Interpersonal relations and nurses' job satisfaction through knowledge and usage of relational skills

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Title

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Abstract

Background/Rationale: Many interpersonal labour disputes stem from the lack of communication skills and the relational problems in the interactions between health professionals.

Aims/Methods: A qualitative study was conducted in a Spanish hospital in order to get to know how the communicative interaction between hospital nurses is like in relation to the nurses' interpersonal interaction and communication skills developed in their working relationships. 21 hospital nurses between 29 and 55 years old, working in different wards, were interviewed. Open-ended interview discourses were transcribed verbatim and analysed using qualitative content analysis.

Results: The following four key themes were analysed: communication and sender; Communication and awareness of who has the problem; non-verbal Communication; Communication and recipient.

Conclusion: The results of this study highlight the need to broaden nurses' relational-communication skills in order to increase job satisfaction.

Keywords

Interpersonal Relationships; Feedback; Empathy; Nursing Staff, Hospital; Spanish Nurses

Main Document

1. Introduction

Lack of relational communication skills may lead to personal, social and labour disputes, with an impact on family, on social relations and in organizations. This deficiency is also related to higher rates of developing occupational stress syndrome, and a decrease in job satisfaction and the quality of the care provided (Wang, Wai, & Ying, 2011).

In response, the current concern about interpersonal disputes in the various workplaces is evident -especially in close institutions like hospitals-, partly due to the relational problems and the lack of a proper communication (Harolds, 2012; Stella, 2010), and it is mainly understood from the perspective of active listening (feedback, empathy, authenticity, be focused on the other).

Background

Communication is inherent to human beings. It is an interpersonal process in which participants express something about themselves through verbal or non-verbal signs with the aim of influencing the other's behaviour, and it determines the kind of relationships that people will develop with others and with the surrounding world (Cibanal, Arce, & Carballal, 2010). It is the act of conveying a message to others and also the main skill for the effective functioning of health professionals (Al Odhayani & Ratnapalan, 2011).

The Palo Alto School communication principles consider communication as a social interaction process and as the basis of all relationships. This institution´s authors emphasize that if people want to communicate effectively they have to consider that one

same word or sentence may have different meanings, as people experiment, feel and live reality in a personal way (Cibanal, Arce, & Carballal, 2010).

Since nurses' relationships with other health professionals are mainly communicative, the need to develop effective communication skills in this relationship becomes more evident (Moore, Rivera, Grez, & Lawrie, 2013), especially when it is known that the levels of interpersonal conflicts are a relevant precedent in the emergence and development of burnout syndrome. Prevention involves improving communication skills and contributing to the increase of the levels of professional self-fulfilment and to reduce occupational stress (Polito, 2013).

Different studies have evaluated the effectiveness of training programs in health care professionals aimed to reduce the communication barriers and to promote assertive communication and positive feelings among workers (Williams, Harricharan, & Sa, 2013), to be able to handle interpersonal conflict situations and to defend their professional skills against other groups (Norgaard, Ammentorp, Ohm, & Kofoed, 2012).

The communicative interaction in the Humanistic and Existentialist Psychology

According to what has been stated, to address the process of communication-relationship requires considering the skills and/or attitudes nurses should develop in their communicative relationships with other colleagues, in the role of both sender and recipient.

In this way, and based on the central ideas of the main exponents of Humanistic and Existentialist Psychology, Rogers (authenticity, positive thinking, empathic understanding) and Carkhuff (empathy, respect, specificity, genuineness, self-disclosure, confrontation, immediacy and concreteness), we can approach to the set of

skills that define a good sender and a good receiver in a good communicative interaction. (Rogers, 2000; Carkhuff, 2009). Thus, we can state that a good sender is a person that is able to convey clearly the message´s content, feeling and request to his receiver, as he/she also cares about the relationship (how you say it) in the process. Another skill he/she should possess is the ability to cope with relational communication problems originated by the receiver, that lead to an easy-to-solve conflict through the proper use of "I messages". Thomas Gordon described these messages with this formula: "When... I feel... Because... I ask you to...", where *when* alludes to the description of the situation, *feel* describes the feeling produced by the message or by the receiver´s behaviour, *because* refers to the effects of that behaviour in the transmitter, and *I ask you to* describes the change requested by the sender without a reproach to the receiver (Gordon, 1986). Moreover, a good recipient is a person who has good active listening skills: feedback, empathic ability, authenticity and unconditional acceptance to decode the message conveyed by the sender correctly (Carkhuff, 2009; Rogers, 2000). Besides, he/she should have a special sensitivity to control non-verbal language properly (Cibanal, Arce, & Carballal, 2010).

