VII. 1.c. Listening in order to focus on needs.

See I.3.b.

2.a. Changing the subject.

See IV.3.a.

3.b. Why questions frequently are challenging.

A why question asks for reasons which a patient is not likely to know directly. Why questions usually are challenging and should be used sparingly.

VIII. 1.b. Provides reassurance.

See IV.1.b.

2.a. Denies the patient's right to feel lonely.

See III.1.b.

3.c. False reassurance.

See II.3.b.

IX. 1.b. False reassurance.

See II.3.b.

2.c. Nonverbal acceptance of the patient's need to express her feelings.

See VI.2.c.

3.a. Denial of the patient's need for reassurance.

See III.1.b.

X. 1.b. Denial of need for reassurance.

See III.1.b.

2.c. Verbal and nonverbal reassurance.

See VI.2.c.

3.a. False reassurance.

See II.3.b.

XI. 1.c. Denial of patient's nonverbal expression of anxiety.

A need for awareness of the many ways by which individuals
44
communicate.

Patients choose a variety of ways in their struggle to convey messages and when these messages are not understood their frustrations usually increase.⁷

See III.1.b.

2.a. Stating one's own opinion.

See II.1.a.

3.b. Attempting to solve a specific problem.

Helping the patient recognize his own needs.⁵

Keeping the conversation centered on the patient and his needs.³⁵

XII. 1.a. False reassurance.

See II.3.b.

2.c. Attempting to solve a specific problem.

See XI.3.b.

3.b. Stating one's own opinion.

See II.1.a.

For purposes of this study, descriptions of responses in Part II of the questionnaire have been designated as related to giving information, offering emotional support, nonverbal communication and listening.

Giving information:--

I.2: II.1: II.3: III.2: IX.1: X.3: XI.2: XI.3: XII.1:
XII.2: XII.3.

Emotional support:--

III.1: IV.1: IV.2: IV.3: V.1: V.2: V.3: VI.3: VII.2: VII.3:
VIII.1: VIII.2: VIII.3: IX.3: X.1: XI.1.

Nonverbal communication:--

I.1: III.3: VI.1: VI.2: IX.2: X.2.

Listening:--

I.3: II.2: VII.1.

APPENDIX D

RAW DATA

Number of Years of Nursing Service and Areas in
Which 15 Registered Nurses Work in Hospital A

Nurse	Number of Years	Area in Hospital
# 1	3	Med. Surg.
2	1½	Surgery
3	2	Hemodialysis
4	3	Medical
5	4½	Neuro.
6	4½	Ortho.
7	10	Admin.
8	*	*
9	*	*
10	5	Gyn.
11	1½	Obs.
12	1½	Ped.
13	20	Medical
14	8	Surgery
15	2	Emergency

Number of Years of Nursing Service and Areas in
Which 15 Registered Nurses Work in Hospital B

Nurse	Number of Years	Area in Hospital
#16	3	Surgical and Nursery
17	*	*
18	1½	Medical
19	3	Medical
20	10	Med. Surg.
21	15	Ortho.
22	6	Surgical
23	10	Intensive care
24	4	Ortho.
25	3	Ortho.
26	10	Med. Surg.
27	½	Medical
28	3	Surgery
29	6	Med. Surg.
30	5	Ortho.

*Information not given.

Number of Years in Nursing Service and Areas in
Which 13 Registered Nurses Work in Hospital C

Nurse	Number of Years	Area in Hospital
#31	1	Med. Surg.
32	2	Med. Surg.
33	10	Obs.
34	3	Med. Surg.
35	$\frac{1}{2}$	Medical
36	$\frac{3}{4}$	Obs.
37	12	Surgery
38	25	Med. Surg. and Peds.
39	2	Emergency and C.S.
40	17	Geriatrics
41	3	Med. Surg.
42	19	Med. Surg.
43	4	Surgery

Number of Years of Nursing Service and Areas in
Which 8 Registered Nurses Work in Hospital D

Nurse	Number of Years	Area in Hospital
#44	18	Med. Surg.
45	16	Emergency and C.S.
46	$1\frac{1}{2}$	Med. Surg.
47	16	Surgical
48	5	Medical
49	3	Surgical
50	9	Emergency and C.S.
51	*	Surgical

*Information not given.

Number of Years of Nursing Service and Areas in
Which 14 Registered Nurses Work in Hospital E

Nurse	Number of Years	Area in Hospital
#52	15	All areas
53	8	Med. Surg.
54	2	Ortho.
55	7	Medical
56	3½	Medical
57	4	Med. Surg.
58	10	Med. Surg.
59	10	Surgical
60	3	Med. Surg.
61	2½	Med. Surg.
62	5	Ortho.
63	5	Med. Surg.
64	25	Med. Surg.
65	*	*

Number of Years of Nursing Service and Areas in
Which 11 Registered Nurses Work in Hospital F

Nurse	Number of Years	Area in Hospital
#66	6	Obs.
67	1½	Supervisor
68	5	Medical
69	*	*
70	15	Surgery
71	*	*
72	3	Surgery
73	15	Medical
74	½	Surgical
75	1	Medical
76	6	Medical

*Information not given.

