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Attitudes of Nurses' Therapeutic Communication Skills During Preoperative Care for Patients Undergoing General Surgeries

A Thesis Submitted

By

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To

Council of College of Nursing, University of Babylon
in Partial Fulfillment of the Requirements for the Degree of Master
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Supervised by

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بسم الله الرحمن الرحيم

﴿قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا

عَلَّمْتَنَا إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ﴾

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I certify that this thesis, entitled **(Attitudes of Nurses' Therapeutic Communication Skills During Preoperative Care for Patients Undergoing General Surgeries)** submitted by **Masarrah Aqeel Hadi** was prepared under my supervision and guidance at the Department of Adult Nursing, College of Nursing, University of Babylon as a partial fulfillment of the requirement for the Degree of Master of Sciences in Nursing.

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Dedication

To

my lovely family, beloved mother and dear father, sisters and brother who encourage me and without their support I could not achieve all of this.

To all my friends who supported me in this work.

With all love and respect.

Masarrah

2022

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Abstract

Background: Nurses' therapeutic communication skills are critical issue in healthy setting. Most patients have fear and anxiety toward medical procedures, many patients may feel confused about what is happening around them. Nurses with excellent therapeutic communication skills can help reassure patients, understand their needs during preoperative care.

Objectives: The purpose of this study is to assess nurses' therapeutic communication skills attitudes during preoperative care and to look at disparities in attitudes of nurses' therapeutic communication skills based on sociodemographic variables.

Methods: A descriptive study with a purposive sample of (N=104) nurses was selected, this sample is distributed throughout two hospitals regarding to the Babylon Health Directorate. The questionnaire consists of (45) items. The reliability of the questionnaire was verified by conducting a pilot study. Data was obtained by using self-report, descriptive and inferential statistical methods used to find out the results.

Results: The findings revealed that (45.2%) of nurses' expressed a moderate level of attitudes related to therapeutic communication skills with the patients undergoing surgeries. The nurses' therapeutic communication skills attitudes are significantly associated with their gender ($p=0.000$), education level ($p=0.000$), years of experience in surgical wards (p=0.007) and number of training sessions ($p=0.000$).

Conclusion and Recommendations: Nurses who have more than 5 years of experience and who are trained are qualified to work in surgical wards. A continuous educational sessions and programs May be applied to enhance nurses' therapeutic communication skills attitudes when dealing with surgical patients during preoperative care.

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List of Abbreviations

Abbreviations	Meanings
M	Mean
SD	Standard deviation
d.f	Degree of freedom
F	F-statistic
Sig	Significance
T	t-test
P	Probability value
S	Significant

List of Symbols

Symbols	Meanings
$\sum$	Summation of
X	The value in the data set
$\tilde{\chi}$	Mean of all values in the data set.
%	Percentage

Chapter One

Introduction

Chapter One

Introduction

1.1.Background

The concept of communication refers to information exchange between people by sending and receiving it through speaking, writing or by using any other media. Clear communication means that information is effectively transmitted and communicated among people (Sibiya, 2018).

Therapeutic communication is one of the basics of good nursing care. The forms of nurse-patient communication involve verbal and non-verbal communication (such as body language, facial expressions, gestures, and distance between the nurse and the patient). Effective communication between nurses and patients can lead to build relationships that improve the quality of care and clinical outcomes and increase patient satisfaction (Seal & Wiske, 2018). As well as it ensures a healthier psychological position by managing the disease, controlling pain, and recalling the history of the disease. (Marhamati et al., 2016).

Of all healthcare workers, nurses are the ones that spend the most time with the patients; consequently, understanding and using effective communication skills with their patients is extremely vital and required. Therefore, nurses should obtain proper in-service education on the liaison process to guide patients wait surgical intervention on admission and convey necessary information (Pehrson et al., 2016).

Patients undergoing general surgeries are always accompanied by feelings of fear, anxiety and insecurity during the preoperative period. Patients are generally vulnerable and are prone to physiological, psychological and social needs. As a result, the need for information, care, and support is critical,

which might corroborate the patient's belief that he or she is attempting to figure things out and interfere in the procedure (Rezende et al, 2013).

The patient meet nursing staff in preoperative period, he or she has the opportunity to get acquainted with the nurse, talk to, and share with the nurse thoughts and expectations about anesthesia and surgery. The nurse listens to the patient's questions, answers them, documents them, and explains what they need to explain. The nurse has the opportunity to get to know the patients and make a care plan with them (Lindwall et al., 2003).

Nurses use basic communication skills such verbal and non-verbal skills to reduce anxiety. By paying attention to physical comfort (such as warm blankets, pads, changes in position), the patient can feel more comfortable. Informing the patient of who else is in the operating room, the time it may be taking, and other details will help the patient prepare for the experience and gain a sense of control (Hinkle & Cheever, 2018).

Also, many studies have shown the positive effects of preoperative patient's education on postoperative outcomes, such as reduced anxiety levels, recovery times, postoperative complications, use of analgesics, increased patient satisfaction and adherence to treatment regimens (Chan et al., 2011).

Communication is one of the necessary competencies required of nurses since their work is concentrated on interpersonal relationships with patients, the nursing team, and the multi-professional team, both to implement patient care and monitor care and health services. Furthermore, communication encompasses and supports the development and use of other professional nursing abilities. However, many nurses have difficulties in communication, particularly in situations that need frequent decision making (Santos et al., 2019).

1.2.Important of Study

The minimal rate of surgical need varies by region, ranging from 3,383 surgeries per 100,000 people in Central Latin America to 6,495 surgeries per 100,000 people in Western Sub-Saharan Africa (Rose et al., 2015). it is estimated that 230 million major operations are performed worldwide each year, which equates to one surgery for every 25 people. (Pratiwi et al., 2021).

However, around 234 million surgical procedures were performed worldwide in 2004, with this number increased by 25% to 310 million in 2012. 40 to 50 million of these were performed in the United States and 20 million in Europe (Dobson, 2020). In 2009, 48 million surgeries were performed in the United States. When, in 2014 the number of surgeries that were performed totalled approximately 51.4 million surgeries in the US. (D. et al., 2017).

In China, the number of surgical interventions (per100,000 population) was posted at 2732 in 2012, consistent with the World Bank collections of development indicators compiled from formally identified sources. While the total number of surgeries performed in England and Wales in 2020 was 3,102,674 surgeries (Dobbs et al., 2021).

In Iraq, according to the annual statistical report issued by the Iraqi Ministry of Health/Environment for the year 2016 showed that the number of surgical procedures that took place in governmental hospitals was 1,330,930 surgeries. when the number of surgical procedures performed in 2014 was 1,536,304 surgeries according to the Iraqi Central Statistical organization CSO.

For most people, surgery is a worrying event, regardless of the procedure or whether or not they have had surgery. Good preoperative care improves the patient's experience by minimizing anxiety and promoting recovery (Liddle C, 2012).

As good communication skills are essential among nurses and their colleagues in other disciplines. Good communication is also necessary for patient-centered care. Nurses who take the time to listen and understand the patient's concerns are well prepared to deal with problems when they occur, to get better outcomes. (Chan et al., 2011).

Therapeutic communication is an important element of nursing practice in all areas of activity and all interventions such as prevention, treatment, rehabilitation, education and health promotion (Klisiari & Gaki, 2012).

Moreover, according to studies, effective information delivery to surgical patients has an empowering effect, allowing them to take control of their health care and adhere to treatment. It informs patients about what is expected of them. (Leino-Kilpi & Suhonen, 2006; Mulsow et al., 2012).

