

Assessment of Nursing Student's Attitude towards Learning Communication Skills in College of Nursing Muzaffar Garh

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ABSTRACT

Background: Communication skills among nurses are not only essential for safety of patients, well-being and health but also important in provision of quality healthcare services. Advanced courses regarding communication skills are offered after mid of the professional training and education of nurses. There are six important features of nursing communication skills including understanding of patient's needs and conditions, emotional states, social health determinants, tracking variations in care, identifying special needs and advocacy of patient.

Objectives: Aim of present study was to evaluate the behaviours of student nurses to acquire communication skills and to recognize the associated factors which empower attitudes towards seeking communication skills including level of study, age, formal training and exposure/non-exposure of related subject.

Methods: Present study was undertaken in Department of Nursing, The University of Lahore in collaboration with District Head Quarter (DHQ) Hospital Muzaffar Garh from January 2020 to April 2020. After taking the permissions and informed consent from each participant a pre-designed questionnaire was used to collect the demographic information like gender, age and average Grade Points (GPA).

Results: A total of 168 nurses were included in this study comprising of 108 (64.3%) in Non-exposed to communication subject while 60 (35.7%) belonged to exposed group. An overall mean age of nurses remained to be 18.46 ± 1.09 years. Average grade points of the students in their latest examination were also noted and found to be a mean GPA of 3.26 ± 0.27 . Highest mean score of 3.68 ± 1.0 was obtained by question asking about the positive effect of communication skills familiarizing team work.

Conclusion: Students in higher classes and exposed to the subject of communication skills are more aware of the importance, learning and benefits of the subject as compared to the non-exposed students. Further this study has a beneficial effect on both groups which enhanced the positivity in exposed group and curiosity to learn these skills among non-exposed group of nursing students.

Keywords: Learning communication skills; Literature review; Hypothesis; Sampling technique; Relationship Building skills

INTRODUCTION

Communication skills among nurses are not only essential for safety of patients, well-being and health but also important in provision of quality healthcare services. Being a centre for

patients' care, responsibility of nurses also includes facilitation to dialog with patients. Nurses have shouldered more complex responsibilities and provide care to more vulnerable populations of the society therefore need to improve communication skills with the passage of time and demands. According to a report

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based on five years data in United States exposed 1744 deaths of patients linked to communication failures (STAT. 2016).

Communication skills are very much important in profession of nursing and vital in talking people bearing various personalities. Advanced courses regarding communication skills are offered after mid of the professional training and education of nurses [1]. Every person is not necessary to be a natural communicator whereas an additional insights and training could be beneficial for best communicators also. Nurses and patients have variety of important clinical, psychological or emotional concerns thus made training on communication skills as an important part of curricula.

There are six important features of nursing communication skills including understanding of patient's needs and conditions, emotional states, social health determinants, tracking variations in care, identifying special needs and advocacy of patient [2]. In this scenario communication may be described as alteration of information, feelings and thoughts amongst societies utilizing dialogue or other resources. Health related practice encompasses to communicate orally with public health representatives and nurses on a side and patient or an attendant on the other side makes it a bidirectional process. Normally patients share their concerns and fear the nurses which help them to make right diagnostic decision or valid therapeutic measure. Thus on the basis of information the nurse transmits relevant info to the physicians which helps in rehabilitation planning and treatment plan [3].

Understanding of patient only on the other hand is not sufficient but transmission of appropriate message in an acceptable manner is also of great importance. Though, the process of communication reflects the knowledge of healthcare staff in terms of individual capabilities, feelings and thinking [4]. For achieving successful communication skills a nurse has to study it in the manners of interpersonal relations by obtaining special courses with placements. Nurses need to seek numeral aspects and methods of communications in different fields of nursing specialties [5].

Communication guides in accuracy of performance, easy and consistent nursing practice, ensuring protection of healthcare staff and satisfaction of the patient simultaneously. Where in case, healthcare professionals are untrained in communication aids, must face plenty of challenges in separation of job from their domestic life which ultimately tends to transfer issues from one place to other instead of solution [6]. Communication has been considered as an intrinsic phenomenon of humanoid nature with which none could communicate. It has values and contents which regards to whatever was said, at the same time as association regards as in what way it was said. The type of relationship rests on communication sequence of both parties to describe the understanding [7].