Number of Years of Nursing Service and Areas in
Which 6 Registered Nurses Work in Hospital G

Nurse	Number of Years	Area in Hospital
# 77	*	*
78	15	Med. Surg.
79	15	Admin.
80	4	Med. Surg.
81	7	Med. Surg.
82	3	Med. Surg.

Number of Years of Nursing Service and Areas in
Which 8 Registered Nurses Work in Hospital H

Nurse	Number of Years	Area in Hospital
# 83	12	Med. Surg.
84	4	Recovery Room
85	12	All areas
86	10	Surgery
87	*	*
88	2½	Med. Surg.
89	15	Surgery
90	*	*

Number of Years of Nursing Service and Areas in
Which 4 Registered Nurses Work in Hospital I

Nurse	Number of Years	Area in Hospital
# 91	½	Med. Surg.
92	½	All areas
93	½	Med. Surg.
94	½	All areas

*Information not given.

Part I. Statements of Communication Practices of 15 Registered Nurses in Hospital A. Items 1 - 20

Nurse	Items 1 - 10									
	1	2	3	4	5	6	7	8	9	10
Nurse # 1	a	a	a	b	a	a	b	a	c	a
2	a	a	a	a	a	a	a	a	c	a
3	a	a	a	a	a	a	a	a	a	a
4	a	a	a	a	a	a	a	a	a	a
5	a	a	a	a	a	a	a	a	b	a
6	c	c	c	a	a	a	c	c	c	a
7	a	a	a	a	a	a	b	a	b	a
8	c	a	a	a	a	a	c	a	*	a
9	a	b	a	c	a	a	a	a	a	a
10	a	a	a	a	a	a	a	c	a	a
11	a	a	a	a	a	a	a	a	c	a
12	a	a	a	a	a	a	a	a	c	a
13	a	ab	a	a	a	a	a	a	a	a
14	a	a	a	a	a	a	ab	c	c	a
15	a	a	a	a	a	a	b	a	c	a

Nurse	Items 11 - 20									
	11	12	13	14	15	16	17	18	19	20
Nurse # 1	a	a	a	a	a	a	a	a	a	a
2	a	a	a	a	a	a	a	a	a	a
3	a	a	a	a	a	a	a	a	a	a
4	a	a	a	a	a	a	a	a	a	a
5	a	b	a	a	a	a	a	a	a	a
6	a	a	a	a	a	b	a	b	c	c
7	a	a	a	a	a	a	a	a	b	a
8	a	a	a	a	a	a	a	c	c	a
9	a	a	a	a	a	a	a	a	c	a
10	a	c	a	a	a	a	a	a	c	a
11	a	a	a	a	a	a	a	a	c	a
12	a	a	a	a	a	a	a	a	a	a
13	a	a	a	c	a	a	a	ab	a	a
14	a	a	a	b	a	a	a	a	a	a
15	a	a	a	a	a	a	a	a	a	a

*Information not given.

Part I. Statements of Communication Practices of 15 Registered Nurses in Hospital B. Items 1 - 20

Nurse	Items 1 - 10									
	1	2	3	4	5	6	7	8	9	10
Nurse #16	a	a	a	a	a	a	a	a	a	a
17	a	c	c	c	a	c	*	c	c	a
18	a	a	a	a	a	a	a	a	c	a
19	a	a	b	b	a	a	a	a	c	a
20	a	a	a	a	a	a	a	a	a	a
21	a	a	*	a	a	a	c	a	a	a
22	a	a	a	a	a	a	a	a	c	a
23	b	a	a	b	a	a	a	a	a	a
24	a	a	a	a	b	a	a	a	a	a
25	a	a	a	a	a	a	a	a	b	a
26	a	a	a	b	a	a	b	a	a	a
27	a	a	a	a	a	a	a	a	a	a
28	a	a	a	a	a	a	a	a	c	a
29	a	a	a	a	a	a	a	a	a	a
30	a	a	a	a	a	a	a	a	c	a

Nurse	Items 11 - 20									
	11	12	13	14	15	16	17	18	19	20
Nurse #16	a	a	a	a	a	a	a	a	a	a
17	a	c	a	a	a	a	c	a	a	a
18	a	a	a	a	a	a	a	a	a	a
19	a	a	a	a	a	a	a	a	a	a
20	a	a	a	a	a	a	a	a	a	a
21	a	a	a	a	a	a	a	a	a	a
22	a	a	a	a	a	a	a	a	a	a
23	a	a	a	a	a	a	a	a	a	a
24	a	a	a	a	a	a	a	a	a	a
25	a	b	a	a	a	a	a	a	a	a
26	a	a	a	a	a	a	a	a	a	a
27	a	a	a	a	a	a	a	a	a	a
28	a	a	a	a	a	a	a	b	c	a
29	a	a	a	a	a	a	a	a	a	a
30	a	a	a	a	a	a	a	c	c	a

*Information not given.