Therefore, the aim of this study is to explore the experience of nurses' communicative interactions with other health team members in different units of a general hospital in Spain from the point of view of the use of relational-communication skills developed in these interactions.

2. Methods

2.1 Research design: Qualitative descriptive study based on a naturalistic inquiry approach. That is there is no pre-selection of variables to study, no manipulation of variables and neither an a priori commitment to any theoretical view (Sandelowski,

2000), with the exception of the Humanistic and Existential Psychology framework that embrace the concepts used in this research.

2.2 Sampling strategy: The study was carried out in a general hospital, in a medium-size city in Spain. The hospital provides acute care to a population of near 90.000 people living in an area of ten thousand square kilometres. The hospital has got medical and surgical units and clinics, operation rooms, emergency room and a recovery room; but it lacks of complex care units (critical care unit, transplant unit). A purposeful sampling technic was used to achieve the cases that provided us rich, broad and meaningful information for the purposes of the study. The following considerations were taken into account in the determination of the sample: heterogeneity, accessibility, variability, propriety and suitability. The saturation concept was also considered in the sample size (Mason, 2010). The participants were clinical nurses working in different units of a general hospital in Spain.

2.3 Participants: Inclusion criteria consisted of nurses from Santa Barbara city Hospital in Soria (Castilla-y-Leon State, Spain) that had been working in different units of the hospital on a continuing basis for at least six months prior to the interview, to have had the opportunity of getting used to the hospital organization and running. Twenty-one nurses with a mean aged between 29 and 55 were included, being the frequency of men 14.29% (n=3). The mean of years of professional experience was 23.3 years and none of the participants withdrew from the study. Nurses were not excluded on the basis of their gender or the kind of units where they were working. (Table 1)

Table 1: Participants´ demographic characteristics

Participant code	Age (years)	Gender	Education	Working Experiences (years)	Training Communication Skills
1	40	Female	Diploma	19	Yes
2	42	Male	Diploma	16	Yes
3	45	Female	Diploma	22	Yes
4	52	Female	Diploma	31	Yes
5	50	Female	Diploma	30	No
6	35	Male	Diploma	14	No
7	29	Female	Diploma	8	No
8	38	Female	Diploma	9	No
9	47	Female	Diploma	25	Yes
10	50	Female	Diploma	30	Yes
11	49	Female	Diploma	26	Yes
12	35	Female	Diploma	14	Yes
13	51	Female	Diploma	28	No
14	40	Female	Diploma	17	Yes
15	48	Female	Diploma	25	Yes
16	55	Female	Diploma	36	Yes
17	48	Male	Diploma	25	Yes
18	55	Female	Diploma	30	Yes
19	55	Female	Diploma	36	Yes
20	47	Female	Diploma	24	No
21	55	Female	Diploma	35	Yes

2.4 Procedure: The principal investigator (PI) made an initial contact with the nurses through the nursing supervisor in each unit, explaining the aims of the study and asking for collaboration to attract participants. Next the PI gave the information to the nurses that had been attracted to the study, and answered any question the participants could have about the aims or the process of the research (i.e. that the instrument to collect data was not a test but an interview). Then the PI noted down the personal data to make a personal contact afterwards. A two-week period was then allowed for nurses to decide whether or not they wished to participate. At the second face-to-face contact, we explained the participant again the purposes of the research and the procedure to follow. The PI also thanked the participant´s involvement and guaranteed the confidentiality of the data and the possibility to access to the final report. The IP also reminded that the interview was going to be recorded and validated by the participant and gave him/her the informed consent to be signed. Following this, data were collected and the interview was completed.