Communication is not a unidirectional phenomenon but an interaction where receiver turns to sender and vice versa in no time.

Inability to distinguish two-way communication proficiency may result in getting negative perceptions or attitudes [8]. Thus message received may not be the same as message was sent as individual factors subject to perception of receiver's ability to decode the message. Conclusively, the process of aggregation and feedback creates communication where one cannot interpret a talk in its actual manner but decode it as accorded to own codes [9].

In other words communication is necessary in making trustworthy and understanding to identify and regulate patient desires or demands. Similarly the process of nursing is learning a scientific model being used in medical practices that could be achieved by specific skills, interpersonal atmosphere and endorsement during vocal communication [10].

In present context it may be agreed to emphasis on the significance of nurse-patient communication and needfulness of inclusion of communication skills in nursing education [11].

LITERATURE REVIEW

Nurses are considered assistants to the physicians in any healthcare settings and act as a bond between physician and patients posed an indistinguishable importance of learning communication skills. King Saud Bin Abdul-Aziz University of Health Sciences with the objectives as "Student nurses must be enabled to communicate effectively with communities, groups, families and individuals". It became significant in this regard to assess the behaviour of nurses in the direction of seeking communication skills in respect to their level of study, grade point averages and ages [12].

A good communication skill makes backbone of medical profession over which many areas of healthcare rely like patient's first interview, counselling, explanation of treatment options, curious about related problems and follow up in treatment etc. Since, good communication helps in proper explanations about risks, handling accidental cases, possible outcomes of surgeries, obtaining informed consents and many other areas of patient care [13].

On the other hand traditional medical education teaches theoretic and empirical learning of diseases procedures and provides instructions about modalities in treatment and diagnostics whereas communication skills lag behind attaining less attention as needed [14]. Good counselling and communication skills are greatly important to teach and be practiced to enhance clinical practices of not only nurses but also other categories involved in healthcare profession [15].

A model of effective communication has been proposed by New York University Langone Health in their program for medical education innovations and research. A series of specific tasks has been projected as in a medical interview to observe the skills among learners as show

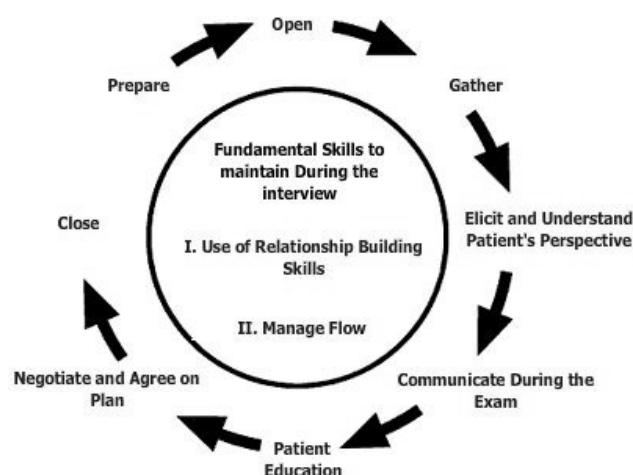


Figure 1: Effective Communication Model

A more complicated model of healthcare communication has been proposed by REDE based on conceptual framework for educating and assessing associated communication. In this model REDE binds associated powers by arranging rich database of experimentally authenticated communication skills in 3 primary phases of association; engagement, establishment and development as depicted in Figure 2. Certain models for communication in healthcare exist which looked to be help in preparation of REDE which make it significant for implications with advancement in clinical practices. Primarily REDE model provides information and transformation of users occur due to different challenges allow them to find their own conventions and take the patients' opinion prior to provide services. Secondly, they found many popular clinicians performing numerous interviews with insensible communication skills. Thirdly, REDE model personifies communication skills in separate boxes as tools made it user friendly.

Healthier communication amongst physician and patients enhances confidence, increases compliance, decreases mishaps or mistakes, thus to minimize malpractices. Once knowledge of surgery, medicine or clinical wisdom is dexterity of medical profession at one side, the fine arts of professionalism are communication skills on the other side and both combine to make good medical practices. An expert model panel of Association of American Medical College recognized seven mechanisms considering important for encounters among patients and clinicians which may be taught to students of healthcare profession although training programs of communication utilizing an agenda of Calgary-Cambridge model of patient interview.