Part I. Statements of Communication Practices of 13 Registered Nurses in Hospital C. Items 1 - 20

Nurse	Items 1 - 10									
	1	2	3	4	5	6	7	8	9	10
Nurse #31	a	a	a	a	a	a	a	a	a	a
32	a	a	a	a	a	a	a	a	a	a
33	b	a	a	a	a	c	a	a	c	a
34	a	a	a	a	a	a	a	a	c	a
35	a	a	a	a	a	a	a	a	b	a
36	a	a	a	b	a	a	b	a	b	a
37	a	a	a	a	a	a	a	a	a	a
38	a	a	a	a	a	a	a	a	a	a
39	a	a	a	a	a	a	a	a	b	a
40	a	a	a	a	b	a	b	b	c	a
41	a	a	b	a	a	a	a	a	a	a
42	*	*	*	*	*	a	a	a	a	a
43	a	a	a	a	*	a	a	a	a	a

Nurse	Items 11 - 20									
	11	12	13	14	15	16	17	18	19	20
Nurse #31	a	a	a	a	a	a	a	a	a	a
32	a	a	a	a	a	a	a	a	a	a
33	a	c	b	a	a	a	a	c	c	a
34	a	a	a	a	a	a	a	a	a	a
35	a	a	a	a	a	a	a	b	c	a
36	a	a	a	a	a	a	a	b	b	a
37	a	a	a	a	a	a	a	a	a	a
38	a	a	a	a	a	a	a	a	a	a
39	a	a	a	a	a	a	a	a	b	a
40	a	a	b	a	a	a	a	a	c	a
41	a	a	a	a	a	a	a	a	a	a
42	a	a	a	a	a	a	a	a	a	a
43	a	a	a	a	a	a	a	a	a	a

*Information not given.

Part I. Statements of Communication Practices of 14 Registered Nurses in Hospital E. Items 1 - 20

Nurse	Items 1 - 10									
	1	2	3	4	5	6	7	8	9	10
Nurse #52	c	a	a	a	a	a	a	a	c	a
53	a	a	a	b	a	a	a	a	b	a
54	c	a	a	a	a	a	a	a	a	a
55	a	a	b	c	a	a	a	c	c	a
56	a	a	a	a	a	a	a	a	a	a
57	a	a	c	a	c	a	a	a	c	a
58	c	a	a	a	a	a	a	a	a	a
59	a	a	a	a	a	a	a	a	a	a
60	a	a	a	a	a	a	a	a	a	a
61	a	a	ab	a	ab	a	b	a	a	a
62	a	a	a	a	a	a	a	a	a	a
63	a	a	a	a	ab	a	b	a	a	a
64	a	a	a	a	a	a	a	a	a	a
65	b	a	a	b	a	a	a	b	a	a

Nurse	Items 11 - 20									
	11	12	13	14	15	16	17	18	19	20
Nurse #52	a	b	a	a	a	a	a	c	c	a
53	a	a	a	a	a	a	a	b	b	a
54	a	a	a	a	a	a	a	a	a	a
55	a	b	a	a	a	a	a	a	c	a
56	a	a	a	a	a	a	a	a	c	a
57	a	b	a	a	a	b	a	c	c	c
58	a	a	a	a	a	a	a	a	a	a
59	a	a	a	a	a	a	a	a	a	a
60	a	a	a	a	a	a	a	a	a	a
61	a	a	a	b	a	a	a	b	a	a
62	a	a	a	a	a	a	a	a	a	a
63	a	a	a	a	a	a	a	*	a	a
64	a	a	a	a	a	a	a	a	a	a
65	a	a	a	a	a	a	a	a	a	b

*Information not given.

Part I. Statements of Communication Practices of 11 Registered Nurses in Hospital F. Items 1 - 20

Nurse	Items 1 - 10									
	1	2	3	4	5	6	7	8	9	10
Nurse #66	a	a	a	c	a	a	a	c	*	a
67	a	a	a	b	b	a	a	b	c	a
68	a	a	a	b	a	a	a	a	a	a
69	a	a	ab	ab	a	a	a	a	a	a
70	a	a	a	*	ab	a	a	*	a	a
71	a	a	a	a	a	a	a	b	a	a
72	a	a	a	b	a	a	a	b	a	a
73	a	a	a	a	a	a	a	a	a	a
74	a	a	c	a	a	a	a	a	a	a
75	a	a	a	a	a	a	a	a	c	a
76	a	a	*	a	a	a	a	a	a	a

Nurse	Items 11 - 20									
	11	12	13	14	15	16	17	18	19	20
Nurse #66	a	a	a	a	a	a	a	a	*	a
67	b	a	a	b	a	a	a	a	b	a
68	a	a	a	b	a	a	a	a	a	b
69	a	ab	a	a	a	a	a	a	a	a
70	ab	ab	ab	*	a	a	a	a	c	a
71	a	a	a	a	a	a	a	a	c	a
72	a	a	a	a	a	a	a	a	a	a
73	a	a	a	a	a	a	a	a	a	a
74	a	a	a	a	a	b	a	a	a	a
75	c	a	b	b	a	a	a	a	c	a
76	a	a	a	a	a	a	a	a	a	a

*Information not given.

