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## Senior Nursing Students' Confidence in Communicating and Providing Patient Teaching

Carmen Bandy

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Murray State University Honors College

HONORS THESIS

Certificate of Approval

Senior Nursing Students' Confidence in Communicating and Providing Patient Teaching

Carmen Bandy  
December 2021

Approved to fulfill the  
requirements of HON 437

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Dr. Summer Cross, Associate Professor  
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Approved to fulfill the  
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of the Murray State Honors  
Diploma

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Senior Nursing Students' Confidence in Communicating and Providing Patient Teaching

Submitted in partial fulfillment  
of the requirements  
for the Murray State University Honors Diploma

Carmen Bandy

November 2021

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## **Abstract**

In the field of nursing, effective nurse-patient communication and teaching are among the most important indicators of patient satisfaction. Research shows that improved communication can result in more favorable patient outcomes and compliance with treatment. Additionally, improved communication with other members of the healthcare team can create a better work environment and result in increased patient outcomes, as well as decreased errors. The aim of this thesis is to assess the confidence of seniors in the Murray State University Nursing program in communicating with patients and other healthcare professionals and in providing thorough, accurate teaching to patients. Strategies to improve student confidence in providing patient teaching will be evaluated, including workshops, clinical experiences, and teaching projects. It is hypothesized that these teaching strategies will increase not only students' confidence, but also competence in communicating effectively. A survey was administered to senior nursing students at Murray State University to evaluate current levels of confidence, as well as to assess which learning experiences they felt contributed most or least to their ability to provide teaching. Results were analyzed using a Mann-Whitney U test. Although no significant differences were seen when comparing fourth and fifth semester nursing students for each question, results did show that students with prior healthcare experience have higher levels of confidence in communicating with other members of the healthcare team.

## Senior Nursing Students' Confidence in Communicating and Providing Patient Teaching

### **Introduction**

Every nurse remembers the day they walked into the hospital for their first clinical assignment in nursing school, decked in a new uniform and ugly white shoes, pockets stuffed with more supplies than anyone would ever need. Ask any of them the first thing they were nervous about on that day, and the answer most often heard will be “knocking on my patient’s door and talking to them.” Thankfully, students conquer this fear quickly as they learn that communicating with their patients is one of the most useful assessment tools in a nurse’s arsenal.

The American Association of Critical Care Nurses’ first standard for Nursing Excellence states, “Nurses must be as proficient in communication skills as they are in clinical skills” (AACN, 2016, para. 1). Establishing effective communication is the first step to building a trusting relationship with a patient and understanding them as a whole person. A short conversation with a patient can often reveal key pieces of insight into not only their current condition, but also their overall health and wellness.

The professional nurse also relies on communication with other members of the healthcare team in order to effectively treat patients. Providers, pharmacists, lab technicians, nurse aids, dieticians, respiratory therapists, speech pathologists, physical and occupational therapists, and auxiliary staff are just a few of the dozens of professionals who are involved in the care of patients. Nurses must learn to communicate with all of these disciplines efficiently and effectively in order to provide the best possible care.



## **Background and Significance**

Patient satisfaction, one of the most used indicators of healthcare quality, has become an increasingly key focus of healthcare facilities across the country over the past two decades (Kravitz, 1998). Beginning in 2010 with the passage of the Affordable Care Act, current federal hospital reimbursement standards are based on care quality, which is judged largely in part by patients' personal care experiences (Amey et al., 2017). This incentive-based compensation is part of a continuing effort to shift focus from quantity-based to quality-based care. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is just one of many patient surveys healthcare facilities use to earn federal reimbursement. The HCAHPS survey measures several factors that influence patients' perspectives of care, including communication with the healthcare team, cleanliness of the environment, communication about medications, information and teaching at discharge, overall rating, and whether they would recommend the facility to others ("HCAHPS: Patients' Perspectives of Care Survey", 2021). Of these, communication with nurses has been most consistently linked with an increase in patient satisfaction scores and cumulative hospital rating scores (Amey et al., 2017).

Though improving nurse-patient communication has this positive effect on patient satisfaction and outcomes, many nurses still struggle to incorporate adequate communication into their professional practice. This is evident in the patient complaints received by healthcare facilities; the majority of which are the result of ineffective communication (Coad et al., 2018). While a number of factors could contribute to this such as high nurse-patient ratios, communication barriers, or a lack of training; patients are leaving healthcare facilities feeling like they were not given sufficient information, they were not listened to, their concerns were not valued, and they were not involved in decisions regarding their own care (Coad et al., 2018).

Subpar communication skills in nurses have far greater consequences than a poor rating on a patient survey or an angry Facebook post about the hospital in which they work. Once trust in healthcare workers is lost, it is very difficult to win back. One negative experience with a healthcare worker or facility can often keep patients from seeking needed medical attention in the future. It should be the priority of every nurse to make patients feel heard and included in their care, not just to improve a satisfaction score, but as an active effort to remain deserving of patients' trust and to treat them with dignity and respect.

### **Purpose**

The purpose of this study is to research the confidence of nursing students in communicating and providing teaching to their patients. By assessing which aspects of their education student nurses feel contributed most and least to their communication abilities, strengths and weaknesses of the nursing program will be identified.

### **Research Questions**

The research questions for this study are as follows: (1) to what extent do senior nursing students at Murray State University feel confident in communicating and providing thorough, accurate teaching to their patients? (2) how important do these students feel it is to communicate effectively and provide teaching, and what classroom experiences have most prepared them to do so? By distributing a survey, the confidence of these students will be measured, and their feedback will be considered in order to determine which educational methods they deemed most valuable (Appendix B). This information will assess current levels of confidence and determine ways to reinforce the teaching of communication and teaching skills in the nursing curriculum to improve student outcomes.

## **Review of Literature**

### **Nurse-Patient Communication**

Communicating effectively with patients is one of the primary duties of a nurse. From asking questions about a patient's medical history to teaching about health management to discussing fears before a procedure, communication is an indispensable tool with which the nurse can glean information and better understand their patient as an individual, rather than as a diagnosis. Establishing open communication with patients and building a trusting relationship are the cornerstones of patient-centered care, which is a key indicator of care quality (Kitson et al., 2013). Multiple studies have found a strong correlation between effective communication and positive patient outcomes (Ali, 2017; Burley, 2011; Skär & Söderberg, 2018). Communicating effectively includes involving patients in discussions regarding their care and educating them on how to best manage their personal health. This collaboration between the patient and their healthcare team increases the patient's health knowledge and increases the likelihood that they will be compliant with the treatment plan (Ali, 2017).

Although communication has a vast impact on patient care, many nurses are still not receiving adequate communication training. In one study, fewer than half of all nurses surveyed had received any communication training at all (Kirka & Bademi, 2019). Similar results can be found in studies about student nurses. An evaluation of student nurse's communication skills in clinical courses showed that while most students received no communication training outside the clinical setting, those who did receive specific education on communication were able to communicate more effectively with patients and their family members, as well as other healthcare personnel (Shafakhah et al., 2014).