2.5 Ethics approval: This study was reviewed and approved by the Health Research Unit in Soria (Spain) and by the institution in which the study was conducted on April 27, 2010. Special attention was given to the ethical considerations related to the data collection tools used (interviews and researcher field notes), and to the treatment and management of personal data. Permission to record the interviews was always sought prior to their being performed. Informed consent was obtained beforehand and in the event of any emotional response during the interviews, the participant was offered the possibility to either suspend the interview or withdraw the study. All personal data and information that might identify nurses was replaced with a numerical code.

2.6 Data collection: The study was conducted between January 2010 and July 2012. An open-ended interview guide, with three broad questions, was used: 1) What skills do you develop as a sender of messages to your colleagues? 2) Do you analyse non-verbal communication? 3) What skills do you use when listening to your colleagues?

Interviews were performed out of the working day, at the interviewee´s preference: Nursing College (5), participant´s house (6), or researcher´s home (10). The quietness and comfort of the setting was looked after, to guarantee the privacy of the conversation. Each participant was interviewed once. Interviews lasted between 45 and 90 minutes. During the interview, the PI collected notes about context description, non-verbal responses to questions, the use of metaphors in their narratives and other relevant points raised by the interviewed nurse.

2.7 Data analysis procedures: All interviews were transcribed verbatim. Researchers read the interviews to draw the more meaningful statements. Next we developed a coding deductive process using a pre-existing coding system described by Miller & Crabtree (1992) as the "template analysis style". We followed the relational-communication theoretical framework by Rogers, Carkhuff, the Palo Alto School, and Cibanal, Arce and Carballal in Spain (Cibanal, Arce, & Carballal, 2010) for a content analysis of codes and meaning units. Afterwards, we grouped those codes in subthemes, considering different aspects of the main themes.

To assess the quality of our data and the results of our study we followed Lincoln and Guba´s (1995) four criteria to establish the trustworthiness of qualitative data: credibility, transferability, dependability and confirmability. Data saturation was determined when there were no further topics elicited. The nurse´s verification was carried out in two steps: post-interview and post-analysis. To allow transferability, researchers provided sufficient detail on the context of the fieldwork for the reader to be

able to decide whether the prevailing environment is similar and whether the findings can be justifiably applied to the other setting.

Reflexivity criteria were followed as guidelines to ensure the quality of our study, in order to explain the researcher's role and position with respect to the object of study. Thus, the PI introduced herself as a nurse and a PhD student doing her doctoral thesis in the University of Alicante (Spain).

3. Results

The demographic characteristics of the participants are summarized in table 1. During the coding process data were organized around four main themes following the relational-communication theoretical framework by Rogers, Carkhuff, the Palo Alto School, and Cibanal, Arce and Carballal in Spain (Cibanal, Arce, & Carballal, 2010). These themes were: a) communication and sender; b) communication and awareness of who has the problem; c) non-verbal communication; d) communication and recipient.

3.1. Communication and sender: In this theme, we show the importance of stating clearly and specifically the meaning, the feeling and the request of the message conveyed, while taking into account the relationship established with the recipient. Hence, the statement "what hurts us are not the words themselves, but the way they are said" (Cibanal, Arce, & Carballal, 2010). For a better understanding of this theme, the following sub-themes are covered:

Content is not clarified

The process of effective communication requires the sender to transmit the information, as well as a good relationship between sender and recipient in order to

avoid misinterpretations. However, according to the participants, in most cases the sender's message is so ambiguous that it is not properly understood:

"There are doctors who (...) tell you: "I've left this for you, I want this, this and this". But there are others that leave the medical record there and you have to get by with it. In these cases you can understand a different thing than what they want to transmit. (E08)

Feelings are not clarified

The manifestation of feelings in messages shows the importance the sender gives to the content transmitted. We found that most participants find it difficult to express their feelings when speaking, ignoring the fact that the message they want to convey will not be received with its real depth.