Part I. Statements of Communication Practices of 6 Registered Nurses in Hospital G. Items 1 - 20

Nurse	Items 1 - 10									
	1	2	3	4	5	6	7	8	9	10
Nurse #77	a	a	a	b	a	a	a	a	a	a
78	a	a	a	a	a	a	c	a	b	a
79	a	a	a	a	a	a	a	a	a	a
80	a	a	a	a	a	a	a	a	a	a
81	a	a	a	a	a	a	a	a	a	a
82	a	a	c	a	a	a	b	a	a	a

Nurse	Items 11 - 20									
	11	12	13	14	15	16	17	18	19	20
Nurse #77	a	a	a	a	a	a	a	a	a	a
78	a	a	a	a	a	a	a	a	a	a
79	a	a	a	a	a	a	a	a	a	a
80	a	a	a	a	a	a	a	a	a	a
81	a	a	a	a	a	a	a	a	a	a
82	a	a	a	a	a	a	a	a	a	a

Part I. Statements of Communication Practices of 8 Registered Nurses in Hospital H. Items 1 - 20

Nurse	Items 1 - 10									
	1	2	3	4	5	6	7	8	9	10
Nurse #83	a	a	a	a	a	a	a	c	a	a
84	a	a	a	a	a	a	a	c	a	a
85	a	a	a	a	a	a	a	a	a	a
86	c	a	a	a	a	a	a	a	a	a
87	a	a	a	a	a	a	a	a	a	a
88	a	b	a	b	a	a	a	a	a	a
89	c	a	a	c	a	a	c	a	a	a
90	*	*	a	*	a	a	a	a	a	a

(Concluded on next page)

*Information not given.

Hospital H (concluded.)

Nurse	Items 11 - 20									
	11	12	13	14	15	16	17	18	19	20
Nurse #83	a	a	a	a	a	a	a	a	a	a
84	a	a	a	a	a	a	a	a	a	a
85	c	a	a	a	a	a	a	c	c	a
86	a	a	a	a	a	a	a	a	a	a
87	a	a	a	a	a	a	a	a	a	a
88	a	a	a	a	a	a	a	c	a	a
89	a	c	a	a	a	a	a	a	c	c
90	a	*	a	a	a	a	a	a	a	a

Part I. Statements of Communication Practices of 4 Registered Nurses in Hospital I. Items 1 - 20

Nurse	Items 1 - 10									
	1	2	3	4	5	6	7	8	9	10
Nurse #91	a	a	a	a	a	a	c	b	b	a
92	a	a	a	a	a	a	a	a	a	a
93	a	a	a	a	a	a	a	a	b	a
94	a	a	a	a	a	a	a	a	a	a

Nurse	Items 11 - 20									
	11	12	13	14	15	16	17	18	19	20
Nurse #91	a	b	a	a	a	a	a	b	a	a
92	a	a	a	a	a	a	a	a	a	a
93	a	a	a	a	a	a	a	a	a	a
94	a	a	a	a	a	a	a	a	a	a

*Information not given.

Part II. Correct Identification of Types of Nurse-Patient Communication
by 15 Registered Nurses in Hospital A. Items I - XII

Nurse	Items I - IV											
	I.1	2	3	II.1	2	3	III.1	2	3	IV.1	2	3
Nurse # 1	x	x	x		x		x	x	x	x	x	x
2	x	x	x	x	x	x	x	x	x	x	x	x
3	x	x	x		x		x	x	x	x	x	x
4	x	x	x	x	x	x	x	x	x	x	x	x
5	x	x	x	x	x	x			x	x	x	x
6	x	x	x	x	x	x	x	x	x	x	x	x
7	x	x	x		x		x	x	x	x	x	x
8	x	x	x	*	*	*	*	*	*	*	*	*
9		x	x	x					x	x	x	x
10	x	x	x	x	x	x	x	x	x	x	x	x
11		x	x		x		x	x	x	x	x	x
12	x	x	x		x		x	x	x	x	x	x
13	x	x	x		x		x	x	x	x	x	x
14	x	x	x		x		x	x	x	x	x	x
15	x	x	x		x		x	x	x	x	x	x

Nurse	Items V - VIII											
	V.1	2	3	VI.1	2	3	VII.1	2	3	VIII.1	2	3
Nurse # 1	x	x	x	x	x	x	x	x	x	x		
2	x	x	x	x	x	x	x	x	x	x	x	x
3	x	x	x	x	x	x	x	x	x	x	x	x
4	x	x	x	x	x	x	x	x	x	x	x	x
5					x	x	x	x	x	x		
6	x	x	x	x	x	x	x	x	x		x	
7	x	x	x	x	x	x	x	x	x			x
8	x	x	x	x	x	x	x	x	x	x	x	x
9		x				x	x	x	x	x		
10	x	x	x	x	x	x	x	x	x	x		
11	x	x	x		x	x	x	x	x	x		x
12	x	x	x	x	x	x	x	x	x	x	x	x
13	x	x	x	x	x	x	x	x	x			
14	x	x	x	x	x	x	x	x	x	x	x	x
15	x	x	x	x		x	x	x	x	x		

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*Information not given.

Part II
Hospital A (concluded.)

