



Study the Knowledge, Attitude and Performance of the Health and Cure Centers Staff Regarding Using Communication Skills in Interacting With Clients in Zahedan City, 2012

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ABSTRACT

Background: Correct performance in interventions in health and cure systems, increasing patients' satisfaction and promoting the health state, necessitate the need to make a proper and correct communication among health and cure staff with patients.

Objectives: This study is performed with the aim of studying the knowledge, attitude and performance of the health and cure centers staff regarding using communication skills in interacting with clients in Zahedan city.

Patients and Methods: In this research, 135 staff from the health and cure centers were selected by random sampling method. Data collecting tool was a questionnaire including four parts that contained demographic information, knowledge, and attitude. Questionnaires were completed by health employee and skills check list was completed through observing the role playing of the health employees in contact with patients. Data was collected and analyzed by using SPSS software. T statistical test, one way ANOVA, Pierson's correlation coefficient and regression analysis were performed.

Results: knowledge, attitude and performance of the communication skills in health employees were 36.9%, 34.6% and 41.8% respectively. There was a positive and meaningful association between knowledge and attitude, knowledge and performance and attitude and performance ($P < 0.05$). There was not any meaningful association between gender, marital state and education with knowledge, attitude and performance, but there was a positive and meaningful association between recruitment manner (projective, contractive and official) and relative performance. Moreover there was a negative and statistically meaningful association between age and service years. The results of regression analysis by stepwise method showed that attitude and age were predictors of perfect performance of the health staff.

Conclusion: Knowledge, attitude and performance of the communication skills of health staff are improper and it would lead to not using the communication skills to establish perfect communication with patients, so it seems that it is necessary to make the training courses during the service for health staff about communication skills and observing on performing the acquired skills.

Keywords: Communication; Health; Knowledge; Attitude

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▶ Implication for health policy/practice/research/medical education:

Health professional's role in the relationship is formed, which means that the proper implementation of interventions in health care requires good communication between health care workers and patients is correct.

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1. Background

Communication is one of the oldest and best advantages of the human (1). Communication is the act of transferring message from sender to recipient, if in message sender to recipient if in message recipient, the similarity of the meaning to the purposive meaning of the message sender is made (2). The importance of communication in human life is to the extent that some scholars say the basis whole growth and gradual perfection of human are individual hearts and human progress in connection process (3). The health system is not separated from this subject and an effective communication including communication art, human training, behavioral skills and many other sciences, has an important role in promotion of organizations plans (4). In health and cure center, role acting is achieved through communication, it means that it needs to make a profit and correct communication among health and cure staff and patients to perform appropriate interventions (5). Communication skills described as most important necessary features for providing primary health care services (6, 7) and here the staff of health part have important duties in consulting and training health, not only for women but also for the family and society and are responsible to protect and promote mothers health, present the high quality care and give correct information to patients. Researchers have found that perfect communication is the central pillar which determines the mothers' satisfaction in mother cares units (8). Unfortunately during the recent decades, reports have shown deficiency in communication process on presenting the primary cares (9). There are many concerns on the weakness of using the communication skills, which a weak communication from staff, is one of the basic reasons of disapprobation and complaint related to the health care centers (10). Some studies state that communication ability is not sufficient among health-care providers, therefore continuous training of communication skills and review courses during the service must be provided for medical graduated students and health workers whenever needed (11, 12). However health and having practical and academic information in their profession, act as an important role in changing the patients attitude through making a perfect communication to patients and their families (13). Health staff must be aware of the limitations that they may face and try to remove them if possible (14). Totally the manner of contact to patients or a person who seeks help, is not only effective authority's cooperation, but also with a great effect on cure consequences (15). These consequences have not only mental (the sense of satisfaction) and behavioral (periodical completion of the cure, reception and some others) aspects, but also physical ones like improvement of the health indices and the extent of recovery (16).

2. Objectives

By considering the importance of communication skills, and observing the existence deficiencies in using the skills among the health staff and so many patients with different cultural traits and patterns which come to these centers to receive various cares, it is felt that, it needs to do the study by researchers to promote the communication skills of the health staff in mutual assistance with patients.