"No. I never told him how I felt. One day I argued with him loudly. But we never sat down to talk about it". (E13)

The request is not clarified

Sometimes, the request we aim to obtain through the messages we convey is not communicated and, consequently, the sender's request is not met. It is noticed in the participants' narrations the difficulty they have to transmit the desired request in their messages:

"The other day I was already a little fed up and I told an assistant: "For God's sake, don't you know how to read? What exactly have you studied for? ... ". (E12)

Relationship: how things are said

The relationship established when communicating the message makes the difference between a good and a bad sender. Participants think that bad relationships are caused by the lack of assertive communication, the person's character when saying things or the tone of voice used:

"If a colleague told him or asked him for something, he always yelled back. He did not know how to say things quietly, in a normal way. And if someone shouted at him, he shouted back even louder. (E10)

"I remember a neighbour of mine who had been operated and I was doing my utmost for her, and one day when I was leaving the room I heard him say: "And what about him? Who does he think he is?" It was all because of my tone of voice. My intention was to pamper her ". (E21)

3.2. Communication and awareness of who has the problem: In this theme, we analysed the conflict nurses frequently experienced in their work units because of colleagues´ unacceptable behaviour. Following the relational-communication theory, we have to assume that the conflict is ours and we have to solve it with an "I message". It can be observed how some participants are not aware of the problems that exist in their units and, instead of transmitting their discomfort, they decide to seek solutions outside, perhaps due to the lack of use of "I messages" in their relationships:

"In my unit there is a problem with nursing assistants, it seems that all the work is ours. The truth is that I have never told them (...) and I think I'm not the one that should tell them, because that is what the supervisor is for". (E12)

There is also lack of awareness about conflicts that you have not caused, but which in turn becomes a difficulty for you, as you are not involved in finding a solution:

"When someone mentions the same old problem again (e.g. "the issue of shifts"), I react as I feel at the moment, sometimes I do listen to them again, other times I simply ignore them, but if I feel like arguing, I argue". (E09)

Other times, personal interaction is altered because some professionals project their problems on others:

"It seems that problems are always others' fault: the director's, the supervisor's or the doctors'. And what we say is being projected on the other, or on the next. The nurse on the assistant, the assistant on the attendant, the physician on whoever he can ... ". (E17)

3.3. Communication and recipient: The existence of an assertive communication in order to establish an effective relationship with the sender was analysed, and the following sub-themes were covered:

Active listening: Feedback

Here, it is highlighted the importance of actively listening to our sender in interpersonal relationships. This will only be possible through the proper feedback to our sender's message in terms of content, feeling and request. The participants' narrations denote a poor communication:

"Right now, I think we DO NOT listen, we hear the other talking but we do not listen ... (E09)

There are some exceptions that show that a correct feedback in communication avoids perceiving and interpreting a double intention in others' actions.

"When there is a problem, we often ask: "Hey! Why did you do this? What happened? What feelings led you to do this?" (E01)

Empathic Attitude

Empathic attitude allows us to see the world through the lens of our recipient. Participants say empathy is decreasing in their relationships:

"I think there is enough listening in my unit. Regarding empathy, it's more difficult as there are always people you clash with". (E07)

There are nurses who seem able to teach this skill to students:

"For example, when I tell students: "Put yourself in the place of the patient. You see a guy entering your room that tells you: "Come on, uncover your belly!", imagine how the patient would feel". (E04)

Authenticity

Authenticity is, according to Carl Rogers, "the attitude of being sincere and honest with oneself and with others", and it is closely related to the respect for others (Rogers, 2000). Sometimes, people prefer not to be authentic when relating with other workmates in order to avoid labour disputes (specially when they have arrived recently to the unit and they feel they will not have the opportunity to be listened to). Other times, to be authentic may cause disagreements because of the lack of respect of some colleagues that have no emotional maturity and try to impose their ideas or their way of working:

"Sometimes I think: "I've been the last one to come on board!" And I tell myself: "Why the hell am I going to say anything?" But, on the other hand, I think that yes... it is convenient to do it and say it but ... I find it hard." (E07)

3.4. Non-verbal communication: In this theme, the importance of body language in interpersonal relationships and the need for its clarification is analysed:

"Sometimes you arrive at your unit and greet good morning, and there are times when even saying good morning is taken the wrong way." (E04)

"When someone keeps silent and doesn't reply I try and say: "What's wrong? Why are you quiet? Do you want to talk or do you prefer being...? "". (E01)

4. Discussion

Firstly, the process of effective communication requires the sender to transmit the information clearly and, secondly, a relationship between sender and recipient based on mutual respect and authenticity is needed. Moreover, collaborative problem solving needs to be fostered (Robinson, Gorman, Slimmer, & Yudkowsky, 2010). It should be noted that most participants, when conveying a message, only communicate the content as they find it difficult to transmit their feelings in a message, and they sometimes forget to convey the request. This situation may be found in health teams, where there is a communication domain by a professional group (Rowlands & Callen, 2013). Some authors justify the need for nurses to be trained in communication skills to be successful in these contexts (Saxton, 2012).

