Performance of Therapeutic Communication Knowledge Application and Technique during Clinical Training of Nursing College Students

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Abstract

This study aims to provide the primary data for strengthening the communication learning competency of practical clinical training by understanding the performance of therapeutic communication knowledge application and technique during clinical training of nursing college students. Using the SPSS 21.0 Program for the data analysis, the t-tests and one-way ANOVA were conducted. The application of therapeutic communication knowledge and technique performance showed significant differences in grade, economic condition, and clinical training period. The mean performance of therapeutic communication knowledge application and technique was 1.86±0.15, while the problem recognition was the highest and the provision of information was the lowest. In analyzing the factors affecting the performance of therapeutic communication knowledge application and technique, the grade was 19.4%. To strengthen the therapeutic communication competency out of learning strategies of clinical training for nursing college students, adapting to the skilled environment and technique would be needed, so it would be necessary to develop the educational intervention program for effective education methods and teaching/learning strategies during clinical training.

***Keywords:** Therapeutic communication, Knowledge application and technique, Clinical Training, Nursing college students*

1. Introduction

Therapeutic communication is the nursing activity that promotes interactions between nurse and patient so that the patient can express their present condition, goal, treatment, feelings, and health problems related to recovery to the nurse; the nurse can resolve the patient's health problems; the goal of nursing could be achieved [1].

As a nursing technique necessary for approaching and understanding patients from a holistic perspective, therapeutic communication is a professional nursing competency that should be essentially equipped for effectively understanding patients' needs, providing security to patients by helping their problem-solving, and also performing nursing activities for the health enhancement and prevention [2].

Thus, it would be necessary to provide more opportunities for learning to experience therapeutic communication to nursing students in nursing education [3]. Also, to provide opportunities for learning and experiencing therapeutic communication with nursing students, there should be some effort to develop an effective learning method [4].

To obtain the learning effects of therapeutic communication, the learning methods for acquiring knowledge and attitude in the psychomotor, cognitive, and affective domains should be all considered. Therefore, it is necessary to have a learning method that could provide extensive experiential opportunities to learn a specific technique and attitude of therapeutic communication instead of simple delivery of knowledge through lectures [5].

Thus, the researcher aims to provide the primary data for strengthening the therapeutic communication learning competency in the clinical training education of the actual clinical condition by understanding the performance of therapeutic communication knowledge application and technique between nursing students and their case subjects in the actual clinical condition during clinical training and also understanding the factors having effects out of the relevant characteristics.

2. Methods

2.1. Participants and data collection

Through convenience sampling, this study selected Grades 3 & 4 of nursing college students who completed clinical training for two weeks or more in two universities located in K province and D metropolitan city. The results of using the G power 3.1 software (Mindspark Interactive Network). to calculate the proper number of samples, with the significance level(α).05, power($1-\beta$).95, effect size(r).15(middle), and 14 predicting variables, the minimum sample size necessary for the multiple regression analysis was calculated as 194. Considering the 10% drop-out rate, the questionnaires were distributed to 275 people through convenience sampling. Of the collected 251 questionnaires, 235 respondents(93.5%) were selected as the research subjects after excluding 16 questionnaires(6.5%) with insufficient responses.

2.2. Research tools

The performance of therapeutic communication knowledge application and technique was developed by Lee [7] to evaluate the performance degree of therapeutic communication of nursing students by directly observing the process of applying the therapeutic communication technique to standardized patients. This study used one for students, composed of a total of 15 items for measuring the degree of therapeutic communication knowledge and technique, three for measuring the perception of the nursing problem, and one for measuring the satisfaction with the overall therapeutic communication application. In the measurement, two points were given to 'Yes' and one to 'No.' Based on the score range from a minimum of 15 to a maximum of 30, the performance of therapeutic communication knowledge application and technique was high when the score was higher. In this study, Cronbach's alpha was .778.