Nurse	Items IX - XII											
	IX.1	2	3	X.1	2	3	XI.1	2	3	XII.1	2	3
Nurse #1	x	x	x		x	x				x		
2	x	x	x			x					x	x
3	x	x	x		x	x		x	x	x	x	x
4	x	x	x		x	x	x				x	
5	x	x	x		x	x	x				x	x
6	x	x	x		x	x	x				x	x
7	x	x	x		x	x	x				x	x
8	x	x	x		x	x	x		x	x	x	x
9					x	x	x				x	x
10		x			x	x	x				x	
11		x	x		x	x	x		x	x	x	x
12	x	x	x		x	x	x				x	x
13	x	x	x		x	x	x				x	x
14	x	x	x		x	x	x		x	x	x	x
15		x			x	x	x				x	x

Part II. Correct Identification of Types of Nurse-Patient Communication
by 15 Registered Nurses in Hospital B. Items I-XII

Nurse	Items I - IV											
	I.1	2	3	II.1	2	3	III.1	2	3	IV.1	2	3
Nurse #16	x	x	x		x	x	x			x	x	x
17	x				x	x				x		x
18	x	x	x			x			x	x	x	x
19	x	x	x			x			x	x	x	x
20	x	x	x			x			x	x	x	x
21		x	x		x	x			x	x	x	x
22	x	x	x		x	x	x		x	x	x	x
23	x	x	x		*	*	*		*	*	*	*
24	x	x	x			x			x	x	x	x
25					x				x	x	x	x
26		x	x			x				x	x	x
27	x	x	x		x	x	x		x	x	x	x
28	x	x	x			x			x	x	x	x
29	x	x	x			x			x	x	x	x
30	x	x	x		x	x			x	x	x	x

(Concluded on next page)

*Information not given.

Part II
 Hospital B (concluded.)

Nurse	Items V - VIII									VIII.1	2	3	
	V.1	2	3	VI.1	2	3	VII.1	2	3				
Nurse #16		x	x		x	x	x		x	x	x		
17							x			x			
18	x	x	x		x	x	x		x	x	x	x	x
19	x	x	x		x	x	x		x	x	x	x	
20	x	x	x		x	x	x		x	x	x	x	x
21			x			x			x	x	x		
22	x	x	x		x	x	x		x	x	x		
23	x		x			x	x		x	x	x		
24	x	x	x		x	x	x		x	x	x		
25			x		x	x	x		x	x	x		
26					x	x	x		x	x	x		
27	x	x	x		x	x	x		x	x	x	x	x
28			x		x	x	x		x	x	x	x	x
29	x	x	x		x	x	x		x	x	x	x	x
30	x		x		x	x	x		x	x		x	x

Nurse	Items IX - XII									XII.1	2	3	
	IX.1	2	3	X.1	2	3	XI.1	2	3				
Nurse #16		x				x							x
17		x											
18		x			x		x			x			
19	x	x	x		x	x	x			x		x	x
20	x	x	x		x	x	x			x		x	x
21	x	x	x			x				x		x	x
22	x	x	x		x	x	x			x		x	x
23	x	x	x			x				x		x	x
24	x	x	x		x	x	x			x		x	x
25		x			x	x	x			x		x	x
26	x	x	x			x				x		x	x
27	x	x	x		x	x	x			x		x	x
28	x	x	x		x	x	x			x		x	x
29	x	x	x		x	x	x			x		x	x
30		x	x		x	x	x			x		x	x

Part II. Correct Identification of Types of Nurse-Patient Communication
by 13 Registered Nurses in Hospital C. Items I - XII

Nurse	Items I - IV											
	I.1	2	3	II.1	2	3	III.1	2	3	IV.1	2	3
Nurse #31	x	x	x		x	x	x		x	x		
32	x	x	x		x	x	x				x	x
33	x	x	x		x	x	x				x	x
34	x	x	x		x	x	x		x	x	x	x
35	x	x	x		x	x	x		x	x	x	x
36	x	x	x				x				x	x
37		x									x	x
38		x			x	x	x				x	x
39	x	x	x		x	x	x				x	x
40		x									x	x
41	x	x	x		x	x	x				x	x
42	x	x	x		x	x	x		x	x	x	x
43	x	x	x		x	x	x		x	x	x	x

Nurse	Items V - VIII											
	V.1	2	3	VI.1	2	3	VII.1	2	3	VIII.1	2	3
Nurse #31			x		x	x	x		x	x		
32	x	x	x		x	x	x		x	x	x	
33	x	x	x		x	x	x		x	x	x	
34	x	x	x		x	x	x		x	x	x	
35	x	x	x		x	x	x		x	x	x	
36	x	x	x		x	x	x		x	x	x	
37	x	x	x				x					
38	x	x	x		x	x	x		x	x	x	
39	x	x	x		x	x	x		x			
40	x	x	x		x	x	x		x	x	x	
41	x	x	x		x	x	x		x	x	x	
42	x	x	x		x	x	x		x	x	x	
43	x	x	x		x	x	x		x	x	x	

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Part II
Hospital C (concluded.)