Therefore, therapeutic communication is increasingly recognized as a core clinical nursing skill and is essential in building relationships with patients. As healthcare becomes more complex, the ability to communicate within members of the healthcare team becomes essential. Hospitalization is usually stressful for patients and their families, especially those in need of surgery, and be impatient and angry when they feel that they have not been treated adequately. Also, poor or ineffective communication can make things worse and worse. It causes problems and can even endanger the patient's life. Good communicator nurses can communicate their messages, save more time, and get more information from their patients, resulting in faster diagnosis and more effective treatment plans (AL-Rahman Abdullah & Ibrahim, 2016).

1.3.Research Problem

Efficient communication is considered one of the nurse's most important duties. Communication is an essential part of nursing and is very important in nursing practice (Kirca & Bademli, 2019). Therapeutic communication creates

trust between patients and healthcare providers. Trust counteracts negative emotions and makes it easier for the patient to understand clearly the information conveyed (Sprick, 2017). While, inefficient communication can lead to situations where the expectations are not met, leading to accusations of negligence due to tragic mistakes (Smith & Jones, 2009).

1.4.Statement of Study

The present study is concerned with assessing the nurses' therapeutic communication skills attitudes during preoperative care for patients undergoing general surgeries. As well as follow-up to the strengths and weaknesses in their communication skills and the seriousness in finding appropriate solutions to resolve as much as possible of the problems dealing with phenomena underlying the study (Attitudes of Nurses' Therapeutic Communication Skills During Preoperative Care for Patients Undergoing General Surgeries). And to meet underlying objectives; the following questions are formed:

1. What are the attitudes of therapeutic communication skills of nurses during preoperative care for patients undergoing general surgeries?
2. Do the sociodemographic variables have influences on nurses' therapeutic communication skills attitudes during preoperative care for patients undergoing general surgeries?

1.5.Study Objectives

The study directed to achieve the following objectives:

1. To assess of nurses' attitudes related to their therapeutic communication skills during preoperative care for patients undergoing general surgeries.
2. Investigate the differences in nurses' attitudes related to therapeutic communication skills with regard to sociodemographic variables including age, gender, marital status, education level, years of experience and number of education training.

1.6.Definitions of Terms

1.6.1.Attitude

a. Theoretical Definition:

A relatively enduring evaluation reaction to other individuals, situations, or objects, which may be positive or negative. Typically defined as compression effective cognitive and behavioral components (Vogel, 2016).

b. Operational Definition:

The way the nurse thinks, feel or behave when communicate with patients undergoing general surgeries in the preoperative period.

1.6.2.Nurse

a. Theoretical Definition:

According to the International Council of Nurses (ICN), a Nurse is a person who has completed a program of basic, generalized nursing education and is authorized by the appropriate regulatory authority to practice nursing in his/her country. (International Council of Nurses, 2019)

b. Operational Definition:

A professional title provided for a person welly prepared to provide care of the patients undergoing surgical intervention.

1.6.3. Therapeutic Communication

a. Theoretical Definition:

Therapeutic communication is the process of using verbal and nonverbal communication to connect and correspond with patients. It is patient-centered and should involve a holistic approach, including aspects of psychological, physiological, spiritual, and environmental care of the patient (Faubion, 2022).

b. Operational Definition:

Sharing ideas, information, and feelings between the nurse and the surgical patient during preoperative phase to decrease the chance of postoperative complications.

1.6.4.Skills

a. Theoretical Definition:

Is defined as the abilities to do something that comes from training, experience, or practice (Rider & Keefer, 2006).

b. Operational Definition:

The abilities that use when giving and receiving different kinds of information to the surgical patient about the operation.

1.6.5.Preoperative

a. Theoretical Definition:

The preoperative term refers to the period between the decision to have surgery and the beginning of the surgical procedure (Whitlock, 2022).

b. Operational Definition:

It is the period that precedes the surgical operation, in which the nurse communicates with the patient about the surgery, the nursing care plan and the postoperative pain management approach. In addition, the patient signs a consent to undergo surgery.

1.6.6.Care

a. Theoretical Definition:

The effort made to do something correctly, safely, or without causing damage (Hollnagel, 2018).

b. Operational Definition:

It refers to the services provided by the nurses to the patients before an operation.

1.6.7. patient

a. Theoretical Definition:

A person who is under medical care or treatment. (Dictionary, 2019)

b. Operational Definition:

Is the person who admits to the surgical ward to get prepared to undergo a general surgery.

1.6.8.General surgery

a. Theoretical Definition:

General Surgery is a discipline of surgery having a central core of knowledge embracing anatomy, physiology, metabolism, immunology, nutrition, pathology, wound healing, shock and resuscitation, intensive care, and neoplasia, which are common to all surgical (Timmerman, 2018).

b. Operational Definition:

General surgery is a medical technique that relies on medical intervention to treat the affected tissue. It focuses on abdominal contents including the oesophagus, stomach, small intestine, large intestine, liver, pancreas, gallbladder, appendix and bile duct, and often the thyroid gland.

Chapter Two
Review of Literature

Chapter Two

Review of Literature

2.1. Historical Overview of Communication:

Communication is the act of transmitting information in order to achieve a common understanding. It is something that humans do on a daily basis (Sindhu, 2020). The word communication has been derived from the Latin word verb communicare, which means to share or to be in contact with. It is also related to the terms common, commune, and community through Indo-European etymological origins, implying an act of bringing together (Cobley, 2008).

Humans have been communicating with one another in some manner or another from time immemorial (Nguyen, 2021). Men met before the invention of writing to tell stories and exchange ideas. Then, on walls, stones, and bones, some daily routines and yearly events were documented. Later, the written and printed word fostered learning and more individuals participated in this form of communication (Lin, 2011).

Communication is a core component of any society, and language is an important aspect of that. Language is where communication begins. It is the distinguishing skill that has enabled the growth of human civilization. It is the way by which people communicate with one another, build relationships, and create a sense of community (Holmes, 2019).

Communication is essential for interpersonal interaction, and it has developed over the years. People's communication patterns now are vastly different from those of ancient times. Previously, communication was restricted to interpersonal interaction — person to person. Until alphabets, signs and symbols, letters, and telephones appeared. Today's Internet era has cleared the way for a plethora of new modes of communication (Munoz, 2017).

2.2.Communication in Nursing

Since Florence Nightingale's time, nursing has evolved from a task-oriented practice to a therapeutic process that includes a wide range of nursing duties, all of which are focused on the individual patient and his or her health and well-being (Webb, 2011).

In the late 1800s, Florence Nightingale emphasized on the significance of the communication that develops between the nurse and the patient. She was quoted as saying, “Always sit within the patient’s view, so that when you speak to him, he has not painfully to turn his head round to look at you. Everybody involuntarily looks at the person when speaking. So, also by continuing to stand, you make him continuously raise his eyes to see you….” (Sharma & Gupta, 2021)

Communication plays an important role in the nursing profession. Nurses communicate with physicians, patients, and other nurses frequently. According to the Royal College of Nursing, communication is about much more than the words we express. The total efficacy of any form of communication is influenced by our tone of voice, body language, gestures, eye contact, writing style, and other elements. (Webber, 2019).

Communication is the process of transmitting, receiving, and exchanging information between two or more health professionals and patients. Depending on how the information is sent and received, the communication pattern can be advantageous or disadvantageous. As a result, communication can assist patients getting health care and health professionals exchange information. (Mccorry & Mason, 2020).

Nurses' primary role is to recognize and respond to people's physical, psychological, and social needs. One of the key responsibilities of a nurse is effective communication. Efficient communication is an essential component

of providing high-quality treatment. Patients are more satisfied when they can communicate effectively (Kirca & Bademli, 2019).

In addition, communication between nurses and patients allows nurses to better understand their patients' requirements while also ensuring that they can provide safe care. It also enables patients to share their experiences, fears and concerns, which may assist nurses making an accurate nursing diagnosis. It also encourages them to place their trust in healthcare providers (Papagiannis, 2010).