## **Patient Teaching**

Once specific aspect of communication that the professional nurse must be able to carry out with a high degree of competence is patient teaching. The quality of teaching that nurses are able to provide, particularly at discharge, has a significant effect on patient adherence to the treatment regimen and, therefore, post-discharge outcomes (Zhang et al., 2020). The most common teaching strategy in nursing care is the “teach-back method,” which assesses a patient’s understanding of teaching by asking them to repeat or demonstrate the teaching back to the nurse. Teach-back is linked to improved patient outcomes and has been shown to reduce readmissions to the hospital (Unity Point Health et al., 2021).

Nurses have additionally been found to have more success providing patient teaching through the use of motivational interviewing techniques. Motivational interviewing is described as “a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion” (Miller & Rollnick, 2013, p. 29). Stoffers and Hetler found that nurses who were trained in motivational interviewing techniques saw significant improvements in their confidence in providing teaching (2017).

Another strategy to improve patient teaching is to involve other members of the patient’s healthcare team. When discharge planning and teaching is performed with an interprofessional approach, patients report increased readiness for discharge and greater satisfaction with their care (Knier et al., 2015). This strategy, however, is dependent upon the ability of healthcare workers to communicate and work interdependently.

## **Interdisciplinary Communication**

The ability to communicate with other members of the healthcare team is another key component of the nurse's job that, if neglected, can have a detrimental effect on their patients. In a report of sentinel events compiled by the Joint Commission, failed communication and teamwork between healthcare professionals contributed significantly to medical errors and caused over 60% of adverse events, in which 75% of patients did not survive (JCAHO, 2012). Healthcare workers, especially physicians and nurses, commonly see their jobs as a large part of their personal identities. While this builds comradery between other members of the same profession, it is no secret that it also breeds division between "opposing" professions. This has contributed to the longstanding, competitive mindset of "doctors versus nurses," which has spread to include other professions. This deeply ingrained attitude is seen commonly – especially in the hospital setting – and can lead to tension in the workplace (Weller et al., 2014). Theodora Sirota found in a 2007 survey of over 1,100 nurses that 57% were dissatisfied with their relationships with physicians. Sirota, along with previous researchers, also noted that a majority of student nurses had problems when communicating with physicians (2007).

Several interventions have shown success at improving communication between healthcare team members, such as training teams together. Current training is typically separated by profession; however, patient outcomes saw improvement in programs where all members of the team were trained together (Weller et al., 2014). This can be achieved through workshops, simulations, or group seminars. Other studies have confirmed that one of the more effective ways to improve relationships and communication between fields is to cross-train beginning in undergraduate programs and continuing throughout postsecondary education (Tan et al., 2017). Creating and fostering a sense of collaboration early in training allows professionals to gain a

greater understanding and appreciation for each other, facilitating a more positive professional environment and, in turn, providing higher quality care to patients.

Improved communication between team members has also been reported with the increasing use of personal cell phones to communicate patient information (de Jong et al., 2020). While the use of personal devices may simplify communication and provide a quick, informal way to communicate with each other, concerns have also been raised about whether privacy and confidentiality are being appropriately maintained.

### **Communication Barriers**

Although most nurses understand the importance of communication as it relates to patient care, there are multitude of factors which can hinder a nurse from meeting their patient's standards and expectations of nurse-patient communication. Prominent communication barriers impacting nursing care that have been identified include language and cultural barriers as well as high nurse-patient ratios (Sethi & Rani, 2017).

A frequent communication issue nurses face are language and cultural barriers. The number of non-English speaking families and individuals who reside in the United States has increased steadily in the last decade, resulting likewise in increased language barriers between nurses and patients. Language barriers significantly impede the nurse's ability to communicate, and predispose patients to adverse outcomes such as infections, falls, delayed care, and medication errors (Squires, 2017). Even with a professional translator, context and intonation can be easily lost, resulting in confusion and miscommunications. Obtaining translation services can also take time that the nurse does not have. Regardless of any obstacles, it is the responsibility of the nurse to act as a patient advocate and ensure that language barriers do not obstruct the provision of safe, quality care. Ensuring that nurses receive cultural competence training is one

way to promote patient-centered care and prevent the rise of healthcare disparities in diverse populations (Markey & Okantey, 2019).

One of the greatest barriers to effective patient communication today is a shortage of nurses. Nurse-patient ratios in inpatient care settings have been significantly affected by the current nurse shortage in the United States, which has been an increasingly concerning issue in recent years and has been brought to the public's attention as a result of the COVID-19 pandemic. The Bureau of Labor Statistics reports that in 2022, there will be more available jobs for registered nurses than any other profession in the United States, and an additional 1.1 million nurses will be needed to avoid further shortages (2021). Shortages lead to nurses being assigned higher numbers of patients and decrease the amount of time available for nurses to build interpersonal relationships with those patients. When nurses are assigned higher numbers of patients, their focus must shift toward completing all assigned tasks within the time constraints of their shift. This results in patient care becoming task-based rather than patient-based, decreasing the care quality and impeding the nurse from functioning effectively (Rosén et al., 2017). The average age of the U.S. population continues to rise as Baby Boomers reach older adulthood, so it is likely that this will be a continuing dilemma for nurses in the coming years.

## **Methodology**

### **Design and Setting**

A mixed methods design was used for this study. The survey consisted of both qualitative and quantitative questions. Levels of confidence and degrees of importance were assessed using a Likert scale, while open-ended questions were used for students' areas of strength and weakness, as well as which aspects of the nursing program they felt contributed most or least to their confidence in communicating.

## **Sampling Process**

The sampled population in this study are fourth and fifth semester nursing students from the Spring 2021 and Fall 2021 graduating cohorts at Murray State University. Using convenience sampling, these students were selected as a focus as they are the first students to complete the new five-semester BSN curriculum in the Murray State School of Nursing. The survey was emailed to all 55 students in these cohorts and 19 responses were received. The age of participants ranged from 20-41.

## **Data Analysis**

Upon collection of the completed surveys, descriptive statistics were used to summarize the demographic data and responses to Likert-style questions. The Mann-Whitney U test was used to make pairwise comparisons of the Likert-style questions, as these variables represented level data. Fourth and fifth semester seniors were compared as independent groups, as well as students who had prior healthcare experience versus those who did not.

## **Protection of Human Subjects**

As this study pertained to human subjects, approval from the Murray State University Institutional Review Board (IRB) was required. The following was included in the application for IRB approval: project significance, participant selection, data collection methods, informed consent, and confidentiality and anonymity information. An oversight determination application and a copy of planned survey questions were submitted on March 29 to the IRB, which determined no IRB approval or oversight was needed (Appendix A). The researcher was notified of this decision April 6, 2021, at which point the study was able to proceed. An opening statement was attached to the beginning of the survey addressing the participants voluntary rights



to abstain from participation or to cease participation at any point in time (Appendix B). Consent to participate was implied by the completion of the survey.