Objectives

Aim of present study was to evaluate the behaviours of student nurses to acquire communication skills and to recognize the associated factors which empower attitudes towards seeking communication skills including level of study, age, formal training and exposure/non-exposure of related subject.

Significance of the study

A significant beneficence of communication skills among healthcare professionals have been discussed above. All nurses in this regard must be demonstrated the aptitude of interpersonal and communication skills along other disciplines of healthcare for patient centered quality care services. A scarce work in this regard is found to be done in Pakistan and there is great significance of documentation of nursing communication and competencies during studies.

Problem statement

There are various misapprehensions about learning communications to healthcare professional students, as few consider it non-teachable skill while others of the opinion that skills learned during studies become fade over the time. Most of the professionals think communication improves with the experience whilst these skills require a proper faculty and learners to hold self-consciousness, readiness to be reflective and interpersonal sensitivity. Therefore, it is necessary to assess the attitudes towards seeking communication skills among nursing students during their trainings.

Hypothesis

Students are reluctant to enrol in communication skill course as it is new whilst students exposed to this subject exhibit an enhanced skill as compared to non-exposed students.

Methodology

Study design

Cross Sectional Survey

Study settings

Present study was undertaken in Department of Nursing, The University Of Lahore in collaboration with District Head Quarter (DHQ) Hospital Muzaffar Garh from January 2020 to April 2020.

Sample size

All the students enrolled in School of Nursing DHQ Hospital Muzaffar garh in each class was study population in this study according to the rule of censes coverage rule of statistics which explains the goals of maximum coverage of the frame to acquire determined measures of the study.

Sampling technique

Non-probability convenient sampling technique

Inclusion criteria

All the students enrolled in School of Nursing, DHQ Hospital Muzaffar Garh

Exclusion criteria

Internes and all other healthcare staff will be excluded from this study.

Procedure

After taking the permission from institutional review board, permission from the administration of nursing school was obtained to conduct this study. Informed consent from each participant was also obtained by clear mentioning that the credentials of each participant are secured while each participant keeps the right to withdraw from study at any level. Purposive convenient sampling was done where students in the beginning are not exposed to communication skill studies while students after completing half degree find the opportunity to take course of communication skills. Since the courses are offered in the mid sessions of degree after completion of two year studies therefore attitudes before and after the exposure to subjects could be noted.

A pre-designed questionnaire was used to collect the demographic information like gender, age and Average Grade Points (GPA). Questionnaire adopted the Communication Skills Attitude Scale (CSAS). It was subsequently used by other authors with some modifications. As the system used the grading system from 1-5 as score 1 is presenting “strongly disagree” while “disagree”, “Neutral”, “Agree” and “Strongly agree” are depicted by 2,3,4 and 5 respectively. All negative questions in original CSAS were arranged reversely to get actual indications of positive attitudes towards communication skills. Further modifications used in another study. After pilot work was also inducted in the questionnaire (Attached as Annexure).

Data was collected in the class rooms where each class was explained the purpose of the study and questionnaires were distributed which were returned by the students in 15-20 minutes after distribution.

Data analysis

Data was entered and analysed by using latest version of Statistical Package for Social Sciences (SPSS). Qualitative variables like gender, sector, designation; education and working experience etc. were presented as frequency and percentage while quantitative variables including age and questions of SAQ were presented as mean ± Standard Deviation (SD). Students were grouped as non-exposed and exposed to communication skill subject. Student’s t-test was applied to compare the mean ± SD of both groups in the questions while p-value ≤0.05 was considered as significant. Five degree questionnaire was qualitatively adjusted to disagreement, equivocal and agreement to find the overall frequency and percentage and comparison of non-exposed and exposed groups.

RESULTS

A total of 168 nurses were included in this study comprising of 108 (64.3%) in Non-exposed to communication subject while 60 (35.7%) belonged to exposed group as shown in (Figure 2). An

overall mean age of nurses remained to be 18.46 ± 1.09 years where non-exposed group had a lower mean age of 17.94 ± 0.85 years as compared to 19.40 ± 0.81 years of exposed group. Average grade points of the students in their latest examination were also noted and found to be a mean GPA of 3.26 ± 0.27 while non-exposed group had a little batter GAP of 3.31 ± 0.30 as compared to exposed group presenting 3.17 ± 0.19 in this study.