Effective communication skills are important as nurses assume more complicated tasks and care for culturally diverse populations of all ages. Effective communication decreases stress, increases wellbeing, and so improves patients' overall quality of life. (Bettencourt, 2018).

2.3.Characteristics of Good Communication

The following characteristics must be present for communication to be good and effective:

1. **Simplicity:** comprises the use of frequently understood words, as well as brevity and completeness.
2. **Clarity:** entails expressing what is meant. The nurse should also be able to communicate slowly and clearly.
3. **Timing and Relevance:** this necessitates the selection of an acceptable moment as well as consideration of the client's interests and concerns. Ask one question at a time and wait for a response before adding another.
4. **Adaptability:** entails adjusting what the nurse says and how to say it based on the client's moods and actions.
5. **Credibility:** The worthiness of one's belief. To be trustworthy, the nurse must be well-versed in the subject under discussion. The nurse should be

able to offer correct information while also expressing confidence and certainty in what to say (Udan, 2004).

2.4.Communication Basic Elements

2.4.1.Message:

The message is the most crucial component of communication process. It transfers from the sender to the receiver. It allows the sender to share a common understanding, idea, feeling or knowledge with the receiver to channel the communication (Bhasin, 2021)

2.4.2.Sender

The communication process is started by the sender, also known as the communicator or source. The sender has information they'd like to communicate with others, such as an order, a request, a question, or an idea. To receive this message, the sender must first encode it in a comprehensible format, for as using ordinary language or industrial jargon, and then send it. (Nordquist, 2020).

2.4.3.Receiver:

The message's recipient is the person or individuals to whom it is sent. The degree to which that person comprehends the message will be decided by a number of elements, including the individual's or people's knowledge of the subject matter, their receptivity to the message, and the sender-receiver relationship and trust. Experiences, attitudes, knowledge, skills, perspectives, and culture all influence how people understand information. It's analogous to a sender's attitude toward encryption (Sanchez, 2019).

2.5.Communication Process

Communication process consists of a series of acts or phases that must be accomplished in order to communicate effectively. The sender of the communication, the message to be transmitted, the message encoding, the

receiver, and the message decoding are only some of the components. There are numerous communication approaches that must be addressed during the communication process. This has to do with the manner in which the message is conveyed. This can be accomplished through a multitude of methods, including speech, audio, video, e-mail, fax, and body language. The ultimate goal of the communication process is to convey information to a person or a group of people and ensure that they comprehend it. The sender must select the most appropriate media for the communication process to be effective (Nyanyiwa, 2020)

The basic communication process begins when one person sees information or creates an idea. This person (the sender) chooses to communicate his or her perception in the form of a message, which is then sent to another person via some sort of communication media (the receiver). The receiver must then understand the message and provide notes to the sender showing that it was understood and appropriate action was taken (Akor & Udensi, 2013)

The communication process serves as a road map for attaining efficient communication. A shared meaning is exchanged between the sender and the recipient during the communication process. Individuals who approach communication as a process will be able to become more effective in all aspects of their work (Sanchez, 2019)

The components of the communication process determine the communication's quality. An issue with any of these aspects can impair the efficacy of communication (Keyton, 2011). The communication process consists of crucial and interrelated aspects, as shown in figure 2-4.

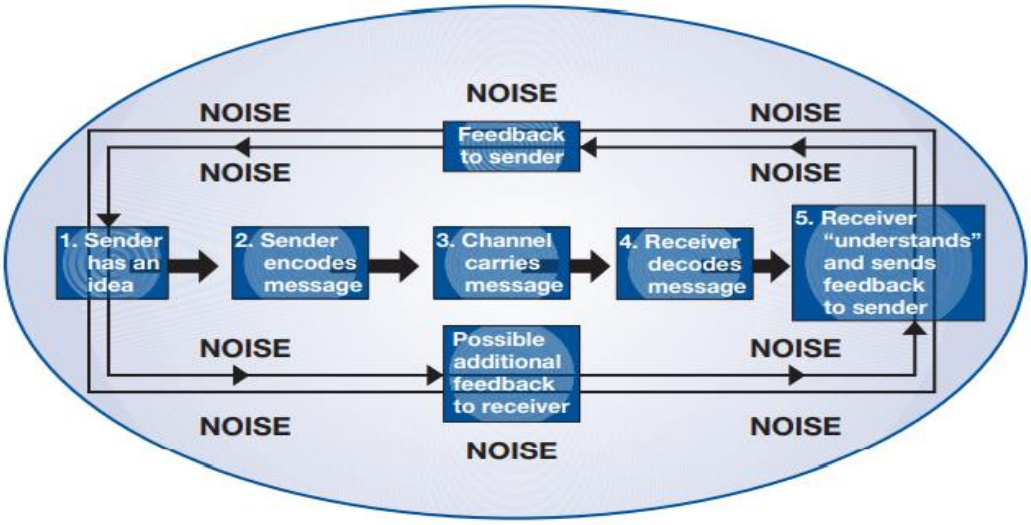

Figure 2-1: Communication Process (Mccorry & Mason, 2020)

2.5.1.Ideation

The raw form of the feeling, the ideas that the sender wants to share with a receiver by changing them to messages using symbols. Complex factors surrounding the sender will influence the idea. The sender must first clarify the concept and purpose to increases the likelihood of successful communication (Smith, 2019).

2.5.2.Encoding:

Encoding is the process of transforming a concept into meaningful words, symbols, and actions. Because no two individuals absorb information in the same manner, the sender should pick words, symbols, and gestures that are widely recognized to limit the risk of misinterpretation. The sender must be aware of the recipient's communication capabilities, attitudes, skills, experience, and culture in order to accomplish clear communication (Dixit, 2018)

2.5.3.Channel:

The channel, also known as the medium, is the way by which a message is sent. There are several channels of communication—written, verbal, nonverbal, mass media such as TV, radio, newspapers, books, etc. Also, it can be through any of the human senses such as hearing, seeing, feeling, mouth, or

smelling. Choosing the best channel, one that is suited for both the message and the recipient, is a difficult issue. Communication success or failure is determined on the medium used (Eke, 2020).

2.5.4.Decoding:

The message must be decrypted to its intended meaning once it reaches its intended recipient. As a result, the sender's words, symbols, and gestures must be translated by the recipient. Because no two persons absorb information in the same manner, interpreting the message incorrectly can result in misunderstanding. The decoding process is more likely to succeed when the receiver develops a receiving environment and ignores the distractors. The alert's recipient tries to decipher verbal and nonverbal signs, avoids making assumptions about the message, and expects to gain knowledge through communication (Smith, 2019).

2.5.5.Feedback:

Feedback confirms the receiver received and correctly understood the message as intended by the sender. It improves communication effectiveness by allowing the sender to gauge the effectiveness of the message. The receiver's response might be verbal or nonverbal. This feedback is highly significant since it specifies what the recipient has comprehended from it; hence, when the feedback is delivered, it is evident whether or not the receiver understood it. (Dixit, 2018)

2.6.Models of Communication

According to a nursing book chapter written by Maureen Nokuthula Sibiya titled “Effective Communication in Nursing”, The communication process may be explained by means of a transmission model of communication, interactive model of communication or transactional model of communication.

2.6.1.Transmission Model of Communication

Also known as linear model. This model of communication entails a sender, a message, a receiver and noise (Sibiya, 2018).