The skill of empathy is not showed as such in most communications with colleagues, despite this ability is taught in the nursing curricula and in the staff training. In the same way, active listening, authenticity and the problem-solving method, are

necessary abilities to foster cordial interpersonal relationships and, together with respect and courtesy, are the essential pillars for a high-quality relationship. These skills help enhance the ability to control emotions and stress level, but they must be trained to be successfully applied (Rosenzweig, 2012).

In our research, empathy was more used between female nurses as it was showed in the discourses. Male nurses didn´t mention it, even when they were asked explicitly about the use of empathy in the handling of communication with workmates. These results were also found in other studies (Cuddy, Swygert, Swanson, & Jobe, 2011). Other participants do not develop this ability, as they state that they find it really difficult to express their feeling when speaking or they experience a lot of pressure from the institution.

An important point in our research, which has not been broadly studied so far, is the lack of competence in our sample to clearly detect who has the problem, and based on this, to know how to communicate an “I message”. This process would save the nursing professionals a lot of stress and discomfort. But our participants indicate how difficult it is for them to use "I messages" in their relationships.

In interpersonal relationships, it is highly important to actively listen to the recipient without neglecting the message sent through non-verbal communication (Albardiaz, 2011). This absence is frequently denoted in the participants' discourses. They pointed the lack of disconnection from personal-family life at work or the lack of time for relationships as reasons for that. This is why health professionals prefer a face-to-face contact in their interactions (Rowlands & Callen, 2013). In this regard, it can be stated that the more positive feedback is received from the organization and partners (Bell, Pascucci, Fancy, Coleman, Zurakowski, & Meyer, 2014), the greater is the

workers' satisfaction. This has got important consequences for the adaptation and socialisation, learning, creativity and performance of the individual. A lack of this ability may trigger defensive responses, misunderstandings and disconnection in people's relationships leads to ineffective interprofessional collaboration processes (Harrison, Hayden, Cook, & Cushing, 2012).

4.1 Implications for practice:

The results of this study show that, in this context, there is a need to establish specific training activities to provide nurses with abilities such as empathy, authenticity and unconditional acceptance, along with key skills such as active listening, proper use of feedback and problem solving method. It is also necessary to train health professionals in the use of assertive communication, highlighting the importance of a clear and unambiguous communication of the content, request and feelings in a message, as well as to clarify non-verbal language through a proper feedback, and to foster individual problem coping and awareness, encouraging the use of "I messages" in relationships. All this, with the aim of improving working-relational-communicative interactions, keeping stress levels to a minimum and, ultimately, increasing job satisfaction (Yildiz, Ayhan, & Erdogmus, 2009).

4.2 Study limitations

There are some limitations in the current study. Firstly, some nurses stated their being concerned about expressing their opinion, because they were afraid of confessing their true relational experiences in their work unit. Secondly, we have to point that, due to the applied methodology, the results correspond to the subjective views of the selected professionals. Researchers try to select a diverse group with a good knowledge of the addressed problem, but that would also pool an accurate representation of the actual

practice at work. Moreover, as a research study conducted in a specific context - in a southern European region - the transfer of its results to other geographic and/or cultural areas may prove to be difficult. Therefore, similar studies could be conducted in other regions in order to improve our understanding of this phenomenon.

5. Conclusions

Nurses state that, when conveying a message to the recipient, they do not do it at the four levels necessary for an effective communication (content, feeling, requirement and relationship) and they find it very difficult to care for relationships in their interactions. They also show how complicated is to be aware of a problem that you don´t cause but, that at the same time, it becomes yours. Even when interpersonal relation abilities were identified in their discourses, such as empathy or feedback, there is a limited used of these skills and a lack of training in this subject. It was more difficult for our participants to analyse and clarify non-verbal language in their interpersonal relationships that with patients. Nurses expressed their difficulty to care for the relationship when they have to communicate messages. At the same time, they admitted the necessity of promote the self-confidence to improve interpersonal relations with colleagues.

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