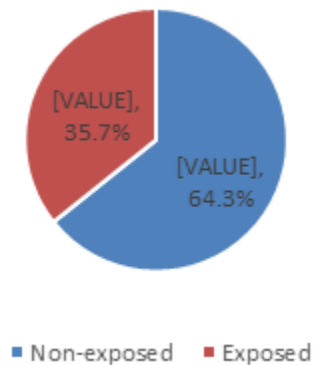


Figure 2: Exposure to Communication Skill Studies

Skill attitude questionnaire was analyzed and mean±Standard Deviation (SD) of the responses for each question and mean ±SD of total score obtained from participants was calculated and presented in Table I. Highest mean score of 3.68±1.0 was obtained by question asking about the positive effect of communication skills familiarizing team work. A lowest means scores of 1.75 ± 0.69 and 1.75±0.99 were obtained from questions “I don’t see that I need to learn communication skills” and “nobody is going to fail their nursing degree for having poor communication skills” respectively.

Questions	Mean	St. Dev.
Average Grade Points of Previous Study Results	3.26	0.27
In order to be a good nurse I must have good CS*.	3.36	0.86
I don't see that I need to learn CS*.	1.75	0.69
Nobody is going to fail their nursing degree for having poor CS*.	1.75	0.99
Developing my CS* is just as important as developing my knowledge of nursing.	3	1.11
Learning CS* has helped or will help me respect patients.	3.46	1.05

I haven't got time to learn CS*.	2.43	0.91
Learning CS* is interesting.	3.39	0.94
It's too much to attend classes on CS*.	2.71	1
Learning CS* has helped or will help facilitate my team working skills.	3.68	1
Learning CS* has or will improve my ability to communicate with patients.	3.07	1.34
Learning CS* is fun.	3.14	1.03
Learning CS* is too easy.	3	0.93
I find it difficult to trust information about CS* given to me by non-clinical lecturers.	2.18	0.76
Learning CS* has helped or will help me recognize patients' rights regarding confidentiality and informed consent.	3.11	1.3
CS* teaching would have a better image if it sounded more like a science subject.	3.18	1.04
When applying for nursing, I thought it was a really good idea to learn CS*.	3.07	1.34
I don't need good CS* to be a nurse.	2.14	1.13
I don't like to show that I have problems in CS*.	2.46	1.02
I think it's really useful learning CS* on the nursing degree.	3.29	1.19
My ability to pass exams will get me through nursing school rather than my	2.93	1.04

ability to communicate.		
Learning CS* is applicable to learning Nursing.	3.14	1.33
I find it difficult to take CS* learning seriously.	2.5	1.15
Learning CS* is important because my ability to communicate is a lifelong skill.	3.04	1.24
CS* learning should be left to psychology students, not nursing student.	2.5	1.3
Learning CS* has helped or will help me respect my colleagues	3.14	1.44
Total Score	71.43	7.49

*Communication skills. 1= Strongly Disagree, 2= Disagree, 3= Occasionally/Equivocal, 4=Agree, 5= Strongly Agree

Table 1: Outcome of Skill Attitude Questionnaire

Question	Exposure Category				p-value
	Non-exposed		Exposed		
	Mean	St. Dev.	Mean	St. Dev.	
Average Grade Points of Previous Study Results	3.31	0.30	3.17	0.19	0.002
In order to be a good nurse I must have good CS*.	3.00	0.67	4.00	0.78	0.000
I don't see that I need to learn CS*.	1.89	0.66	1.50	0.68	0.001
Nobody is going to fail their	1.61	0.83	2.00	1.19	0.014