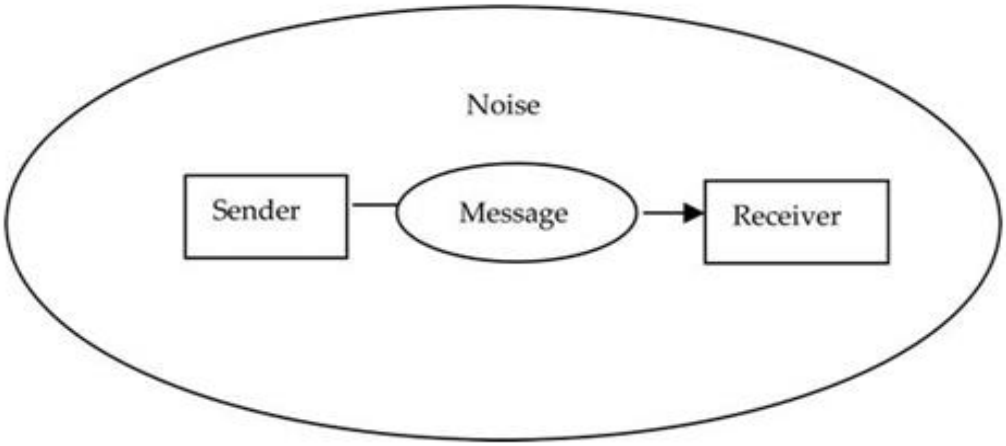

Figure 2-2: Transmission model of communication.(Sibiya, 2018)

2.6.2.Interactive Model of Communication

The interactive contact form goes into a little more detail about the communication procedure. After a message has been interpreted, communication is defined as a process in which the listener provides feedback or replies to it. Based on their particular expertise and/or frame of reference, the caller produces and interprets a message (Sibiya, 2018)

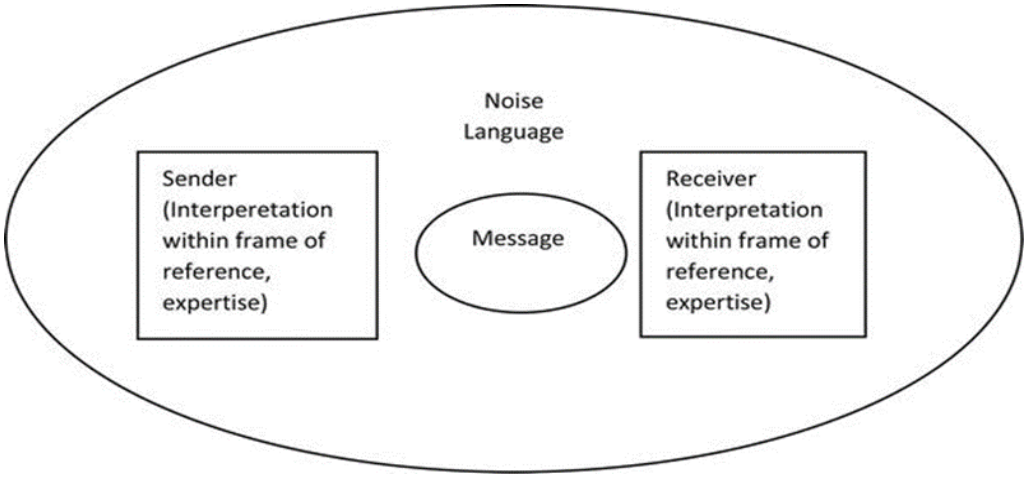

Figure 2-3: Interactive model of communication. (Sibiya, 2018)

2.6.3.Transactional Model of Communication

The transactional model of communication acknowledges and stresses the changing aspect of interpersonal communication, as well as the callers' multiple duties. The communication process is influenced by time, messages, noise, areas of expertise, frames of reference and meanings, common communication systems, and interpersonal systems. Frequently, multiple callers take part at the same time (send, receive and translate). As a result, the interpretative and perceptual processes of individuals play a crucial role in the communication process (Sibiya, 2018).

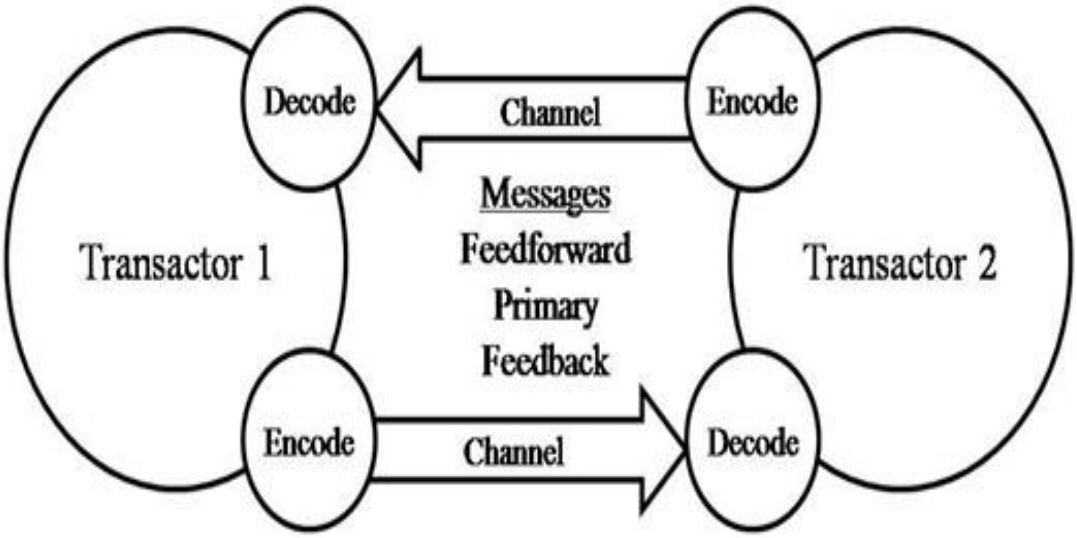

Figure 2-4: Transactional model of communication. (Sibiya, 2018)

2.7.Types of Communication

2.7.1.Verbal Communication

Verbal communication referred when a person uses words to speak to one or more listeners. The words represent the items and concepts being discussed. The arrangement of words into phrases and sentences that are understood to both the speaker and the listeners provides these symbols' structure and meaning. The actual words that a person speaks are referred to as content in verbal communication. While the context refers to the setting in

which communication takes place, which might encompass time as well as the physical, social, emotional, and cultural surroundings (Videbeck, 2020).

2.7.1.A.Written Communication

Any communication that is done in writing is referred to as written communication. Letters, notes, emails, messages, adverts, and other forms of written communication are all sent out again and again. When the material is lengthy and includes photographs, pictures, charts, graphs, statistical data, and other visual elements, it is impossible to explain it to people orally. Text communication is acknowledged as one of the most significant techniques of information delivery in such circumstances. When people write to each other, they must consider a variety of factors, including treating each other with respect, using appropriate language, and expressing the message in a brief and clear manner (Kapur, 2020)

2.7.2.Non-verbal Communication

This is also known as body language. Gestures, body movements, tone of voice, and facial expressions are all part of it. Nonverbal communication is subtler, yet it has the most impact on communication. The majority of communication is nonverbal. Because nonverbal communication is less consciously controlled, it reveals more about a person, in other words what a person is experiencing than what is really stated. Nurses must become conscious of their activities since they are constantly scrutinized by their clients. (slkn, 2020)

2.7.2.A.Proxemics

Proxemics is a nonverbal communication theory that explains how people perceive and use space to accomplish communication goals. Introduced by anthropologist Edward T. Hall in the 1960s, to describe his studies of the communicative and cultural uses of interpersonal space. Interpersonal

distancing, bodily orienting, and the degree of gazing at others are all examples of proxemics behaviors. Long have researchers argued that these nonverbal channels implicitly express attitudes and motivations during social interactions and reflect the nature of the relationship between two interactants (McCall & Singer, 2015)

The proxemics theory describes how people from different cultures not only speak different languages, but also inhabit different sensory worlds. In this regard, distance plays an important role in proxemics by establishing a region around the person that serves to maintain proper spacing among individuals (Daza et al., 2021).