To ensure anonymity and confidentiality, no names, email addresses, or identifying information were collected. The opening statement specified that all data would be kept confidential and would only be reviewed by the researcher and faculty mentor. All survey responses are stored on the researcher's computer, which is protected by password, and responses will be deleted after five years.

### **Materials and Data Collection**

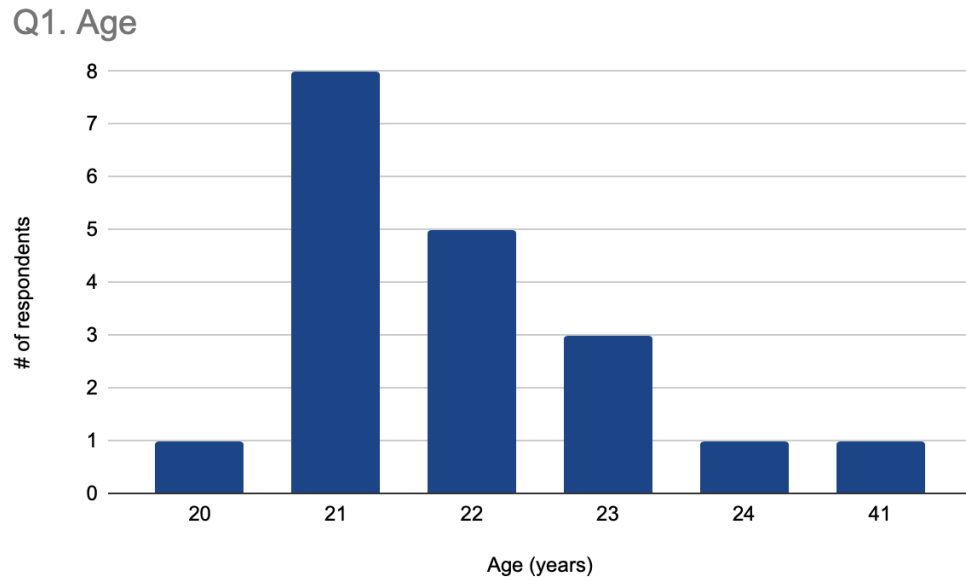
A 17-item survey was distributed via Google Forms. The survey included five demographic questions, eight Likert-scale style questions, and four open-answer questions. A digital survey was emailed to all senior nursing students at Murray State University and was able to be completed and returned electronically. The opening statement explaining participant rights was shown before beginning the survey, at which time participants could choose to voluntarily continue or exit the survey. The link to the survey remained open for two weeks (April 20-May 3), after which time no further submissions were accepted. After this deadline passed, data were compiled and results were analyzed. A copy of the survey can be found in Appendix C. Materials involved in the survey include Google Forms, a laptop computer, and participants' electronic devices with internet.

### **Demographics**

The majority of participants (94.7%) were traditional college students with ages ranging from 20-24. One participant, age 41, was a non-traditional student and expanded the age range of participants. Mean participant age was 23 and the most common age was 21.

## Graph 1

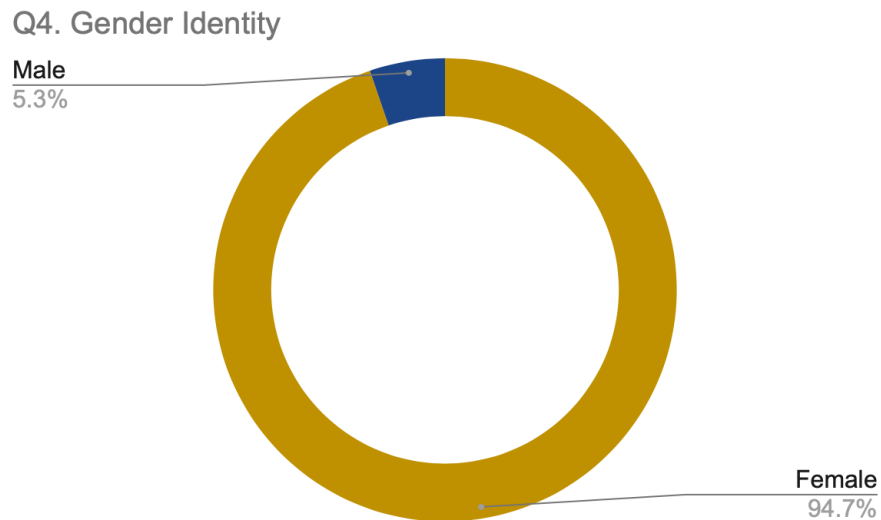
### *Age of Participants*



The demographics for this study were imbalanced, with females representing 94.7% of respondents. This, however, is not unusual as nursing is a historically female-dominated field, making this a fair representation of the target population.

## Graph 2

### *Gender Identity of Participants*



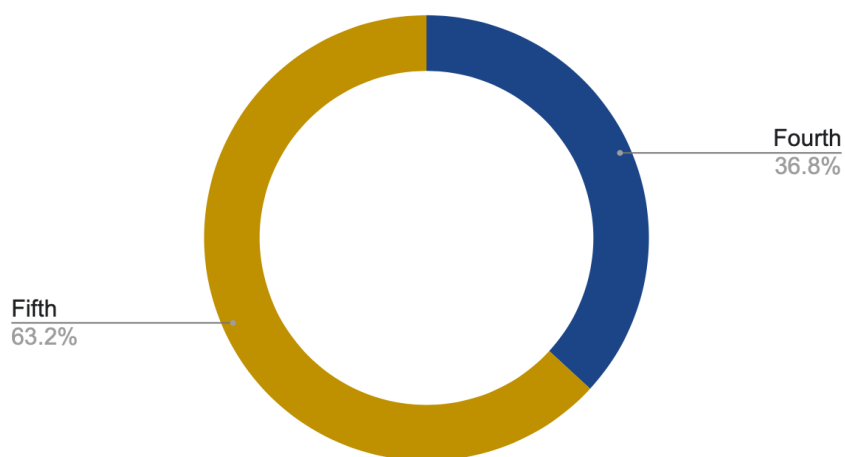
## Results

Of the 19 participants in this study, seven were fourth semester students and 12 were in their fifth semester (Graph 3). When comparing 4th and 5th semester BSN students, no statistically significant results were found ( $N = 19, p > .05$ ) for the eight Likert-scale questions addressing patient teaching, communication, and student confidence using the Mann-Whitney test. Questions 6 through 13 were answered on a seven-point scale. Question six showed all participants perceived effective patient teaching as important, with 89.5% of respondents deeming it “very important.” The mean response was 6.8 (Graph 4). In Question seven, “With what degree of confidence are you able to provide patient teaching?” 57.9% of participants rated their degree of confidence at a five out of seven and 36.8% answered with a four; the mean response was 4.8. No respondent rated their confidence less than four (Graph 5).