2.3. Data analysis

The collected data was analyzed by using the SPSS 21.0 program. The general characteristics of nursing college students and the performance of therapeutic communication knowledge application and technique were analyzed using the percentage, mean, and standard

deviation. The differences in the general characteristics of nursing college students and the performance of therapeutic communication knowledge application and technique were analyzed using the t-test, ANOVA, and Scheffe. The effects on nursing college students' therapeutic communication knowledge application and technique were analyzed using the multiple linear regression analysis.

3. Results

3.1. Measurement tools of the performance of therapeutic communication knowledge application and technique by the general characteristics of subjects

In this study, the differences in the general characteristics of subjects and the measurement tools of the performance of therapeutic communication knowledge application and technique by the general characteristics are as follows. In the general characteristics, out of the subjects, the women (80%) and the 'middle rank' of the school record (54.9%) were the most. The clinical training period was two weeks (31.9%) - 19 weeks (23%). The performance of therapeutic communication knowledge application and technique by the general characteristics of subjects showed significant differences in grade(p<.001), economic condition (p=.047), and clinical training period(p<.001) [Table 1].

3.2. Performance of therapeutic communication knowledge application and technique of subjects

The performance of therapeutic communication knowledge application and technique of subjects was 1.86±0.15 [Table 2].

Table 1. The therapeutic communication knowledge application and technique by the general characteristics (N=235)

–		N(%)	Therapeutic Communication Knowledge Application and Technique	
			mean±sd	t or F (p)
Gender	Men	47(20.0)	1.83±0.19	-1.384 (.168)
	Women	188(80.0)	1.86±0.14	
Grade	Grade 3	180(76.6)	1.83±0.16	-5.038 (.000)
	Grade 4	55(23.4)	1.95±0.08	
School Record*	High(top 30%)[a]	60(25.5)	1.88±0.14	1.846 (.160)
	Middle[b]	129(54.9)	1.84±0.16	
	Low(bottom30%)[c]	46(19.6)	1.87±0.12	
Religion	Christianity	41(17.4)	1.86±0.15	2.239 (.084)
	Buddhism	20(8.5)	1.78±0.20	
	Catholicism	24(10.2)	1.83±0.19	
	None	150(63.8)	1.87±0.13	
Economic condition*	High[a]	17(7.2)	1.90±0.15	3.095 (.047)
	Middle[b]	196(83.4)	1.85±0.15	
	Low[c]	22(9.4)	1.92±0.09	
Major Life Satisfaction	Very satisfied	14(6.0)	1.86±0.16	0.676 (.567)
	Satisfied	98(41.7)	1.84±0.18	

	Average	109(46.4)	1.87±0.12	
	Dissatisfied	14(6.0)	1.86±0.17	
Scholastic Achievement Level[*]	Excellent[a]	11(4.7)	1.83±0.23	1.222 (.296)
	Satisfactory[b]	112(47.7)	1.87±0.15	
	Insufficient[c]	112(47.7)	1.84±0.15	
Experience in Taking Communication Courses	Yes	230(97.9)	1.86±0.15	0.707 (.480)
	No	5(2.1)	1.81±0.10	
Clinical Training Period[*]	Two weeks[a]	75(31.9)	1.83±0.14	6.537 (.000) (a,b,e<f)
	4 weeks[b]	23(9.8)	1.80±0.17	
	6 weeks[c]	40(17.0)	1.86±0.15	
	8 weeks[d]	21(8.9)	1.85±0.14	
	10 weeks[e]	21(8.9)	1.77±0.21	
	19 weeks[f]	55(23.4)	1.95±0.08	
The Aspect of Family Communication	Order-oriented communication	7(3.0)	1.91±0.14	0.417 (.660)
	Position-oriented communication	40(17.0)	1.85±0.14	
	Character-oriented communication	288(80.0)	1.86±0.15	

Table 2. Performance of therapeutic communication knowledge application and technique of subjects
(N=235)