The interaction zones have been classified into four proxemics zones, as shown in Figure 2-5 by Hall's theory of proxemics:

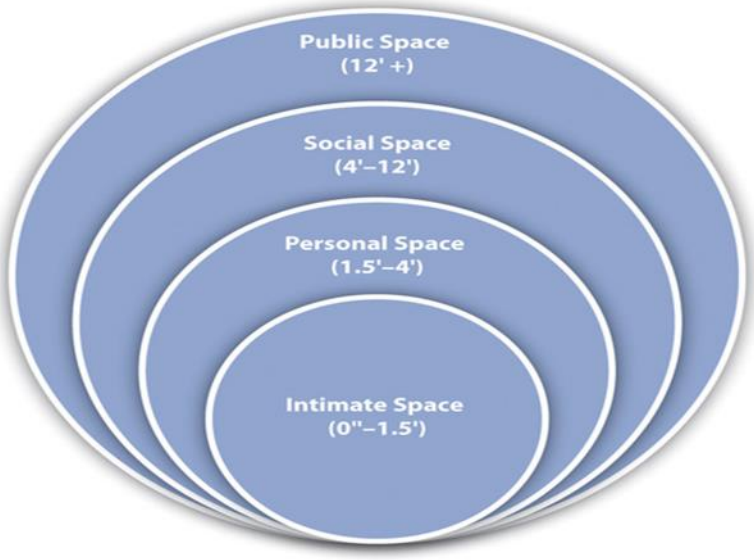

Figure 2-5: Proxemics Zones of Personal Space (Hans & Hans, 2015)

1. **Public Space (12 Feet or More):** Public space begins about twelve feet away from a person and extends out from there. This is the least personal of the four zones and is typically used when engaging in a formal speech.
2. **Social Space (4–12 Feet):** Communication in the social zone, which is four to twelve feet away from the body, is usually in the context of a professional or casual interaction, rather than an intimate or public

interaction. In many professional settings, this distance is preferred because it reduces suspicion of impropriety.

3. **Personal Space (1.5–4 Feet):** The majority of communication occurs in the personal zone, which is also known as a "personal space bubble" and extends from 1.5 to 4 feet away from the body. Despite getting closer to another person's physical body, verbal communication may be used at this point to signal that the presence in this zone is friendly and not intimate.
4. **Intimate Space (0-1.5 Feet):** When it crosses the 1.5 foot invisible line, it enters the intimate zone, which is reserved for only the closest friends, family, and romantic/intimate partners. It is impossible to completely ignore people when they are in this space, even if when pretend to ignore them. A breach of this space can be soothing in some situations and irritating or frightening in others. (Hans & Hans, 2015)

2.8.Therapeutic Communication

Therapeutic communication refers to the process in which the nurse uses verbal or nonverbal communication to actively influence or assist the client in reaching a better understanding. The employment of specialized approaches to help the patient share thoughts and ideas while simultaneously showing acceptance and respect is known as therapeutic communication (Sherko et al., 2013).

The skilled application of therapeutic communication techniques assists the nurse in comprehending and empathizing with the client's experience. To successfully implement the nursing process and achieve standards of care for their clients, all nurses must have therapeutic communication skills. Therapeutic communication can assist nurses in achieving a different goal, including:

- Establish a therapeutic relationship between the nurse and the client.

- Determine the most pressing client problem at the time (the client-centered goal).
- Evaluate the client's impression of the problem as it emerges. This involves the person's specific actions (behaviors and messages) as well as the client's thoughts and feelings about the circumstance, others, and self.
- Assist the client in expressing his or her emotions.
- Teach the client and family how to care for themselves.
- Recognize the client's requirements.
- Implement interventions aimed at meeting the client's requirements.
- Assist the client in developing a plan of action that will result in a satisfactory and socially acceptable outcome.

When dealing with clients, one of the most essential roles of the nurse is to establish a therapeutic relationship. Communication is the way through which a therapeutic relationship is established, maintained, and ended. To establish good therapeutic communication, the nurse should also consider privacy and respect of limits, use of touch, and effective listening and observation (Videbeck, 2020).

2.9.Assertive communication

Assertive communication is the capacity to express positive and negative thoughts and emotions in an open, honest, and straight forward manner. It acknowledges both parties' rights and is effective in a number of circumstances, including as settling disagreements, solving difficulties, and expressing sentiments or thoughts that are difficult for some individuals to convey. Assertive communication can assist a person in dealing with problems with workplace, family, or friends. It is especially beneficial for those who have difficulties declining another's request, expressing anger or dissatisfaction, or

dealing with people in positions of authority. Nurses may help clients develop and practice assertive communication skills, as well as use assertive communication to interact with other nurses and members of the health care team. It can be utilized in both personal and professional domains. (Gorman, 2014)

2.9.1.Characteristics of Assertive Communication

The following qualities are listed by Pipas and Jaradat (2010) and Bishop (2013). The first five traits are non-verbal in nature, whereas the following four are verbal in nature.

1. Make direct eye contact: This shows that the person is not afraid.
2. Assertive posture/stance: finds a balance between aggressive and weak appearances.
3. The tone of speech should be firm but not aggressive (e.g., raising voice)
4. Avoid exhibiting wrath or worry with facial expression.
5. Timing: In order to assertively express at the appropriate time, the individual must be socially aware.
6. Clarity: the use of precise language that clearly express requirements.
7. Non-threatening: Neither the individual nor the other individual should be blamed or threatened (e.g., you better do this, or else)
8. Positive: using a positive tone when making a request. (For example, would you mind telling me more about the injury?)
9. When attempting to be assertive, avoid criticizing oneself (e.g., I'm excessively sensitive) or others (e.g., Why are you so mean?) despite how tempting it may seem.

2.10.Social Communication

Sociability refers to how people use language in social situations. There include sections on social interaction, social cognition, pragmatism, and

language processing. To attain these goals, social communication abilities include the ability to adjust speech style, consider the viewpoints of others, grasp and apply verbal and nonverbal communication standards, and employ structural characteristics of language (such as vocabulary, grammar, and phonology) (American Speech-Language-Hearing Association, 2013)

2.11.Effective Communication

Effective communication is the process of expressing ideas, thoughts, knowledge, and information in order to achieve the goal or aim in the best possible way. In a brief, it is the sender's presentation of viewpoints in a form that the receiver can understand (Prachi, 2018).

Furthermore, effective communication, according to Boykins (2014), is a two-way discussion. Both parties are conversing and listening to one other without interrupting the other's voice. They clarify things by asking clarifying questions, expressing their opinions, sharing information, and completely comprehending what other people are saying.

2.11.1.Effective Nurse-Patient Communication Skills

Communication is important to any and all human relationships. Communication is the process of constructing messages and meaning regarding human experiences, ranging from the commonplace thoughts and actions of daily life to the momentous events of lifetimes. Because health and sickness have a significant impact on quality of life, health communication is crucial. However, due to the sensitive and often overwhelming nature of health problems, communicating with nurses and other healthcare staff can be difficult (Henly, 2016).

The WHO defines communication in the healthcare sector as not just the sharing of information, but also the exchange of meaning (WHO, 2020).

The purpose of communication is develop understanding between parties due to the exchange of ideas (Smith, 2019).

The foundation of healthcare is communication. Effective communication is not only vital for satisfying patient requirements and providing safe, high-quality, and patient-centered care; it is also required for managing healthcare delivery. To enable significant progress, the path to healthcare transformation must be built with strong communication—vertically from the top down and bottom up, as well as horizontally across the care delivery continuum (Merlino, 2017).

The effectiveness of each patient's professional nursing care depends on effective communication between nurses and patients. Nurses must be able to understand and assist patients while maintaining civility, kindness, and honesty. They should also spend time with the patient in order to communicate effectively and discreetly, keeping in mind that this communication includes others who are close to the sick person, and so the communication language must be understood by all parties involved. Communication skills in nursing are not only based on physical ability, but also education and experience (Kourkouta & Papathanasiou, 2014).