### Graph 3

*Current Semester in Nursing Program*

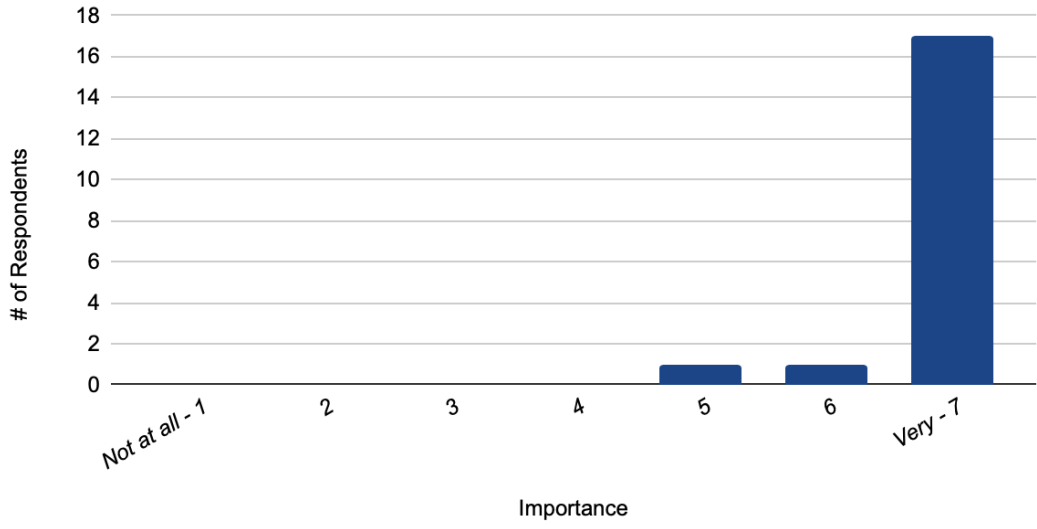
Q2. Semester in Program



**Graph 4**

*Perceived Importance of Teaching*

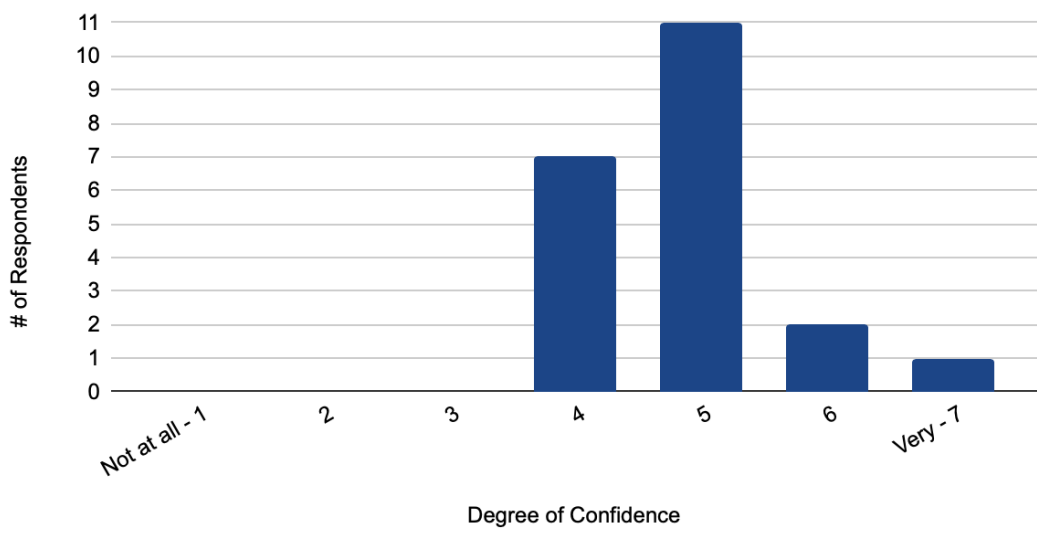
Q6. How important do you feel it is for a nurse to be able to provide effective patient teaching?



**Graph 5**

*Confidence in Providing Teaching*

Q7. With what degree of confidence are you able to provide patient teaching?

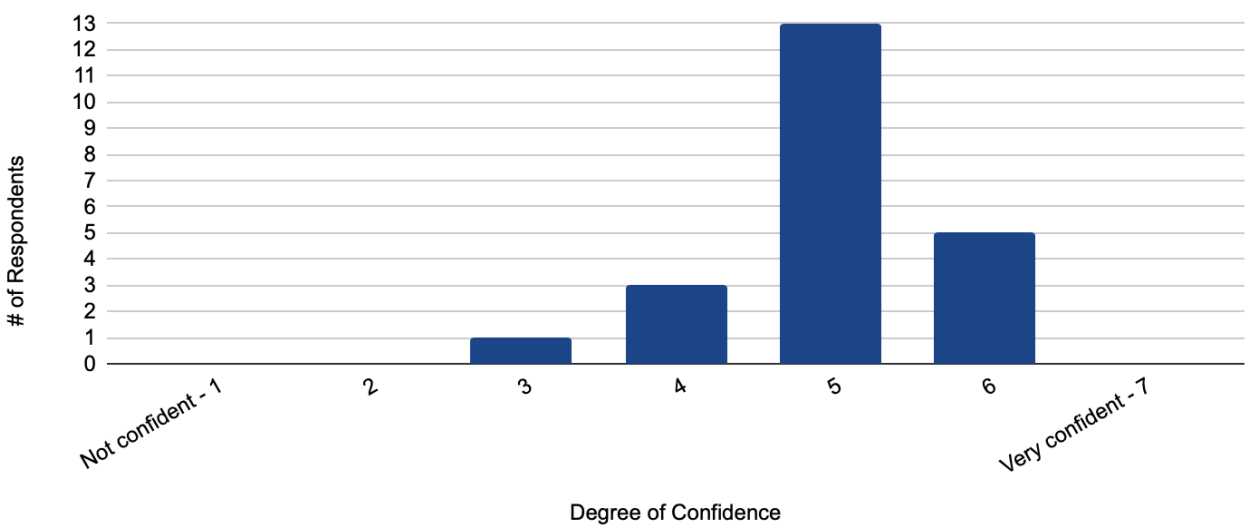


In Question 8, “When providing patient teaching, how confident are you that the information you are giving is accurate,” both the mean and most common response was five. Responses ranged from 3-6, with none selecting “very confident” (Graph 6). When asked how thorough the teaching they can provide is, the mean response was 4.6. The most common response was 5 (Graph 7). The lowest degree of confidence was in providing teaching about specific patient diagnoses, with the average response of 4.1. The most common response was 4, selected by 63.2% of respondents (Graph 8).

