

# **THE INFLUENCE OF NURSES' ENGAGEMENT AND OPENNESS ON PATIENTS' REPORTS OF HEALTH COMMUNICATION SATISFACTION**

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## **ABSTRACT**

This study analyzed patients' perceptions of their nurses' willingness to engage in interaction and patients' satisfaction in communication about health with their nurses (N = 270). Results indicated that a strong and significant positive correlation exists between patients' perceptions of their nurse's interaction engagement and their satisfaction with their relationship with their nurse ( $r = .70$ ). Results also indicate a strong and significant negative correlation exists between patients' perceptions of their nurse's closedness to the relationship and the patient's relational satisfaction with their nurse ( $r = -.55$ ).

## **I. INTRODUCTION**

Research into the interpersonal communication between patients and health care providers has received much interest in the last two decades. Much of this research has focused on the relationship between physicians and patients. However, in many contexts, a nurse is the first contact an individual has when seeking medical help. Additionally, a nurse may serve the purpose of communicating information from a physician to a patient. With this in mind, the characteristics of nurse-patient communication should be investigated.

## **II. REVIEW OF LITERATURE**

The nature of the relationship between a health care provider and a patient is defined by the information resources of one over the health related needs of the other. The patient often seeks out help, information and advice from the health care provider. The health care provider has to determine what information to provide. For example, Pang (1998) found that most nurses would prefer to tell the truth to patients, but choose not to in many cases out of concern for patients receiving the most relevant treatment and better nursing care. However, according to Hines, Babrow, Badzek, and Moss (2001) patients seek information that will enable them to cope with treatments rather than information nurses believe is necessary for them to make informed choices about whether to undergo such treatments.

How nurses communicate with patients may be a function of their training. According to Rosenblatt and colleagues (1997), nurses have a different ideological orientation toward patients compared to physicians. That orientation includes a more holistic approach to the health needs of patients including the psycho-social life-world of the patient. Long and Slevin (1999) posit that therapeutic communication should be the foundation on which nursing should stand. Such concern for patients' well-being may influence the degree to which nurses are open to patients about the patient's condition and treatment.

*Note: The author wishes to thank the students of COM 3073 at the University of Texas at San Antonio for their assistance in collecting data for this study.*

Nurses may approach communication with patients differently than physicians. Tapp (2000) observed that nurses acknowledge the expertise and knowledge of those persons and families encountered in practice. Nurses accomplish this relational task by engaging their patient and patients' families in conversations about the illness (Tapp, 2000). This type of approach may differ significantly from approaches taken by physicians.

Sullivan, Menapace, and White (2001) found that most patients wanted to know about their illness and believed physicians had an obligation to inform. The authors also found that most physicians inform their patients of the major implications of their illness and treatment. On the other hand, most nurses believed that patients have a right to know, although many nurses stated that patients only expect general explanations of their illness (Sullivan, Menapace, & White, 2001). According to Blondeau, Valois, Keyserlingk, Hebert, and Lavoie (1998), physicians believed that affective communication regarding advanced directives was less important than did patients and nurses.

Catane and Sapir (2000) found that patients had high expectations of nursing staff members' skills and behaviors which were related to high levels of satisfaction regardless of an inaccurate understanding of their disease status. However, Adams and Parrott (1994) found that both nurses and parents perceived a reduction in role ambiguity as measured by the information that nurses give and the communication of expectations.

Expectations of patients regarding the type of communication that occurs between them and their health care provider may be similar regardless of the health care provider's status. For example, Hermansen and Wiederholt (2001) found that patients' perceptions of their pharmacists, and not their therapy, may lead to increased interpersonal exchange and patient collaboration in care. Such increased interaction may be associated with particular interpersonal behaviors of the health care provider. According to Bertakis (1977) assessing a patient's understanding through interaction is associated with patient satisfaction.

In a related study, LeBlanc (2003) demonstrated that a significant and strong positive correlation exists between patients' perceptions of their physician's interaction involvement and their satisfaction with their relationship with their physician, and a moderate and significant negative correlation exists between patients' perceptions of their physician's closedness to the relationship and relational satisfaction with their physician. In order to test whether similar associations exist for nurses, the following hypotheses are proposed:

- H<sub>1</sub> Nurses' willingness to engage in interaction is positively related to patients' reported satisfaction in their relationship with their nurse.
- H<sub>2</sub> Nurse's unwillingness to be open with the patient is negatively related to patients' reports of satisfaction in their relationship with their nurse.

### **III. METHOD**

The sample for this study was randomly selected from residential households in a large southwestern city. A total of 3,038 households were called of which 280 responded to the survey. After eliminating responses which had missing data, a total sample size of 270 was achieved. The sample consisted of 170 females

(63.0%) and 100 males (37.0%). Other characteristics of the sample included: a) Latino/Latina (38.9%), African-American (6.3%), Asian-American (1.9%), Caucasian/European-American (49.6%), and other race/ethnicity (3.3%); and b) some high school (4.5%), high school graduate (28.1%), some college (30.0%), college graduate (32.2%), and other educational attainment level (5.2%). The mean length of relationship between patient and nurse was 5.92 ( $s = 6.10$ ), with the minimum reported length as less than one year, and the maximum length reported as 40 years. The mean age of study participants was 43.31 ( $s = 16.08$ ), with the minimum reported age of 18 and the maximum age of 89. Participation was voluntary and anonymous.