nursing degree for having poor CS*.						Learning CS* is too easy.	2.67	0.89	3.60	0.67	0.000
Developing my CS* is just as important as developing my knowledge of nursing.	2.39	0.76	4.10	0.71	0.000	I find it difficult to trust information about CS* given to me by non-clinical lecturers.	2.17	0.69	2.20	0.88	0.822
Learning CS* has helped or will help me respect patients.	3.11	0.94	4.10	0.95	0.000	Learning CS* has helped or will help me recognize patients' rights regarding confidentiality and informed consent.	2.61	1.07	4.00	1.19	0.000
I haven't got time to learn CS*.	2.56	0.84	2.20	0.99	0.014	CS* teaching would have a better image if it sounded more like a science subject.	3.06	0.92	3.40	1.21	0.043
Learning CS* is interesting.	3.22	0.92	3.70	0.91	0.002	When applying for nursing, I thought it was a really good idea to learn CS*.	3.06	1.27	3.10	1.46	0.86
It's too much to attend classes on CS*.	2.94	1.03	2.30	0.79	0.000	I don't need good CS* to be a nurse.	2.33	1.21	1.80	0.88	0.004
Learning CS* has helped or will help facilitate my team working skills.	3.50	1.12	4.00	0.64	0.002	I don't like to show that I have problems in CS*.	2.56	1.07	2.30	0.91	0.114
Learning CS* has or will improve my ability to communicate with patients.	2.50	1.17	4.10	0.95	0.000						
Learning CS* is fun.	3.17	0.69	3.10	1.46	0.68						

I think it's really useful learning CS* on the nursing degree.	3.06	1.32	3.70	0.79	0.001
My ability to pass exams will get me through nursing school rather than my ability to communicate.	2.72	1.10	3.30	0.79	0.001
Learning CS* is applicable to learning Nursing.	2.94	1.36	3.50	1.21	0.009
I find it difficult to take CS* learning seriously.	2.56	1.07	2.40	1.29	0.390
Learning CS* is important because my ability to communicate is a lifelong skill.	2.89	1.29	3.30	1.11	0.040
CS* learning should be left to psychology students, not nursing student.	2.39	1.21	2.70	1.43	0.138
Learning CS* has helped or will help me	3.06	1.52	3.30	1.28	0.302

respect my colleagues					
Total Score	67.94	5.67	77.70	6.20	0.000

Table 2: Comparison of SAQ outcomes among exposed and non-exposed groups

Outcomes of QAS were compared among non-exposed and exposed to communication skills and t-test was applied to find the difference while a p-value ≤ 0.05 was considered significant in this study. Out of total 25 questions, responses of 18 (72.0%) non-exposed group found to have significant difference as compared to exposed group whereas seven questions including Learning communication skills is fun, I find it difficult to trust information about communication skills given to me by non-clinical lecturers, I find it difficult to trust information about communication skills given to me by non-clinical lecturers, I don't like to show that I have problems in communication skills, I find it difficult to take communication skills learning seriously, communication skills learning should be left to psychology students not nursing student and Learning communication skills has helped or will help me respect my colleagues had insignificant differences as shown in (Table 2).

Questions were serially numbered from Q 1 to Q 25 in the sequence as in (Tables 1 and 2). Highest degree of disagreement of 78.6% was found to be in Q 17 which narrates "I don't need good communication skills to be a nurse" in this study while highest agreement of 60.1% was obtained by the Q 9 that narrates "It's too much to attend classes on communication skills" presently. An overall rate of disagreement, equivocal and agreement replies are depicted in Table 3 whereas Table 4 shows the comparison of non-exposed and exposed groups respectively.

Questions	Disagreement		Equivocal		Agreement	
	n	%	n	%	n	%
Q 1	24	14.3	78	46.4	66	39.3
Q 2	144	85.7	24	14.3	0	0.0
Q 3	126	75.0	30	17.9	12	7.1
Q 4	60	35.7	54	32.1	54	32.1
Q 5	36	21.4	36	21.4	96	57.1
Q 6	96	57.1	30	17.9	42	25.0
Q 7	30	17.9	66	39.3	72	42.9
Q 8	90	53.6	42	25.0	36	21.4
Q 9	18	10.7	48	28.6	102	60.7
Q 10	60	35.7	30	17.9	78	46.4