**Graph 6**

*Accuracy of Teaching*

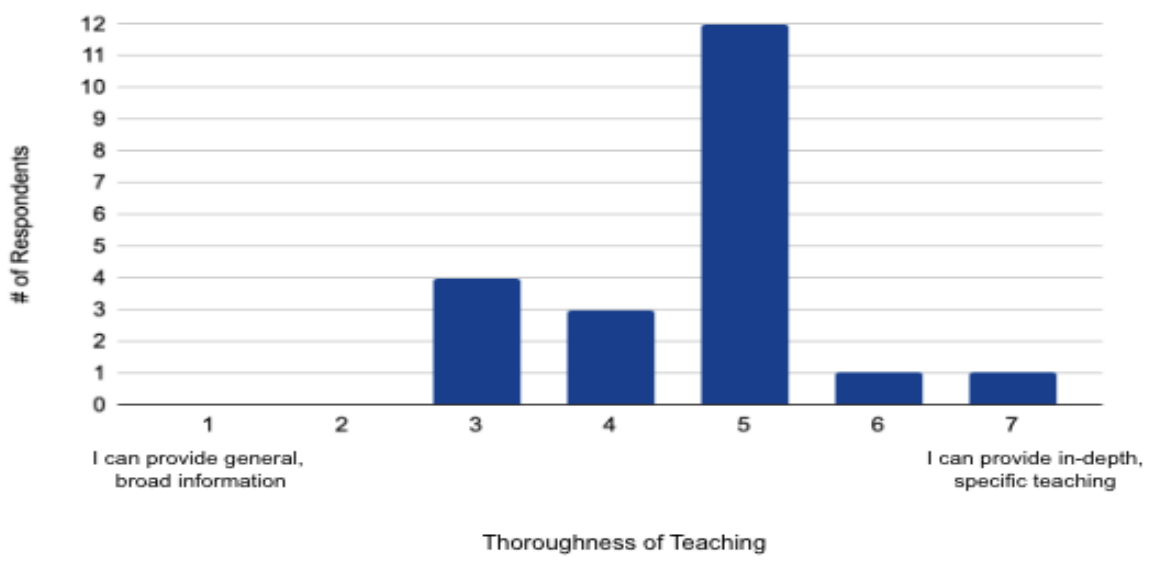
Q8. When providing patient teaching, how confident are you that the information you are giving is accurate?



### Graph 7

#### Depth of Teaching

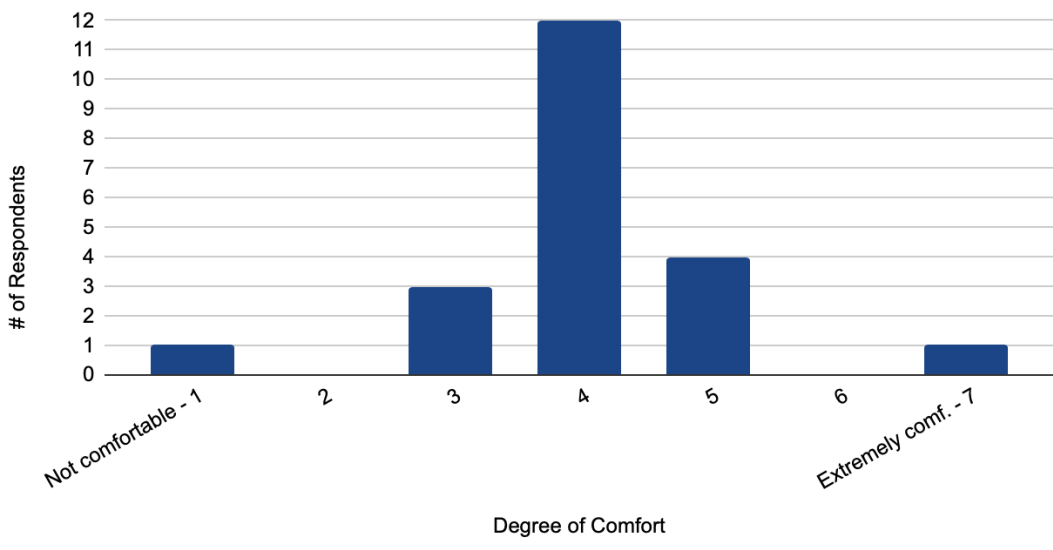
Q9. When providing patient teaching, how thorough is the information you are able to provide?



### Graph 8

#### Comfort Teaching About Diagnoses

Q10. When patients ask specific questions about their diagnoses, to what degree do you feel comfortable providing a correct answer?



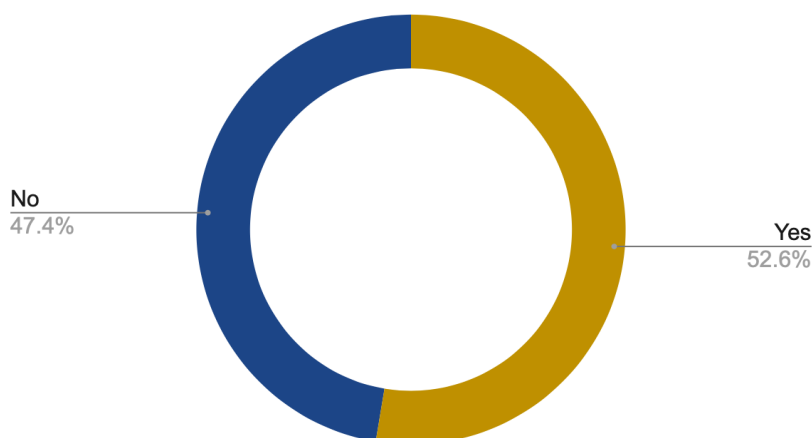
Ten participants reported previous experience working in healthcare, while nine had no prior experience (Graph 9). When comparing students who had experience working in healthcare versus those who did not, a statistical difference was noted for the question asking, 'With what degree of confidence are you able to communicate with other healthcare professionals?' Using the Mann-Whitney test, students who had experience working in healthcare rated their degree of confidence in communicating with other healthcare professionals higher than those without previous experience,  $U(N_{\text{experience}} = 10, N_{\text{no experience}} = 9) = 15.50, z = -2.50, p < .05$ . No statistical difference was found when comparing the groups with the 7 remaining questions.

When asked how confidently they are able to communicate with other healthcare professionals, 47.3% of students surveyed answered 4 and the mean response was 4.6 (Graph 10).