The Patient Relational Satisfaction with Nurse Survey was developed based on previous studies which investigated characteristics of interaction between patients and their physician (see LeBlanc, 2003). Items were revised for the current context to measure health communication satisfaction, interaction engagement, and closedness to interaction. The constructs of engagement and satisfaction were measured using 7-item Likert-type scales with a higher number representing a more positive response. Closedness was also measured using a 7-item Likert-type scale but was negatively loaded.

As with the earlier study (see LeBlanc, 2003), each of the survey items were combined and averaged according to which factor was being measured. Cronbach's alpha was conducted to test the reliability of each of the constructs. Reliability for the closedness factor was  $\alpha = .74$ . Reliability for the interaction engagement factor was also  $\alpha = .74$ . Reliability for the satisfaction factor was  $\alpha = .81$ .

#### **IV. RESULTS**

In general, support for both hypotheses was found. A strong positive relationship was found between satisfaction with health communication and nurses' interaction engagement as reported by patients. Whereas, a strong negative relationship was found between satisfaction with health communication and nurses' closedness to interaction with patients.

For all study participants, the degree of association between the interactional engagement of nurses and patients' reported health communication satisfaction was measured using the Pearson product-moment correlation procedure. Strength of the relationship was in the strong range,  $r = .70$ ,  $p < .01$ . When controlling for gender, the strength of the relationship increased slightly for females ( $r = .72$ ,  $p < .01$ ), but decreased for males ( $r = .66$ ,  $p < .01$ ).

For all study participants, the strength of association between unwillingness to be open (closedness) and health communication satisfaction was also in the strong range,  $r = -.55$ ,  $p < .01$ . When controlling for gender, the strength of the relationship increased for females ( $r = -.61$ ,  $p < .01$ ), but decreased for males ( $r = -.46$ ,  $p < .01$ ).

Post-tests were conducted to determine the strength of the relationship between age of patient or length of patient's relationship with the nurse and health communication satisfaction. Results indicated length of relationship was unrelated to communication satisfaction. However, when controlling for gender, a weak but

significant correlation was discovered between the length of relationship and interaction engagement ( $r = .20$ ,  $p < .05$ ), closedness ( $r = -.22$ ,  $p < .05$ ), and satisfaction ( $r = .24$ ,  $p < .05$ ) for males. No correlation between length of relationship and any of the factors was found for females. The age of the patient was shown to be significantly related to communication satisfaction ( $r = .24$ ,  $p < .01$ ) for both males ( $r = .33$ ,  $p < .01$ ) and females ( $r = .20$ ,  $p < .01$ ), although the relationships were weak. The age of the patient was also significantly but weakly related to interaction engagement ( $r = .12$ ,  $p < .05$ ) for males ( $r = .22$ ,  $p < .05$ ), but not for females. Additionally, the age of the patients was significantly but weakly related to closedness ( $r = -.17$ ,  $p < .01$ ) for males ( $r = -.33$ ,  $p < .01$ ), but not for females.

Several other post-tests were conducted on the data to determine whether demographic characteristics of the sample influenced the results. An independent samples t-test was conducted to determine if significant differences existed by gender on the closedness, satisfaction or engagement factors. Results failed to find any significant difference attributable to gender. Therefore, other characteristics of the sample may have influenced the results.

ANOVA were conducted to compare different ethnic groups and education levels of subjects by each of the factors (closedness, satisfaction and engagement). ANOVA tests failed to find any significant difference between ethnic groups on reported satisfaction, nurse's interaction engagement, or nurse's communication closedness. Additionally, ANOVA tests failed to find any differences attributable to education level of subjects.

## **V. DISCUSSION**

These results suggest that patients appreciate openness and engagement in their communication with nurses. These findings are congruent with previous studies that investigated patient attitudes toward communication with physicians (LeBlanc, 2003). As indicated above, the profession of nursing promotes holistic treatment of the patient (Rosenblatt, et al., 1997). Such holistic treatment includes involvement of the patient, not only in the decision-making processes regarding treatment, but also on the more humanistic relationship building qualities of interpersonal communication.

This study had several limitations. The study did not involve pairing patient responses with their particular nurses. Using a survey protocol required subjects to recall their interaction with their nurse. Typically, nurses work within a clinic or hospital setting under the supervision of an attending physician. Many patients choose a physician, not a nurse. Secondly, many nurses may work with a physician, thus not guaranteeing that a given patient will interact with a given nurse each time they visit the physician. However, oftentimes a patient may compare their interaction with the nurse and the physician as a matter of course. As well, patients may contact a physician's office only to talk to the nurse who serves as a gatekeeper. Indeed, many initial interactions and follow-ups occur between the nurse and the patient.

Although this study investigated the perceptions of patients toward nurses, future studies might investigate nurses attitudes toward the same communication

behaviors in their relationships with patients. Future studies also might compare the attitudes toward nurses versus those attitudes towards physicians to determine if patients perceive these health care providers differently.

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