Nurse	Items IX - XII											
	IX.1	2	3	X.1	2	3	XI.1	2	3	XII.1	2	3
Nurse #31	x	x	x	x	x	x	x	x		x	x	x
32	x	x	x	x	x	x			x	x	x	x
33	x	x	x	x	x	x	x	x	x	x	x	x
34	x	x	x	x	x	x	x	x	x	x	x	x
35	x	x	x	x	x	x	x	x	x	x	x	x
36	x	x	x			x			x	x	x	x
37		x			x				x	x	x	x
38		x		x	x	x			x	x	x	x
39	x	x	x	x	x	x			x	x	x	x
40		x			x				x	x	x	x
41	x	x	x	x	x	x	x	x	x	x	x	x
42	x	x	x	x	x	x			x	x	x	x
43	x	x	x	x	x	x	x	x	x	x	x	x

Part II. Correct Identification of Types of Nurse-Patient Communication
by 8 Registered Nurses in Hospital D. Items I - XII

Nurse	Items I - IV											
	I.1	2	3	II.1	2	3	III.1	2	3	IV.1	2	3
Nurse #44	x	x	x	x	x	x	x	x	x	x	x	x
45	x	x	x	x	x		x	x	x	x	x	x
46	x	x	x		x		x	x	x	x	x	x
47	x	x	x		x		x	x	x	x	x	x
48	x	x	x	x	x		x	x	x	x	x	x
49	x	x	x	x	x	x	x	x	x	x	x	x
50	x	x	x		x		x	x	x	x	x	x
51	x	x	x	x	x	x	x	x	x	x	x	x

Nurses	Items V - VIII											
	V.1	2	3	VI.1	2	3	VII.1	2	3	VIII.1	2	3
Nurse #44	x	x	x	x	x	x	x	x	x	x	x	x
45	x	x	x	x	x	x	x	x	x	x		
46	x	x	x	x	x	x	x	x	x	x		
47	x	x	x	x	x	x	x	x	x			x
48	x	x	x		x	x	x	x	x	x	x	x
49	x	x	x	x	x	x	x	x	x	x		
50	x	x	x	x	x	x	x	x	x	x		
51	x	x	x	x	x	x	x	x	x	x		

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Part II
Hospital D (concluded.)

Nurse	Items IX - XII											
	IX.1	2	3	X.1	2	3	XI.1	2	3	XII.1	2	3
Nurse #44	x	x	x		x	x	x	x	x	x	x	x
45	x	x	x	x	x	x	x	x	x	x	x	x
46	x	x	x	x	x	x	x	x	x	x	x	x
47	x	x	x	x	x	x	x	x			x	
48		x	x	x	x				x		x	x
49	x	x	x	x	x	x			x		x	x
50	x	x	x	x	x	x			x		x	x
51	x	x	x	x	x	x					x	x

Part II. Correct Identification of Types of Nurse-Patient Communication
by 14 Registered Nurses in Hospital E. Items I - XII

Nurse	Items I - IV											
	I.1	2	3	II.1	2	3	III.1	2	3	IV.1	2	3
Nurse #52	x	x	x		x		x	x	x	x	x	x
53	x	x	x	x	x	x	x	x	x	x	x	x
54	x	x	x		x		x	x	x	x	x	x
55	x	x	x		x		x	x	x	x	x	x
56	x	x	x		x		x	x	x	x	x	x
57	x	x	x		x		x	x	x	x	x	x
58		x	x	x	x	x	x	x	x	x	x	x
59	x	x	x		x				x	x	x	x
60		x	x	x	x				x	x	x	x
61			x		x		x	x	x	x	x	x
62	x	x	x	x	x	x	x	x	x	x	x	x
63	x	x	x		x		x	x	x	x	x	x
64	x	x	x		x		x	x	x	x	x	x
65				x						x	x	x

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Part II
Hospital E (concluded.)

Nurse	Items V - VIII											
	V.1	2	3	VI.1	2	3	VII.1	2	3	VIII.1	2	3
Nurse #52				x	x	x	x	x	x			x
53	x	x	x	x	x	x	x	x	x			x
54	x	x	x	x	x	x	x	x	x	x		
55	x	x	x	x	x	x	x	x	x	x		
56		x		x	x	x	x	x	x	x		
57				x	x	x	x	x	x	x	x	x
58	x		x	x		x	x	x	x	x		
59	x	x	x			x	x	x	x			x
60			x		x	x	x	x	x			x
61	x	x	x	x	x	x	x	x	x	x		
62	x	x	x	x	x	x	x	x	x	x		x
63	x	x	x	x	x	x	x	x	x	x	x	x
64	x	x	x	x	x	x	x	x	x	x	x	x
65						x		x		x	x	

Nurse	Items IX - XII											
	IX.1	2	3	X.1	2	3	XI.1	2	3	XII.1	2	3
Nurse #52		x		x	x	x	x	x	x	x	x	x
53	x	x	x	x	x	x			x		x	
54	x	x	x	x	x	x	x	x	x		x	
55	x	x	x	x	x	x			x		x	
56	x	x	x	x	x	x	x	x	x		x	
57		x					x	x	x	x	x	
58						x		x	x	x	x	
59		x	x			x			x		x	
60	x	x	x	x	x	x			x	x	x	x
61	x	x	x	x	x	x	x	x	x	x	x	x
62	x	x	x	x	x	x			x	x	x	x
63	x	x	x		x	x	x	x	x	x	x	x
64		x	x	x	x	x			x	x	x	
65			x	x		x		x		x		

Part II. Correct Identification of Types of Nurse-Patient Communication
by 11 Registered Nurses in Hospital F. Items I - XII