Effective communication between patients and health care providers is critical for patient care and rehabilitation, according to research (Crawford et al., 2017). Recent research revealed that the majority of medical errors were not caused by defects in medical technology or incompetence on the part of healthcare practitioners; rather, they were directly connected to inefficient communication between patients and healthcare providers (Moustafa et al., 2020).

Furthermore, according to one of the studies, 85% of patients feel that good interactions, effective communication, and emotional support within

health care are critical to successful medical treatment, and 81% believe that such relationships determine whether a patient lives or not (Lown et al., 2011).

The Nursing and Midwifery Council (2008) emphasizes the significance of communication in its code of conduct, stating that nurses must "meet people's language and communication requirements" and "interact with people, in a way they can comprehend, the information they want or need to know about their health". Effective communication enables vulnerable patients to cope with their care and treatment and make better decisions (Bramhall, 2014).

In the healthcare setting, nursing staff may have challenges communicating with patients, patients' families, and other colleagues. Good communication skills, on the other hand, can help nurses manage with a wide range of stresses in their interactions with patients, family, and other colleagues, enhancing their perceived self-efficacy. As a result, nurses with strong communication skills may feel more confident and efficient in their contacts with patients, implying that improving communication skills is critical for nurses to cope with a variety of stressors and boost their self-efficacy (Leal-Costa et al., 2020).

McKee (2021), effective nurse-patient communication is not as simple as it sounds; in fact, it is extremely difficult for nurses and necessitates more than just skills and experience. Effective communication skills are founded on the principles of developing outstanding rapport, establishing two-way channels, and efficiently utilizing multiple modalities of communication.

2.11.1.A. Establishing Rapport

a) Cultural Awareness for patients' background
b) Compassion and Empathy for patient sentiments
c) Building trust via human-to-human interactions

2.11.1.B. Constructing two-way channels

a) Active listening

b) Patient education, especially in answer to inquiries

c) Probing questions

d) Allowing lots of time for questions

2.11.1.C. Making full use of modes of communication

a) Verbal communication: such as speaking to another person over the telephone, face-to-face discussions, interviews, debates, presentations and so on.

b) Nonverbal communication: facial expressions, body language, hand gestures, eye contact, and physical space between a nurse and the patient.

c) Ability to communicate concepts to groups via presentation skills.

2.12.Phases of Nurse-patient Relationship

In Peplau's (1952/1991, 1997) Interpersonal Relations theory, nursing is considered as an interpersonal, therapeutic process that occurs when professionals, particularly nurses, engage in therapeutic interactions with persons in need of health care (Hagerty et al., 2017). Peplau proposed that in order for nurse-patient interactions to be effective, they must go through four stages: (a) orientation, (b) identification, (c) exploitation, and (d) resolution.

2.12.A.Orientation Phase:

The orientation phase of the nurse's job includes engaging the client in treatment, explaining and providing information, and answering questions.

1. Phase of problem definition
2. It begins when the client meets the nurse for the first time as a stranger.
3. Determining the sort of service required and defining the problem
4. The client asks for help, expresses his or her wants, asks questions, and discusses his or her assumptions and expectations based on past experiences.

5. The nurse responds, explains the client's responsibilities, recognizes problems, and makes use of available resources and services.

2.12.B. Identification Phase:

1. When the client engages with the nurse, expresses feelings, and begins to feel stronger, the identification phase begins.
2. Choosing appropriate professional guidance.
3. The patient starts to feel a sense of belonging and competence in dealing with the problem, which helps to alleviate emotions of helplessness and hopelessness.

2.12.C. Exploitation Phase:

1. During the exploitation phase, the client fully utilizes the services provided.
2. Seek expert guidance for problem-solving options.
3. The benefits of services are utilized based on the patients' requirements and interests.
4. The person feels like an important component of the helpful environment.
5. They may make insignificant demands or use attention-getting strategies.
6. The concepts of interview techniques must be applied in order to investigate, comprehend, and appropriately address the underlying problem.
7. The patient's level of independence may fluctuate.
8. The nurse must be aware of the many stages of communication.
9. The nurse assists the patient in utilizing all avenues of assistance, and progress is made toward the final step.

2.12.D. Resolution Phase:

1. During the resolution phase, the client no longer need professional assistance and ceases to be reliant. The relationship ends.
2. Professional relationship dissolution

3. Because the combined impact of the patient and nurse has already addressed the patient's demands, they must now end their therapeutic connection and sever the linkages between them.
4. It may be challenging for both at times when psychological reliance endures.
5. The patient wanders away and dissolves the nurse's link, demonstrating a stronger emotional balance, and both becoming mature individuals. (Gonzalo, 2019)

2.13.Barriers in communication

In most healthcare situations, nurses are on the front lines. Their ability to communicate confidently and concisely with patients has an impact on both patient care and patient impression of care (Magee, 2017). However, despite the potentially numerous advantages of patient-centered communication, communication barriers have been observed in a variety of different practice settings around the world (Alshammari et al., 2019).

For example, time restrictions, language and cultural differences, and nurse discomfort and lack of expertise have all been recognized as nurse perceived impediments to effective nurse-client communication. These communication barriers can have an impact on health outcomes, health care quality, patient safety, and patient satisfaction (Farahani, at el. 2011; Hemsley, at el. 2012).

So, anything that creates a difficulty in communicating, interpreting the message, feeling, and expression is referred to as a communication barrier. Communication barriers provide complications during client conversations. Although they do not stop the dialogue, they do place the healthcare providers in jeopardy (Parida, 2021).

2.14.Common Barriers of Communication in Health Care

2.14.1.Language Barriers

Language differences between the patient and the nurse are an obstacle to effective communication. Interaction between the nurse and the patient is constrained and limited when they do not share a similar language. When communicating with patients, the nurse must also avoid utilizing medical terminology, complex vocabulary, or words that are unknown to the patients. The nurses must use simple language that is understandable to patients who do not have a medical or nursing background (Ulutasdemir, 2021).

2.14.2.Cultural Barriers

Communication occurs between individuals of various nations, faiths, castes, creeds, races, ethnicities, etc. In other words, when two people communicate with each other, their cultural backgrounds may differ. It is critical to overcome any barriers that may arise over the process of communication. It is essential to develop an awareness and acceptance of another person's culture through dialogue (Kapur, 2018).

2.14.3.Gender Barriers

Communication barriers based on gender also impede the process. Communication is more difficult when the nurse is male and the patient is female than when the nurse is female and the patient is male; in this regard, a review of studies has suggested that male nurses face various reactions such as refusal of care and even sexual assault when providing care for female patients. Because of the nature of nursing job, nurses may penetrate the patient's private domain while providing nursing care, which may pose complications if they fail to establish adequate professional nurse-patient communication. (Vatandost et al., 2020)

2.14.4.Setting in which care was provided

The quality of communication between nurses and patients has deteriorated as a result of the care environment. Insufficient illumination, room size, noise from the environment, and a lack of seclusion can all obstruct efficient nurse-patient communication. Furthermore, due to a heavy workload and time constraints, nurses were unable to properly discuss their patients' concerns. The lack of coordination among nurses and doctors in sharing information inhibited efficient communication. As a result, there were inconsistencies in the information given to patients, making it difficult for patients and their families to grasp (Kalunga, 2016; Das & Latif, 2020)

2.14.5.Physiological Barriers

Physiology is concerned with how well the body's systems work. If the body's systems aren't working properly, it might be hard to communicate. As such, physiological communication barriers might be characterized as an individual's unwillingness to transfer information to another person because to a physical condition. Sensory and physical disorders are among them. For information to be efficiently sent, the senses of the transmitter and receiver must be in sync. For example, if any portion of an individual is not functioning properly, the information will not reach the intended destination (Anwar & Altun, 2020).