3. Patients and Methods

This is a sectional analytic-descriptive study. The studied society is formed by all of the health and cure centers staff and the bases which are under supporting, occupying in regulation units of families, vaccination and midwifery in Zahedan city in 2012. 135 persons were selected by random sampling method. Collecting data tool was a four part questionnaire with the first part as demographic information, containing 6 questions, the second part related to the knowledge which contained 11 question (answers were false, score 1, and I do not know, score 0). The third part related to the attitude which contained 16 questions (answers were strongly agree as score 5, agree as score 4, abstainer as score 3, disagree as score 2 and strongly disagree as score 1). The 3 parts of the questionnaire were completed by the staff and finally the fourth part, was a check list containing 31 questions to compare the staff performance which was completed by using the method of acting the staff communication skills role in contact to patients, correct performing of the skills was given score 1, and incorrect performing as score 0. To determine the narration of whole collecting tool of information (contain knowledge, questionnaire, attitude and comparison check list of communication skills). The content validity method was used and was performed under the consensus of 10 experts and specialists to determine the reliability of collecting information tool in knowledge and attitude questionnaire, test-test method is used which is confirmed by permanent correlation coefficient of 78% and the permanent of check list performance is calculated 80% through Alfa Kranbakh and confirmed. The results from this questionnaire were encoded and then data was analyzed by using SPSS software version 19. To describe and analysis data, the centric and dispersion indices and independent t tests, one way ANOVA, Pierson correlation coefficient and regression analysis were used.

4. Results

Demographic information of 135 under study is presented in *Table 1*. As we see, most under study persons (95%) were woman and their age average was 33.7 ± 5.5 years, education level was post diploma in 62% and average of year service of the sample size was 10.3 ± 3.2 years. 78 percent of staff were government's official employees.

Table 1. Distribution of the Frequency Education Level, Service State, Marital State

	Frequency (%)
Education Level	
Post diploma	84 (62.2)
BA/expert	51 (37.8)
Sum	135 (100)
Service State	
Official	76 (56.3)
Projective	7 (5.2)
Contractive	52 (38.5)
Sum	135 (100)
Marital State	
Single	26 (19.3)
Divorced	4 (3)
Married	105 (77.8)
Sum	135 (100)

Table 2. Correlation Relation Between Knowledge, Attitudes, Performance Age and Service Years of Staff (Pearson Correlation Test)

	Knowl- edge	Attitude	Perfor- mance
Attitude			
Correlation coefficient	0.366 ^a		
P-value	0.0001		
Performance			
Correlation coefficient	0.116	0.210 ^b	
P-value	0.028 ^b	0.015	
Age			
Correlation coefficient	-0.116	-0.151	-0.236 ^a
P-value	0.179	0.080	0.006
Service Years			
Correlation coefficient	-0.030	-0.158	-0.182 ^b
P-value	0.734	0.066	0.132

^a Correlation is meaningful in 0.01 level
^b Correlation is meaningful in 0.05 levels

Table 3. Distribution of the Knowledge, Attitude and Performance Score Averages Regarding Under Study Persons According to Gender, Education Level, Service State and Marital State

	Knowledge, Mean ± SD	Attitude, Mean ± SD	Performance, Mean ± S
Gender			
Woman	1.69 ± 4	7.69 ± 43.83	12.89 ± 3.84
Man	5.14 ± 2.12	41 ± 12.74	12.86 ± 2.19
P-value ^a	0.087	0.468	0.982
Education level			
Post Diploma	4.01 ± 1.75	44.07 ± 7.49	12.61 ± 3.29
BA. Expert	4.14 ± 1.68	43.12 ± 8.76	13.35 ± 4.44
P-value	0.683	0.503	0.302
Service State			
Official	3.89 ± 1.68	42.92 ± 7.69	12.39 ± 3.95
Projective	4.43 ± 1.27	39 ± 8	14.14 ± 2.54
Contractive	4.25 ± 1.84	45.5 ± 8.10	13.44 ± 3.57
P-value ^b	0.606	0.066	0.04
Marital State			
Single	4.19 ± 1.52	45.42 ± 4.96	13.23 ± 4.35
Divorced	3.75 ± 0.96	39.25 ± 6.40	13.75 ± 4.11
Married	4.04 ± 1.79	43.46 ± 8.56	12.77 ± 3.63
P-value^b	0.863	0.281	0.772

^a T-test
^b ANOVA

By considering the obtained result from under study persons acquired 36.9 percent of whole knowledge score (4.06 ± 1.79 scores of 11score). 54.64 percent of whole attitude score (43.71 ± 7.98 score of 80 score) and 41.58

percent of total performance score (12.89 ± 3.77score of 31 score).The result of Pierson correlation test showed a positive and statistically meaningful association (P 0.05) between knowledge and attitude knowledge and

knowledge and performance and between attitude and performance. Also the test showed a statistical meaningful negative association ($P < 0.05$) between age and service years of staff. Staff performance was decreased with aging and more years of service (Table 2). To determine the effective factors on the performance of health centers staff on communication skills, regression analysis showed that attitude has the most capacity to predict the behavior and the only variation that remained in model (Beta = 0.193, $t = 2.115$, $P = 0.035$). The independent T statistical test showed that there is a meaningful difference ($P < 0.05$) between the average of knowledge, attitude and performance score of understudy person between women and men and between education level in BA and post diploma. Also statistical one way ANOVA test showed that there is no meaningful difference for purpose of service state (official, projective, contractive) ($P < 0.05$) regarding the average of knowledge, attitude and performance scores of understudy persons between different groups, but average difference of performance the persons between different groups for purpose of service state that (official, projective, contractive) is meaningful statistically ($P = 0.04$). So that performance score of projective group is better than contractive group and contractive groups better than the officials (Table 3).