### Graph 9

#### *Previous Healthcare Experience of Participants*

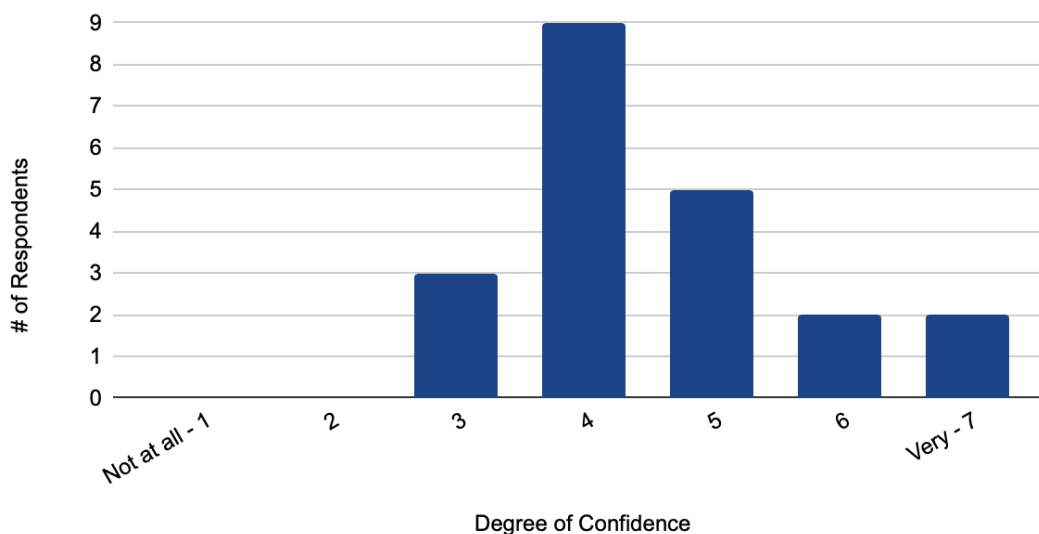
Q5. Previous Healthcare Experience



## Graph 10

### *Confidence Communicating with Other Professionals*

Q11. With what degree of confidence are you able to communicate with other healthcare professionals?



In regard to how well the nursing program at Murray State University prepared participants to provide teaching, students felt that classes prepared them better than clinicals. The average response for Question 12, “How well do you feel Murray State Nursing classes have prepared you to provide quality patient teaching,” was 4.8, with five being the most common response. No participant said classes prepared them “very well” (Graph 11).

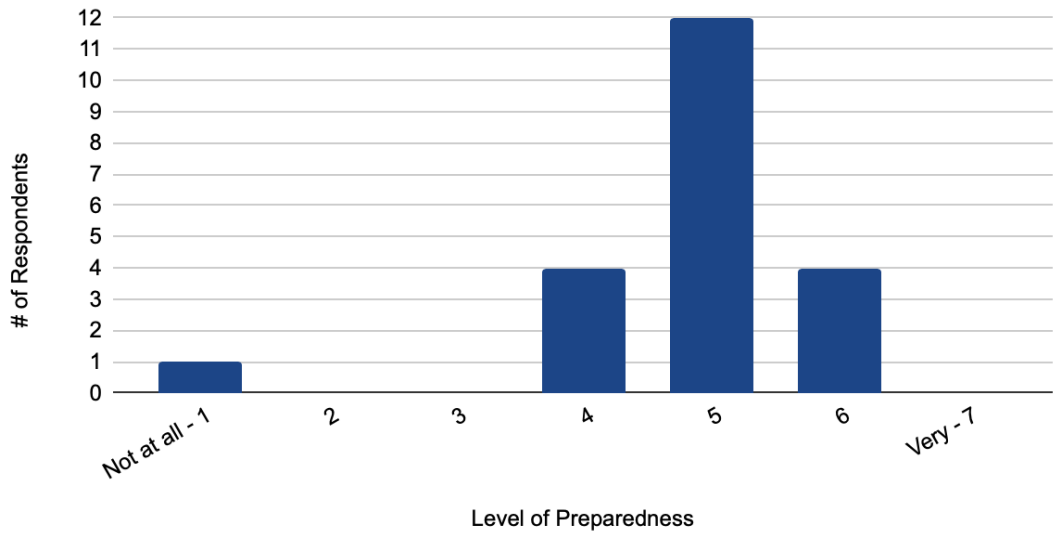
Question 13, “How well do you feel Murray State Nursing clinicals have prepared you to provide quality patient teaching,” had a lower average response of 4.5, and 63.2% of respondents rated their level of preparedness from clinicals as a five (Graph 12).



**Graph 11**

*Nursing Curriculum's Effectiveness in Preparing Students to Teach*

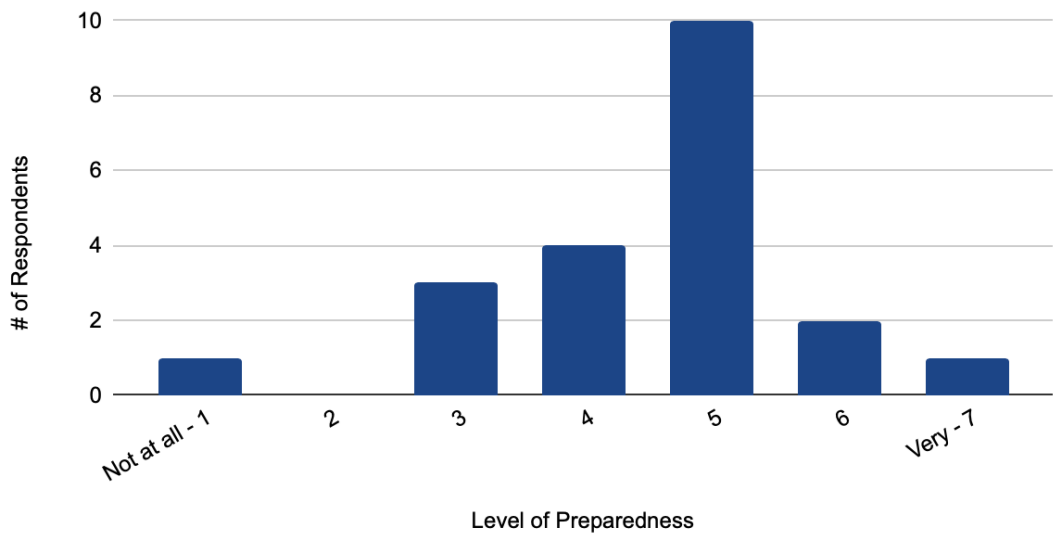
Q12. How well do you feel Murray State Nursing classes have prepared you to provide quality patient teaching?



**Graph 12**

*Clinical Effectiveness in Preparing Students to Teach*

Q13. How well do you feel Murray State Nursing clinicals have prepared you to provide quality patient teaching?



Four open-ended questions were included at the end of the survey to ask participants about areas in which they feel most and least confident providing teaching. Frequent responses for subjects they felt most confident in included medications or pharmacology and Medical-Surgical, “Med-Surg,” topics (Table 1). Subjects the students felt less comfortable teaching were specific diagnoses and content areas such as psychiatric/mental health, pediatrics, obstetrics, and oncology (Table 2). Students were also asked to name aspects of the MSU Nursing program they feel are most beneficial and which areas could use the most improvement to improve student confidence in communication and patient teaching. Participants named clinical courses, patient interaction, lecture material, and testing over key concepts as program strengths (Table 3). Responses about program weaknesses included a lack of patient teaching opportunities and communication with colleagues in the clinical setting, too little discussion about teaching in the classroom, and a lack of teaching practice in specialty areas (Table 4). Several participants chose not to respond to these open-ended questions and others only answered some.