Q 11	42	25.0	60	35.7	66	39.3
Q 12	42	25.0	78	46.4	48	28.6
Q 13	114	67.9	48	28.6	6	3.6
Q 14	48	28.6	48	28.6	72	42.9
Q 15	36	21.4	72	42.9	60	35.7
Q 16	60	35.7	12	7.1	96	57.1
Q 17	132	78.6	12	7.1	24	14.3
Q 18	108	64.3	36	21.4	24	14.3
Q 19	42	25.0	42	25.0	84	50.0
Q 20	48	28.6	78	46.4	42	25.0
Q 21	60	35.7	30	17.9	78	46.4
Q 22	84	50.0	48	28.6	36	21.4
Q 23	54	32.1	54	32.1	60	35.7
Q 24	102	60.7	24	14.3	42	25.0
Q 25	60	35.7	36	21.4	72	42.9

Table 3: Qualitative Presentation of SAQ.

Exposure Category	No. exposed		Disagr ee ment						Equiv alence						Agr ee ment					
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%		
Q1	24	22.2	60	55.6	24	22.2	0	0.0	18	30.0	42	70.0								
Q2	90	83.3	18	16.7	0	0.0	54	90.0	6	10.0	0	0.0								
Q3	84	77.8	24	22.2	0	0.0	42	70.0	6	10.0	12	20.0								

Q4	60	55.6	42	38.9	6	5.6	0	0.0	12	20.0	48	80.0						
Q5	30	27.8	30	27.8	48	44.4	6	10.0	6	10.0	48	80.0						
Q6	60	55.6	12	11.1	36	33.3	36	60.0	18	30.0	6	10.0						
Q7	24	22.2	48	44.4	36	33.3	6	10.0	18	30.0	36	60.0						
Q8	48	44.4	30	27.8	30	27.8	42	70.0	12	20.0	6	10.0						
Q9	18	16.7	36	33.3	54	50.0	0	0.0	12	20.0	48	80.0						
Q10	54	50.0	24	22.2	30	27.8	6	10.0	6	10.0	48	80.0						
Q11	18	16.7	54	50.0	36	33.3	24	40.0	6	10.0	30	50.0						
Q12	42	38.9	48	44.4	18	16.7	0	0.0	30	50.0	30	50.0						
Q13	72	66.7	36	33.3	0	0.0	42	70.0	12	20.0	6	10.0						
Q14	42	38.9	42	38.9	24	22.2	6	10.0	6	10.0	48	80.0						
Q15	24	22.2	54	50.0	30	27.8	12	20.0	18	30.0	30	50.0						
Q16	36	33.3	6	5.6	66	61.1	24	40.0	6	10.0	30	50.0						
Q17	78	72.2	12	11.1	18	16.7	54	90.0	0	0.0	6	10.0						
Q18	72	66.7	18	16.7	18	16.7	36	60.0	18	30.0	6	10.0						
Q19	36	33.3	30	27.8	42	38.9	6	10.0	12	20.0	42	70.0						
Q20	42	38.9	42	38.9	24	22.2	6	10.0	36	60.0	18	30.0						
Q21	48	44.4	18	16.7	42	38.9	12	20.0	12	20.0	36	60.0						
Q22	48	44.4	36	33.3	24	22.2	36	60.0	12	20.0	12	20.0						
Q23	42	38.9	36	33.3	30	27.8	12	20.0	18	30.0	30	50.0						
Q24	72	66.7	18	16.7	18	16.7	30	50.0	6	10.0	24	40.0						

Q2	42	38.	24	22.	42	38.	18	30.	12	20.	30	50.
5	9		2		9		0		0		0	

Table 4: Comparison of SAQ among non-exposed and exposed groups.

DISCUSSION

Roles of nurses are reflected as coordinators between patient-physician acting as contact person linking between all the parities of healthcare sections. Therefore, effectiveness of nursing care is supposed to have decent communication skills. Presently all the respondents were female nursing students aged 17-21 years. Mean age of nurses remained to be 18.46 ± 1.09 years where non-exposed group had a lower mean age of 17.94 ± 0.85 years as compared to 19.40 ± 0.81 years of exposed group. Average grade points of the students in their latest examination were also noted and found to be a mean GPA of 3.26 ± 0.27 while non-exposed group had a little batter GAP of 3.31 ± 0.30 as compared to exposed group presenting 3.17 ± 0.19 in this study. Similarly, a study undertaken in College of Nursing Riyadh, Kingdom of Saudi Arabia also had female students aging in a range of 19-21 years with mean age of 20.31 ± 1.51 remained higher as compared to the present study whilst mean GPA of 3.28 ± 0.65 is in agreement with the present study. Consequently results are concomitant with the statements explaining that all female respondents were accredited to response on communication skills may bring fashioned kind of results furthermore, female students are supposed to have more positive behaviours in the direction of communication skills as compared to male students.