5. Discussion

The ability of making communication is a basic skill and is considered as a permanent factor in presenting health services (17). There are strong evidences showing that the communication of healthcare providers to patients, is a good predictor for acceptance, regimen adherence, better clinical consequences and patients satisfactions (18). In twentieth century, contemporary to understand the necessity of acquirement knowledge and more information about making communication, high degree schools and universities throughout the world, allocated a teaching course for this subject (19).

The results of the present study showed that knowledge, attitude and performance of staff in communication skills are undesirable. Researchers showed that in many countries there are serious problems in making communication of medical staff and communication skills knowledge and attitude are in a low level (20, 21). Also in the Alimoradi colleagues' study, the performance of midwife speech and inspect communication was 62% and 36% respectively which was reported undesirable and is close to the existing results (15). On the basis of the performed studies, physicians and medical staff have few information and knowledge about general communication skills related to training deficit and by considering that communication skills are mostly are acquirable and learnable and clinical experience has only a few role on its promotion (22). Communication skills training to health staff is one of the most basic ways to promote the services quality and improve the

health care services results which has a main role in determining patient's satisfaction consequently (23). The present study showed that there is a positive and meaningful association between knowledge and attitude and performance. On the basis of the researches on British medical training board, knowledge deficit and insufficient awareness about communication skills and negative attitude of staff regarding patients are most important obstacles of perfect and correct communication performances which are close to the present research results (24). In a study performed by Aghabarari and colleagues to determine obstacles of using nurses communication skills in mutual contact to patients was found that, negative attitude of nurses in making communication to patients is one of the most important obstacles in making perfect communication and stated that improving nurses attitude with patients is an important factor to promote health (25). The study by Garry Tell and colleagues showed that those physicians who have had more knowledge about communication skills, were more successful in consulting mothers (26). Sharifirad and colleagues found in their study that ability and increasing the knowledge and attitude have some effects on improving the communication performance of health personal to mother and has an important role in growth and nourishing children and promotion of their health (27). The study performed by Willkinson and colleagues showed that attitude improvement of the participants has been associated with performance improvements (28). Arabshahi and colleagues study also showed that more than a half of the research units (medical interns) did not have sufficient knowledge about communication with patients and this matter prevented them from correct performance (29). All of the referred studies are in concordance with the results of this study, In this study, There was no meaningful association between knowledge, attitude and performance related to gender, marital state and education level (post diploma, AB), and this matter can be due to the lack of training and available textbooks about communication skills for students in the medical group, that is close to Alimoradi and colleagues study as using the communication skills among occupying midwives in health care centers of Tehran. In this study there was no association between education levels, years past from the graduation, service years and education place, with the use of communication skills which its reason is lack of a teaching course as communication skills in midwifery training schedule, in the country (15). Also the results showed there is no meaningful difference between understudy persons knowledge and attitude and different groups regarding service state (official, projective, contractive) ($P < 0.05$), but among the persons performance and different groups regarding service state (official, projective, contractive) is meaningful statistically and one the other side there was a meaningful association between age and service years. From the researchers' point

of view, it can be said that the reason is the graduated persons motivation to reach job stability, but among the official staff and higher ages because of the lack of motivation, confidence, job stability, the weaker communication performance is reported. By considering the present study findings, the extent of knowledge, attitude and using communication skills was undesirable by health staff, and it is confirmed by comparing this study with the studies about other medical group staff. Therefore it is suggested to appoint a text unit entitled communication skills during service, correct arrangement and settings at works environment and casting to use communication skills among staff and encourage and calling them by managers.

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Authors' Contribution

Study concept and design: Zahra Parvizi, Zahra Jalili. Analysis and interpretation of data: Zahra Parvizi, Mahnaz Shahrakipoor. Drafting the manuscript: Zahra Parvizi, Iraj Zareban. Critical revision of the manuscript for important intellectual content: Zahra Parvizi, Gholam reza Masoudi. Statistical analysis: Zahra Parvizi.

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