Contents	Item	content	mean±sd
Problem Recognition	1	Recognized and observed the patient's facial expression of concern	1.97±0.18
	2	Asked questions one by one efficiently	1.97±0.15
	3	Listened to the patient without cutting their words	1.97±0.15
Openness	4	Used appropriate open-ended and close-ended questions	1.88±0.32
Active Listening	5	Listened actively to understand the patient's concerns and feelings	1.94±0.23
Empathy	6	Expressed empathy for the patient's concerns and feelings	1.97±0.18
Focusing	7	Helped patient to continue and finish their question	1.89±0.31
Encouraging	8	Encouraged patient to express their concerns and feelings	1.96±0.19
Using Silence	9	Quietly wait for the patient's response	1.94±0.20
Summarizing	10	Asked if the patient understood the information provided	1.96±0.18
	11	Provided opportunities for the patient to ask questions	1.68±0.46
Providing Information	12	Educated on PCA pain management	1.85±0.36
	13	Educated on dietary therapy after surgery	1.56±0.49
	14	Explained and specifically to address patients' questions, avoiding jargon	1.56±0.49
Satisfaction	15	Satisfied with the overall use of therapeutic communication techniques	1.82±0.38
Total			1.86±0.15

3.3. Factors having effects on the therapeutic communication knowledge application and technique of subjects

In the results of analyzing the statistically significant variables(p<.05) in the general characteristics of subjects and the factors having effects on the therapeutic communication knowledge application and technique, the grade explained 19.4%(F=19.451, p<.001). When the grade was higher(β=.473, p=.001), therapeutic communication knowledge application and technique performance was high [Table 3].

Table 3. Factors having effects on the therapeutic communication knowledge application and technique of subjects (N=253)

-	-	-	B	β	t(p)	R	Adjusted R2
Therapeutic Communication Knowledge Application and Technique	Constant	.919		8.328(.000)	.546	.283	19.451 (.000)
	Grade	.174	.473	3.250(.001)			
	Economic Condition	.026	.067	1.182(.238)			
	Clinical Training Period	-.005	-.214	-1.465(.144)			

4. Discussion

This study understood the performance of therapeutic communication knowledge application and technique in the actual clinical condition. Also, it analyzed the relevant factors, targeting Grades 3 & 4 of nursing college students with experiences in clinical training.

Viewing the performance of therapeutic communication knowledge application and technique of subjects of this study, there were significant differences in grade(p<.000), economic condition (p=.047), and clinical training period(p<.001) by the general characteristics. Regarding the grade, Grade 4 was higher than Grade 3. The students who performed the 19 training periods showed the highest in the clinical training period. The application of therapeutic communication to patients in clinical conditions should be based on the training experiences of nursing college students.

A thesis on the performance of therapeutic communication knowledge application and technique is a part. Lee [6] evaluated the performance of therapeutic communication knowledge application and technique in the simulation class, applying the standardized patient scenario in the division of professors, standardized patients, and students. This study evaluated it during clinical training for patients in the actual clinical condition instead of an imaginary condition, which is the difference. In the results of the performance of therapeutic communication knowledge application and technique, in the research by Lee [6], items No. 1 and No. 13 showed the highest(2.00±0.00). However, in this study, item No. 1 was the highest (1.97±0.18), while No. 13 was the lowest (1.56±0.49). Item No. 13 was about 'post-surgery dietary education for surgical patients.' This result must have originated from the fact that there were not many hospitalized surgical patient cases in the actual clinical condition. In the future, it would be necessary to have additional variables to consider in the current clinical condition and to analyze the results considering the ward for training.

The grade was the factor that affected the performance of therapeutic communication knowledge applications and techniques. Because Grade 4 showed a higher application of technical performance than Grade 3, the skilled technique and adaptation to the environment

could be considered the educational environment necessary for performing the therapeutic communication knowledge and technique.

5. Conclusion and suggestions

To adapt therapeutic communication to the clinical environment, there should be a place for environmental education in which the skilled knowledge and techniques of therapeutic communication can be learned. For this, developing a strategic teaching/learning program would be necessary.

Acknowledgments

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