**Table 1**

*Subjects Students Feel Most Confident Teaching*

<b>Q14. In which areas/subjects do you feel the MOST prepared to provide accurate, thorough patient teaching?</b>	
<b>1</b>	Basic tasks
<b>2</b>	Medications
<b>3</b>	Diabetes management. GERD. CHF. How to prevent DVT, constipation. Ulcerative colitis, Diverticulitis. How to reduce increasing ICP. Bipolar disorder.
<b>4</b>	Explaining interventions we are performing
<b>5</b>	Disease processes, pharmacology, nutrition, physical activity.
<b>6</b>	Med-Surg clinical
<b>7</b>	Med-Surg based problems
<b>8</b>	Most medications, medical diagnoses, use of items such as incentive spirometer
<b>9</b>	Med-Surg
<b>10</b>	Medications
<b>11</b>	Explaining diseases and disease processes

**Table 2***Subjects Students Feel Least Confident Teaching*

<b>Q15. In which areas/subjects do you feel the LEAST prepared to provide accurate, thorough patient teaching?</b>	
1	Specific diagnosis/hospital specific teaching
2	Specific diagnosis
3	Most neuro disorders. How to deescalate violence.
4	Discharge instructions and specifics of the disease products
5	Specific interventions for higher level complications.
6	Psychiatric clinical
7	Pediatrics/OB/Women's Health/Oncology
8	Some medications facilities use are not those taught in Pharmacology class so I don't feel great about teaching about them. I also don't feel great about teaching the prep for certain procedures or surgeries.
9	OB/Pediatrics
10	Diagnoses

**Table 3***Program Strengths*

<b>Q16. What are some ways you feel the MSU Nursing program has prepared you to provide effective patient education and communication?</b>	
1	Really just observing other nurses doing so
2	Having great feedback from professors on the patient education I have provided.
3	It is always included in lectures after talking about a subject.
4	Pathophysiology has taught me about disease processes
5	By ensuring that I understand the concepts and terms related to nursing. By allowing opportunities to interact with patients.
6	It's prepared me to know signs and symptoms, but I feel like I don't know what to tell them when they ask questions.
7	It taught me things to say and not to say while also teaching me the basics and necessary things for each disease process. I feel like the specifics come with your specialty area but as a graduating nurse it's fine if you know the broad aspects of each topic
8	Clinicals were the best experience. Just getting in there and getting comfortable talking to the patient is the best way to improve skills.
9	We never did it in clinicals
10	Classes are good at ensuring lots of topics are discussed. I believe the case studies in the classes help give a scenario from the patient's view.

11	Testing us over material about different diagnoses and making sure we know the key points that are important for patient teaching. Also, having a lot of clinical hours has helped with communicating with patients.
----	--

**Table 4***Program Weaknesses*

<b>Q17. What are some ways you feel the MSU Nursing program could improve to better prepare students for patient education and communication?</b>	
1	I'm nervous or unsure about how well I can communicate with members of the health care team like HCPs, pharmacy, etc.
2	Maybe spend more time on the patient teaching. I feel that sometimes it's rushed and just kind of thrown into the back end of a lesson and not really talked about in depth at times.
3	It might be nice to have more experience in giving patient teaching in clinical
4	Teaching stress-management to students to help them learn to control their thoughts and emotions and highlighting aspects of non-verbal communication that they should look for in dealing with patients and colleagues.
5	Talk about it earlier in the program instead of really starting in Med-Surg 1 because I really felt overwhelmed by all the information in the 3rd semester
6	I think doing more clinicals in those other areas to help students figure out where their true passion is. I feel that our class missed out on some of those specialty clinicals (psych/peds/oncology with St. Jude/OB) and feel like all they know is med-surg. Having better clinical experiences in those areas can help them learn more on how to provide patient education and speak with those clients.
7	Maybe more simulation opportunities or more clinical opportunities. I feel like most of the time the nurses would take over the education part so students would not have as much of an opportunity. In practicum, we have the chance to do a lot of teaching and it is a great experience but sometimes nerve wracking when the patient or family asks questions you don't know the answer to.
8	After clinical ask the students thing they should teach the patient with that diagnosis and problems that could arise if not treated based off the diagnosis.

**Discussion**

From evaluation of the survey data and student comments, a conclusion was drawn that practice and experience nearly always lead to higher confidence in communicating and providing teaching. This is not surprising, as it is a universal philosophy that “practice makes perfect;”

however, this conclusion should reinforce the importance of including specific communication teaching and practice into the student nurse's training.

This theme is repeated throughout most of the surveyed topics. For example, it is logical that students with prior healthcare experience feel more confident communicating with other healthcare workers, because they have had numerous opportunities to practice doing so. The same concept applies to the areas in which the surveyed students felt most and least confident providing teaching. Several students identified adult health ("Med-Surg") and pharmacology as the subjects they were most comfortable teaching (Table 1). Students in the nursing program at Murray State complete three adult health courses and two pharmacology courses, and a large majority of clinical hours are completed on Medical-Surgical floors. The identification of these courses as the areas in which students feel most confident lends further credibility to the assumption that students will be more capable of providing teaching if they have repeated exposure to topics and are given opportunities to practice patient education more frequently throughout their training.

The inverse was also seen to be true in this study, as students most frequently reported low levels of confidence presenting teaching in specialty areas, such as psychiatric/mental health, pediatrics, obstetrics, women's health, and oncology. As students spend the least amount of time studying these topics – only one semester of classroom education with limited clinical hours – incorporating additional communication training into these courses would be most beneficial to future students. One participant recommended such additions when identifying weaknesses of the nursing program, suggesting "...more simulation opportunities or more clinical opportunities. I feel like most of the time the nurses would take over the education part so students would not have as much of an opportunity" (Table 4, response 7). If students are not receiving opportunities

to provide patient education in the clinical setting, additional simulation exercises could provide an alternative opportunity to practice these communication skills. Simulations aimed at improving students' competence in providing discharge teaching have proven successful (Weiss et al., 2021) and could easily be incorporated into the nursing curriculum, especially with the recent construction of a new simulation lab at Murray-Calloway County Hospital.

As for promoting effective communication between members of the healthcare team, students should be consistently encouraged to collaborate with others whenever possible in the clinical setting. Additionally, incorporating interprofessional communication into simulation activities in the classroom would allow students to gain both confidence and experience in a nonthreatening educational environment. Students with previous healthcare experience who are more well-versed in communicating professionally could be identified and allowed to mentor their peers or assume the role of other healthcare workers. Alternatively, students from various healthcare programs, such as occupational health or nutrition majors, could be invited to participate in cross-training workshops. This would give students the chance to understand the training and abilities of other members of the healthcare team prior to entering professional practice and would foster a sense of collaboration and appreciation for each other.