2.14.6.Psychological Barriers

Anxiety, personality characteristics, self-esteem, and psychiatric diseases are all psychological barriers to successful communication. Nurse anxiousness over client care or poor self-esteem have been demonstrated to reduce nurse-client communication. The communication process is flawed when a nurse is concerned about a client's medical requirements owing to unfamiliarity with the issue, unpleasant prior experiences, or fear of rejection.

Clients with intellectual disabilities who are unable to convey information reliably present extra communication difficulties (Brandenburg, 2017).

2.14.7.Distance Barriers

A shorter distance creates perceptions of familiarity, whereas a longer distance creates feelings of unfamiliarity. To maintain sentiments of belonging in the patient, healthcare practitioners should keep the shortest possible distance without crossing patient's personal distance zone. (Norouzinia et al., 2015)

2.14.8.Emotion

When a client feels nervous or emotional, healthcare providers must handle with it. They must also maintain emotional control in order to proceed in the conversation (Parida, 2021)

2.15.Improving Communication

Communication is a dynamic and complicated process that needs the sender of the message to be aware of the barriers and potential constraints that may hinder the information from being delivered and comprehended by the message's receiver. Thus, effective communication necessitates not just mastery of information transmission, comprehension, and monitoring, but also good management of feelings and social components, which requires a high level of empathy as well as assertiveness and active listening, among other abilities (Colomer-Sánchez, 2021)

Improving communication, particularly in the healthcare sector, requires a mix of skills such as verbal, written, and confidence, as well as the capacity to recognize and grasp individual and patient perspectives. Communication is also improved by assuring good communicative skills in order to gain a glimpse of the correspondent's knowledge as well as emotions. Nonverbal communication, such as body language, gestures, and facial expressions, should also be observed by the recipient (Vardaman et al., 2012).

2.16.Perioperative Care

Perioperative nursing encompasses a wide range of nursing responsibilities related to a patient's surgical experience over the course of the procedure. Preoperative (before), intraoperative (during), and postoperative (after) are the three sections of this time. Registered nurses (RNs) and enrolled nurses (ENs) work as circulating nurses (scouts), instrument nurses (scrubs), anesthetists, and recovery nurses after anesthesia. These nurses have a wide range of responsibilities. The main goal is to provide comprehensive, clinically effective, evidence-based therapy and support to the client during the perioperative period. The perioperative nurse offers this care alongside other members of the multidisciplinary team in a demanding, dynamic, and fast-paced setting. The nurse serves as the patient's advocate and keeps open lines of communication with the patient, their loved ones, and the surgical team. The nurse performs thorough assessments and interventions, holds herself accountable for her actions, documents care, and ensures client safety at all times (Themes, 2017).

2.17. Phases of Perioperative care

Perioperative care includes all of a nurse's actions and responsibilities before, during, and after a surgical operation. The nursing process, as a systematic approach, is used in these operations to assure the quality of care that a surgical patient will get (Hope, 2018). The following are the perioperative nursing phases: 1. preoperative phase 2. intraoperative phase 3. postoperative period.

2.17.1.Preoperative phase

The first phase, the preoperative phase, begins with the decision to have surgery and concludes with the begin of the procedure. As the surgery's objectives must be met, this is commonly seen as a prior phase. Preoperative

tasks include establishing the patient's baseline evaluation in the clinical environment or at home, conducting preoperative interviews, and preparing the patient for the anesthesia to be administered and the surgery (Govind Chintale, 2021)

2.17.1.A. Preoperative Nursing care

Proper preoperative care is critical to the success of any surgical procedures. The goal of this care is to maximize the patient's preoperative state in order to get the optimal surgical outcome while minimizing morbidity. Another key goal of preoperative care is to reduce the patient's stress and anxiety while wait for the surgery. Good preoperative care can also assist to minimize operation delays and cancellations, enhancing the patient's satisfaction throughout hospital stay. Although preoperative care is primarily focused on the patient, it should also include preparation for the patient's family as well as members of the multidisciplinary teams engaged with the treatment. (Shaw et al., 2010)

Preoperative care includes a variety of nursing tasks such as data collection through patient assessment, patient/family education, emotional support, care planning for the intraoperative and postoperative periods, and patient information communication to healthcare team members (Goodman & Spry, 2017). Nurses are always acting as educators for surgical patients in the perioperative care. Nurses' preoperative instructions can assist patients reduce their anxiety while also improving their self-care capacity and adherence. Nurses are increasingly accountable for participating in this dynamic practice of patient education in order to match with the ever-changing healthcare environment and patient care demands in perioperative nursing practice under the notion of holistic care. (Lee & Lee, 2012)

In addition to the preoperative care provided in the hospital, several preoperative tests and clinical evaluations can be performed during a

preoperative outpatient session one week or more before surgery. These outpatient sessions are frequently guided by nurse specialists or advanced nurse practitioners and may include telephone or email consultations. (Johnstone, 2020)

2.17.1.B. Preoperative nurse-patient communication

All surgical procedures demand interaction between the health care staff and patients and their families in order to improve health via instruction about all of the phases, techniques, and outcomes of surgery. From the preoperative period until hospital release, guidance and care are provided utilizing human abilities, including communication. (Morales et al., 2014)

Communication has always been an important part of providing successful preoperative care. Effective communication is a responsibility that all practitioners bear in order to give patients with safe, effective, and palatable care. Poor communication can result in circumstances in which such expectations are not realized. As a result, a charge of carelessness stemming from a catastrophic error may be made (Smith & Jones, 2009).

Although the physician is responsible for explaining the surgical procedure to the patient, the patient may ask the nurse questions about the surgery. The patient and support people should be informed of any special learning requirements for the operation. The act of providing and communicate information before to surgical procedures may entail a variety of approaches, such as verbal and written instructions, audio or video presentations, and/or preoperative lectures, which may be used alone or in combination at various phases in preparing patients for surgery. (Walker, 2007)

Nurses have long acknowledged the need of preoperative education. Each patient's instruction is tailored to their specific problems and learning requirements. All processes are communicated and described to the patient in a language that he or she understands. The nurse evaluates the patient's

understanding of the diagnosis, prognosis, surgical procedure, and estimated degree of functioning following surgery. Physical preparation for surgery, the expected aspect and care of the wound, dietary restrictions, pain control, and medication management are all covered. (Hinkle & Cheever, 2018).

2.17.2.Intraoperative phase

The intraoperative phase which lasts from the moment the patient is admitted to the operating room until the time anesthetic is administered, the surgical operation is performed, and the patient is moved to the recovery room or postanesthesia care unit (PACU) (vera,2014).

The patient is monitored, sedated, prepared, and draped during the intraoperative time, and the procedure is conducted. During this time, nursing actions are focused on safety, infection control, bringing extra sterile supplies to the field if needed, and writing relevant portions of the intraoperative report in the patient's health record (Goodman & Spray, 2017).

2.17.3.Postoperative phase

The final phase, known as the postoperative phase, is the time after surgery. As with the preoperative phase, the length of this phase varies depending on the type of the surgery and the patient's condition. When the patient is awake and ready to leave the PACU, the postanesthesia nurse will usually hand over care to the perioperative nurse. Postoperative phase is distinguished by the restoration of normal physiological functioning, the mending of tissues following surgical trauma, and the progressive recovery of physical strength. It is also concern with ensuring hydration, monitor urinary or bowel movements, aid with mobility, provide proper nourishment, manage pain, and avoid infection (Amer, 2011).

2.18.Previous Studies

First Study

"The effect of communication between therapeutic nurses and patients on pre-surgical anxiety levels".

The goal of this study was to see if there was a link between nurses' therapeutic communications and patients' preoperative levels of surgical treatment anxiety. The method utilized is descriptive, and it is linked to a cross-sectional approach and a non-probability sampling technique called quota sampling. It was carried out on 84 patients at Tangerang General Hospital in Indonesia who were preoperative patients for surgical therapy. In all groups, the data showed that 43 (51.2%) of 84 patients received nurse contact therapy. With a p-value of.005, there is a link between nurses' therapeutic interaction and patient anxiety. At Tangerang General Hospital, therapeutic liaison nurses aid patients with preoperative apprehension regarding their surgical treatment (Pratiwi et al., 2021).