Nurse	Items I - IV											
	I.1	2	3	II.1	2	3	III.1	2	3	IV.1	2	3
Nurse #66	x	x	x		x		x	x	x	x	x	x
67	x	x	x		x		x	x	x	x	x	x
68	x	x	x	x	x	x	x	x	x	x	x	x
69	x	x	x		x		x	x	x	x	x	x
70	x	x	x		x		x	x	x	x	x	x
71	x	x	x	x	x		x	x	x	x	x	x
72			x		x		x	x	x	x	x	x
73	x	x	x	x	x	x	x	x	x	x	x	x
74	x	x	x		x		x	x	x	x	x	x
75	x	x	x		x		x	x	x	x	x	x
76	x	x	x		x		x	x	x	x	x	x

Nurse	Items V - VIII											
	V.1	2	3	VI.1	2	3	VII.1	2	3	VIII.1	2	3
Nurse #66	x	x	x	x	x	x	x	x	x			
67	x	x	x	x	x	x	x	x	x	x		
68	x	x	x	x	x	x	x	x	x	x		
69	x	x	x	x	x	x	x	x	x	x	x	x
70	x		x	x	x	x	x	x	x	x	x	x
71	x	x	x		x	x	x	x	x			x
72	x	x	x	x	x	x	x	x	x	x		
73	x	x	x	x	x	x	x	x	x	x	x	x
74	x	x	x	x	x	x	x	x	x	x	x	x
75			x	x	x	x	x	x	x	x		
76	x	x	x	x	x	x	x	x	x	x	x	x

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Part II
Hospital F (concluded.)

Nurse	Items IX - XII												
	IX.1	2	3	X.1	2	3	XI.1	2	3	XII.1	2	4	
Nurse #66	x	x	x		x		x	x	x		x	x	x
67		x		x	x	x				x	x		x
68	x	x	x	x	x	x	x	x	x		x	x	x
69	x	x	x	x	x	x	x	x	x		x	x	x
70	x	x	x	x	x	x	x	x	x		x	x	x
71	x	x	x	x	x	x	x	x	x		x	x	x
72	x	x	x	x	x	x							x
73	x	x	x	x	x	x	x	x	x		x	x	x
74	x	x	x	x	x	x	x	x	x		x	x	x
75	x	x	x		x		x	x	x		x	x	x
76	x	x	x	x	x	x	x	x	x		x	x	x

Part II. Correct Identification of Types of Nurse-Patient Communication
by Registered Nurses in Hospital G. Items I - XII

Nurse	Items I - IV												
	I.1	2	3	II.1	2	3	III.1	2	3	IV.1	2	3	
Nurse #77		x		x						x			
78	x	x	x	x	x	x				x	x	x	
79	x	x		x	x	x				x	x	x	
80	x	x	x	x	x	x				x	x		
81	x	x	x	x	x	x				x	x	x	
82		x		x	x	x	x	x	x	x	x	x	

Nurses	Items V - VIII												
	V.1	2	3	VI.1	2	3	VII.1	2	3	VIII.1	2	3	
Nurse #77			x		x		x	x	x				
78	x	x	x	x	x	x	x	x	x	x			
79	x	x	x	x	x	x	x	x	x	x	x	x	
80	x	x	x	x	x	x	x	x	x	x	x	x	
81			x	x	x	x	x	x	x				
82	x	x	x	x	x	x	x	x	x	x			

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Part II
Hospital G (concluded.)

Nurse	Items IX - XII											
	IX.1	2	3	X.1	2	3	XI.1	2	3	XII.1	2	3
Nurse #77		x		x					x	x	x	x
78	x	x	x	x	x	x			x	x	x	x
79	x	x		x	x	x			x		x	x
80	x	x	x	x	x	x			x	x	x	x
81	x	x	x	x	x	x	x	x	x	x	x	x
82		x		x	x	x	x	x	x	x	x	x

Part II. Correct Identification of Types of Nurse-Patient Communication
by 8 Registered Nurses in Hospital H. Items I - XII

Nurse	Items I - IV											
	I.1	2	3	II.1	2	3	III.1	2	3	IV.1	2	3
Nurse #83	x	x	x	x	x	x	x	x	x	x	x	x
84	x	x	x	x	x	x	x	x	x	x	x	x
85	x	x	x		x		x	x	x	x	x	x
86	x	x	x		x		x	x	x	x	x	x
87			x		x	x	x	x	x	x	x	x
88	x	x	x		x		x	x	x	x	x	x
89	x	x	x		x		x	x	x	x	x	x
90	x	x	x	x	x		x	x	x	x	x	x

Nurse	Items V - VIII											
	V.1	2	3	VI.1	2	3	VII.1	2	3	VIII.1	2	3
Nurse #83	x	x	x	x	x	x	x	x	x			
84	x	x	x	x	x	x	x	x	x			
85	x	x	x	x	x	x	x	x	x	x	x	x
86	x	x	x	x	x	x	x	x	x	x	x	x
87			x		x		x	x	x			x
88	x	x	x	x	x	x	x	x	x	x	x	x
89	x	x	x	x	x	x	x	x	x	x	x	x
90		x	x	x	x	x	x	x	x	x		

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Page II
Hospital H (concluded.)