Present study was comprising of 64.3% Non-exposed to communication subject while 35.7% belonged to exposed group are also in agreement with a study consisting of 64% of pre-professional students and 36% of professional students, whereas significant correlations (p-value <0.05) were also reported in regard to level of study, age and GPA and total mean score of SAQ was remained to be 86.11 ± 1.32 . In present study comparatively a low total mean score of SAQ remained to be 71.43 ± 7.49 and showing high degree of variance as denoted by SD has been recorded, similarly a significant difference (p-value <0.05) among non-exposed (mean = 67.94 ± 5.67) and exposed (77.70 ± 6.20) groups was obtained in this study.

A total of four important parameters had more than 50% responses scoring 4 or 5 from respondents in this study include developing my communication skill is just as important as developing my knowledge of nursing, learning communication skill has helped or will help facilitate my team working skills, communication skill teaching would have a better image if it sounded more like a science subject and I think it's really useful learning communication skill on the nursing degree in this study. On the other hand other study had good scores in "In order to be a good nurse I must have good communication skills and Learning a communication skill has or will improve my ability to communicate with patients" I think it's really useful learning communication skills on the nursing degree" while others including "it's too much to attend classes on

communication skills, I find it difficult to take communication skills learning seriously and the communication skills learning should be left to psychology students, not nursing student". Relative to these moderate scores negative findings to communication, the researcher found out that some respondents perceived that "learning communication skills is a priority to the nursing profession but moderately convince about the importance of communication in nurse patient interaction".

It is also expected that a moderate number of students exposed to the subject of communication skills but do not apply in their general practices this may be the reason to get low means of some important questions including "I do not need good communication skills to be a nurse (1.75 ± 0.69), I haven't got time to learn communication skills (2.43 ± 0.91) and it should be left to psychology students (2.50 ± 1.3)". It is pertinent after obtaining these scores that most of the respondents are neither convinced nor aware about the value of communication skills in quality of healthcare delivery hence marked low grades to these questions. It was also experienced that newer students have more frequency of scoring low to most of the questions. A study explained that senior students had positive attitudes to communication skills as compared to junior students showing significant difference further it is believed that professional program students need more exposure to clinical practices for better interaction with patients may be more beneficial to enhance their interest in communication skill learning.

Communication skill has been studied on healthcare professionals other than nurses also where a study on pathophysiology students also shown similar findings regarding senior and junior or exposed and non-exposed students while a different opinion also prevails, which states that defiance of senior students regarding communication skills has no difference from new comers.. Contrary findings have been reported by a study which stated that junior learners have high proficiency of positive behaviours in seeking communication skills as compared to senior students.

A difference of opinion in a study revealed that exposed the students of advanced studies show higher frequency of positive behaviours towards seeking communication skills while there is low to mild correlation of age in learning theses skills where another study supported the phenomenon of no difference among elder or younger age students in seeking attitudes in direction of communication skills.

Other important outcomes of this cross sectional research among nursing students is creating the awareness about sensitive issue of communication skill learning, providing knowledge, attitude and practice boost, and a wish to implement their knowledge instead of ignoring the issue. Hence the findings are supported by many studies where they learned that good communication skills of nursing staff not only helpful for the healthcare team and patient but also beneficial to the employer and organization.

CONCLUSION

Students in higher classes and exposed to the subject of communication skills are more aware of the importance, learning and benefits of the subject as compared to the non-exposed students. Further this study has a beneficial effect on both groups which enhanced the positivity in exposed group and curiosity to learn these skills among non-exposed group of nursing students.

Recommendations

It is recommended to include some portion of communication skills learning from the beginning of professional healthcare studies so that the students must start to develop positive attitudes from the beginning of their studies which must be intermixed with their nature till they become health professionals and start their professional practices of public and patient dealing.

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