Considering the importance of effective communication and the current confidence of senior nursing students at Murray State, it is apparent that any and all educational opportunities which provide specific communication training and practice will be extremely beneficial to students. These findings will be presented to the BSN Curriculum Committee in the Spring 2022 semester, along with recommendations for how to better prepare students to become effective communicators and educators.

## **Limitations**

This study has several limiting factors. First, all participants in this study were selected from the same school of nursing, therefore, the results reflect only the confidence levels and communication abilities of students from this particular university. The two cohorts interviewed contained only 55 students, and only 19 responses were received. While a 34.5% response rate is an acceptable sample size to evaluate this specific group of students, this by no means is an accurate representation of senior nursing students as a whole, and any findings are not generalizable. Additionally, each of the students in these cohorts has had limited clinical experiences due to the COVID-19 pandemic. Each of these students spent the majority of a semester in remote learning at the start of the pandemic, and in the following semesters had fewer clinical experiences due to COVID-19 restrictions at clinical sites. This resulted in a reduced number of patient interactions and chances to practice communication skills.

The survey was developed by the researcher; therefore, validity testing was not completed on the instrument. As this survey was only used once, reliability could not be established.

## **Recommendations for Future Studies**

To determine communication skills and confidence of senior nursing students more accurately, future studies should examine the viewpoints of a wider group of students from varying nursing programs and examine how variations in curriculum affect confidence levels. Additionally, students from all levels of nursing studies should be surveyed to compare results across levels of education and experience. Classroom or clinical experiences aimed at teaching communication, such as simulation scenarios, could be implemented and their effectiveness evaluated via pretest/posttest to determine how they impact student confidence.

## Conclusion

The results of this study support the hypothesis that senior nursing students lack confidence in communicating and providing teaching, and that specific training in these areas would benefit students in their future nursing practice. Participants' current confidence in communicating and providing teaching was evaluated via survey. Students who had previous experience working in the healthcare setting were found to be significantly more confident communicating with other healthcare professionals,  $U(N_{\text{experience}} = 10, N_{\text{no experience}} = 9) = 15.50, z = -2.50, p < .05$ .

Based on these findings, the addition of specific communication training to the BSN curriculum at Murray State University is indicated. Simulation activities focusing on providing patient teaching and collaborating with other healthcare professionals would provide communication experience, which would prepare students to communicate effectively with patients in their professional practice, leading to increased levels of patient satisfaction and improved outcomes.



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## Appendices

### Appendix A

#### Institutional Review Board Determination Letter



#### Institutional Review Board

328 Wells Hall  
Murray, KY 42071-3318  
270-809-2916 • msu.irb@murraystate.edu

**TO:** Summer Cross, Nursing

**FROM:** Jonathan Baskin, IRB Coordinator *JB*

**DATE:** April 6, 2021

**RE:** Determination for IRB # 21-159

**Project Title:** *Senior Nursing Students' Confidence in Communicating and Providing Patient Teaching*

**Principal Investigator(s):** Carmen Bandy

**Determination:** Program Evaluation - Activity is not research as defined in 45 CFR 46.102(l)

The Murray State University IRB has reviewed the information you supplied for the project named above. Based on that information, it has been determined that this project does not involve activities and/or subjects that would require IRB review and oversight. The IRB will keep your determination form on file for a period of 3 years.

Please note that there may be other Federal, State, or local laws and/or regulations that may apply to your project and any changes to the subjects, intent, or methodology of your project could change this determination. You are responsible for informing the IRB of any such changes so that an updated determination can be made. If you have any questions or require guidance, please contact the IRB Coordinator for assistance.

Thank you for providing information concerning your project.

### Appendix B

#### Informed consent statement:

You are being invited to participate in an online research study conducted through Murray State University. The purpose of this study is to assess the confidence of seniors in the Murray State University School of Nursing in providing teaching to patients. Completion of this survey should take no longer than 15-20 minutes. Your participation in this study is anonymous. Neither the researcher(s) nor anyone else will know if you have participated or how you responded. Your participation is strictly voluntary, and you are free to withdraw/stop participating at any time

with absolutely no penalty. There are no identified risks to your participation in this study. This study is not designed to benefit you directly. However, your participation may help to increase our understanding of students' confidence in providing patient education, and information gained may be reflected in curriculum changes. Any questions about the procedures or conduct of this research should be brought to the attention of either Carmen Bandy, nursing student (cbandy@murraystate.edu), or Dr. Summer Cross, faculty advisor (scross@murraystate.edu).

This project has been reviewed and approved by the Murray State University Institutional Review Board (IRB) for the Protection of Human Subjects. If you have any questions about your rights as a research participant, you should contact the MSU IRB Coordinator at (270) 809-2916 or msu.irb@murraystate.edu.

## Appendix C

Survey questions and answer choices:

1. Age
2. Current semester in the nursing program  
(*Fourth; Fifth*)
3. Current cumulative GPA  
(*3.5-4.0, 3.0-3.4, 2.5-2.9, Below 2.5*)
4. To which gender identity do you most identify?  
(*Female, Male, Transgender Female, Transgender Male, Non-binary/non-conforming, prefer not to respond*)
5. Do you have prior experience working in healthcare?  
(*Yes, No, Other*)
6. How important do you feel it is for a nurse to be able to provide effective patient teaching?  
(*1 = Not at all; 7 = Very*)
7. With what degree of confidence are you able to provide patient teaching?  
(*1 = Not at all; 7 = Very*)
8. When providing teaching, how confident are you that the information you are giving is accurate?  
(*1 = Not confident; 7 = Very confident*)
9. When providing patient teaching, how thorough is the information you are able to provide?  
(*1 = I can provide general, broad information; 7 = I can provide in-depth, specific teaching*)
10. When patients ask specific questions about their diagnoses, to what degree do you feel comfortable providing a correct answer?  
(*1 = I do not feel comfortable; 7 = I feel extremely comfortable*)
11. With what degree of confidence are you able to communicate with other healthcare professionals?  
(*1 = Not at all; 7 = Very*)

12. How well do you feel Murray State Nursing classes have prepared you to provide quality patient teaching?  
(1 = *Not at all*; 7 = *Very*)
13. How well do you feel Murray State Nursing clinicals have prepared you to provide quality patient teaching?  
(1 = *Not at all*; 7 = *Very*)
14. In which areas/subjects do you feel the MOST prepared to provide accurate, thorough patient teaching?
15. In which areas/subjects do you feel the LEAST prepared to provide accurate, thorough patient teaching?
16. What are some ways you feel the MSU Nursing program has prepared you to provide effective patient education and communication?
17. What are some ways you feel the MSU Nursing program could improve to better prepare students for patient education and communication?