Nurse	Items IX - XII											
	IX.1	2	3	X.1	2	3	XI.1	2	3	XII.1	2	3
Nurse #83						x	x	x		x	x	x
84	x	x	x	x	x	x	x	x		x	x	x
85	x	x	x	x	x	x	x	x		x	x	x
86	x	x	x	x	x	x	x	x		x	x	x
87		x	x		x					x		
88	x	x	x	x	x	x				x		
89	x	x	x		x	x	x	x		x	x	x
90		x	x	x	x	x				x	x	x

Part II. Correct Identification of Types of Nurse-Patient Communication
by 4 Registered Nurses in Hospital I. Items I - XII

Nurse	Items I - IV											
	I.1	2	3	II.1	2	3	III.1	2	3	IV.1	2	3
Nurse #91	x	x	x		x		x	x	x	x	x	x
92	x	x	x		x		x	x	x	x	x	x
93		x	x		x		x	x	x	x	x	x
94	x	x	x	x	x		x	x	x	x	x	x

Nurse	Items V - VIII											
	V.1	2	3	VI.1	2	3	VII.1	2	3	VIII.1	2	3
Nurse #91	x	x	x	x	x	x	x	x	x	x	x	x
92	x	x	x	x	x	x	x	x	x	x	x	x
93	x	x	x	x	x	x	x	x	x	x	x	x
94	x	x	x	x	x	x	x	x	x	x		

Nurse	Items IX - XII											
	IX.1	2	3	X.1	2	3	XI.1	2	3	XII.1	2	3
Nurse #91	x	x	x	x	x	x			x	x	x	x
92	x	x	x	x	x	x			x	x	x	x
93	x	x	x	x	x	x			x		x	
94	x	x	x	x	x	x			x	x	x	x

Typed by:

Ruth S. Laheney

AN ABSTRACT OF THE THESIS OF

Doris L. Schindler

for the Master of Science in Nursing Education.

Date of receiving this degree: June 9, 1966.

Title: A Study of Statements of Communication Practices
and Identification of Types of Nurse-Patient
Communication by Ninety Four Registered Nurses
in Nine Selected Hospitals.

Approved: 

(Professor in Charge of thesis)

THE PROBLEM

A survey of the literature of recent years shows an increasing awareness of the need for skill in communication if the modern nurse is to meet the demands of her role. Some functions of the professional nurse probably can be carried out only through verbal and nonverbal communication. Demands for nursing interaction are not constant and various nursing situations make different demands. These demands could vary on different wards, with different patients and with the same patient at different times.

A nurse's communication patterns should be related to her success in the nursing role and it is important to investigate these patterns. This study was undertaken to determine what nurses stated their practices to be in communicating with patients and their ability to identify different types of nurse-patient communication.

DESCRIPTION OF PROCEDURE

The data were collected by questionnaires filled out by 94 registered nurses in nine randomly selected hospitals located within a 50 mile radius of Portland.

The questionnaire consisted of two parts. Part I contained 20 statements of communication practices related to the giving of information, offering emotional support, nonverbal communication and listening. The participant was asked to indicate if she had used each of the practices and whether they had been effective or ineffective, or if these practices had not been tried. Part II contained 12 situations involving a patient and a

nurse. Three responses that the nurse might make followed each situation, and these responses were to be matched to descriptions of the responses. Descriptions and responses were related to the four areas of nurse-patient communication of Part I.

In tabulation and analysis of the data the nurses were assigned to categories according to length of nursing service and employment areas in the hospitals. The numbers of stated effective communication practices and the number of correctly identified responses were converted into percentages. Chi-squares were done to prove or disprove any significant differences between the two sets of percentages.

SUMMARY OF RESULTS

On the basis of the information obtained from the questionnaires, for the nurses in this study the following conclusions were drawn:

1. The statements in Part I of the questionnaire with which there was least agreement regarding their efficacy suggest that the nurses in this study tend to state that refraining from offering false reassurance and stating one's own opinions and ideas were not effective communication practices.
2. The incorrect identification of responses in Part II of the questionnaire suggests that for the nurses in this study there is some rejection of negative feelings and expressions and some degree of insensitivity to covert nursing problems.
3. The significant differences found between the percentage of stated effective communication practices and the percentage of correctly identified responses suggests that some of the nurses

in this study may have been indicating socially accepted communication practices rather than those with which they were familiar.

4. Differences between the percentage of stated effective communication practices and the percentage of correctly identified responses were not affected by the variable of length of nursing service but were affected by the variable of employment areas. A recent study assumed that various nursing situations make different interaction demands. It is inferred that the effect of the variable of employment areas may be a function of nursing interaction demands in different nursing situations.

RECOMMENDATIONS FOR FURTHER STUDIES

Based on the findings of this study it is recommended that the following studies be made:

1. A similar study that included a group of nurses employed in pediatrics, admitting and other areas not included in this study.
2. A similar study between two groups of aides, one of which was from a general hospital and the other from a psychiatric hospital where sensitization to nurse-patient communication might have occurred.
3. A similar study using an instrument devised to give an interval scale measurement in order that correlations might be computed.
4. A similar study using observations of nurse-patient communication in place of a questionnaire.