Second Study

"Relationship between communication skills and care behaviors of nurses".

The goal of this study was to see if there was a link between nurses' communication skills and their patient-care behaviors. The study was done at Akdeniz University Hospital in Turkey as a descriptive correlational study. The study enlisted the help of 262 nurses who volunteered to participate. Communication efficiency was found to have a favourable relationship with nurses' care behaviors ($r = 0.5$, $p = 0.01$). Nurses can receive further training to learn about communication hurdles and develop good communication skills and tactics. It concluded the nursing process is a scientific way of practicing and delivering nursing care, and it can only be accomplished through discussion, a

personal atmosphere, and specialized verbal and nonverbal communication abilities. Instead than focusing on patient care, training in-service nurses in effective communication strategies will certainly have a good influence (Kirca and Bademli, 2019).

Third Study

"The Communication as an Educational Tool During Kidney Transplantation Preoperative Period".

The study's goal was to determine the value of communication as a tool utilized by nurses during the preoperative period of dialysis patients who were referred for a kidney transplant. It's a qualitative study utilizing a descriptive method. The information was gathered through a semi-structured interview with nine nurses and the use of a script with subjective questions. Communication with the patient is the nurse's responsibility; Communication between the nurse and the patient is critical. The findings suggest that studying the communication process is important since putting it into practice improves the nurse's communication abilities while also preventing any interference that might impact the information presented (De Oliveira and Soares, 2018).

Fourth Study

"Therapeutic Communication Between Nurses and Patients in Preoperative During an Admission in a medical surgical unit".

The study's goal was to look at how nurses and preoperative patients communicated therapeutically in a clinical surgical unit. A descriptive and quantitative study was conducted at the Hospital School of Surgery in Joo Pessoa, PB, in Northeast Brazil. Nine nurses took part in the research. Therapeutic communication, both verbal and nonverbal, was not adequately formed for the majority of patients admitted prior to surgery by nurses, according to the findings. The study concluded that human and technical

preparation should be concerned in order to improve the preoperative support offered in terms of communication (Rezende et al., 2011).

Fifth Study

"Interpersonal communication between registered nurses and surgical patients on admission to surgical wards at the Oshakati intermediate hospital".

The goal of the study was to investigate and explain the human interactions that occur between nurses and patients admitted to the surgical department, with a focus on the information that is communicated to them. This study used an exploratory, descriptive, quantitative, non-experimental strategy. Patients admitted for surgery and registered nurses working in the surgical wards of Oshakati Hospital in Namibia made up the study population. Random sampling was used to choose a group of patients. A total of one hundred (100) patients were chosen to ensure a 95 percent confidence interval. The second group consists of ten (10) residents and registered nurses who work on adult surgery wards. To collect information from patients and registered nurses, two structured questionnaires were created and used. Findings indicate that surgical patients were not given enough information concerning their admission. Registered nurses should obtain suitable in-service education on the communication process to guide surgical patients on admission and communicate the relevant information, according to the findings of this study (Joaguim, 2008).

Chapter Three

Methodology

Chapter Three

Methodology

This chapter includes the systematic steps which followed by the researcher when carrying out this study as presented in figure (3-1)

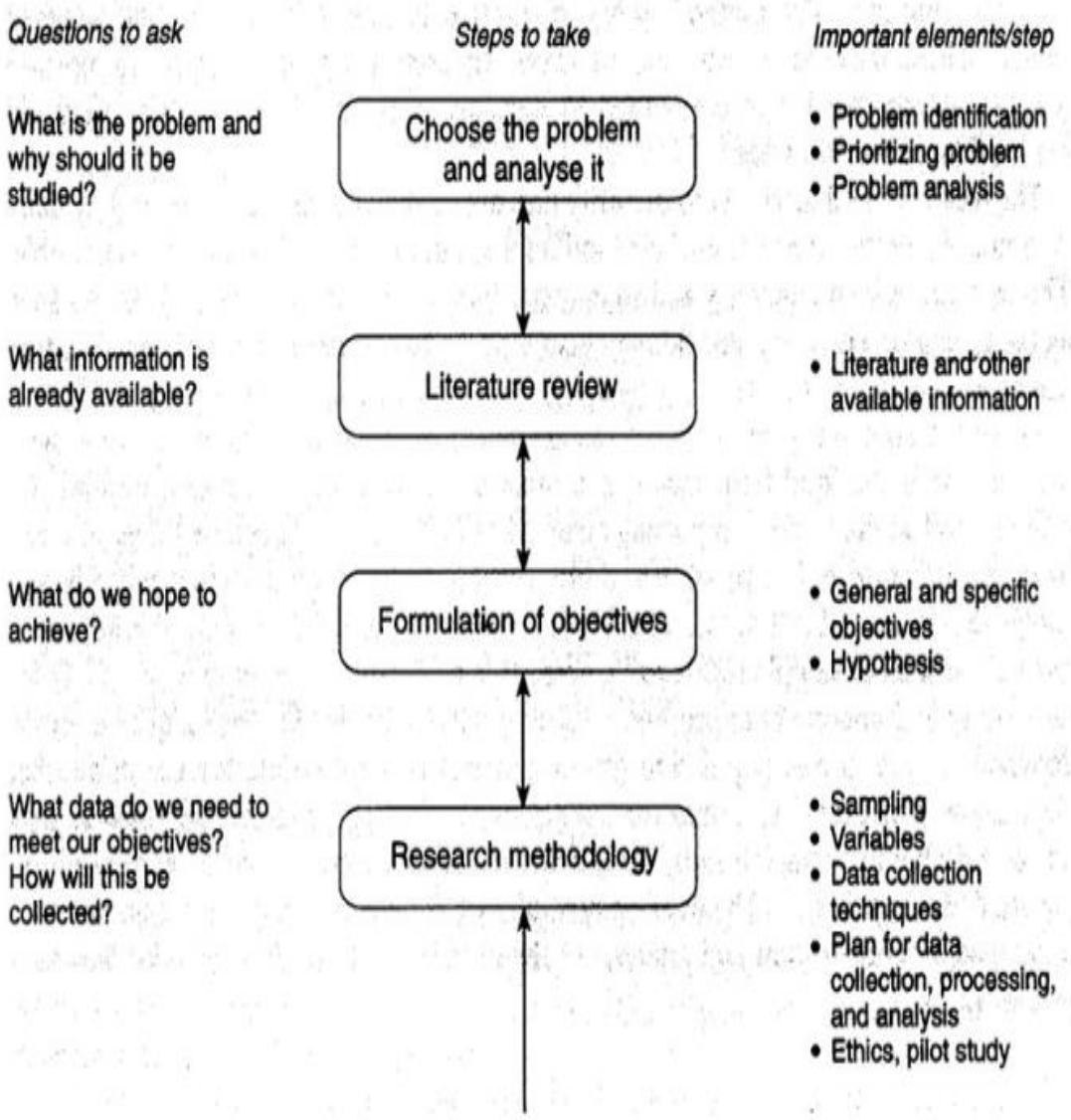

Figure 3-1: Steps followed to conduct the study

3.1.Study Design

Descriptive study cross-sectional design approach selected to describe the studied phenomenon in terms of its nature and degree of existence, in order to assess nurses' therapeutic communication skills attitudes, from the period between October 19th 2021 to May 10th 2022.

3.2.Administrative Arrangements

Before collecting the study data, the following official agreements were sought from appropriate authorities:

1. Approval of the study by the University of Babylon/ College of Nursing Council (Appendix A2).
2. In order to formally enter the hospitals, authorization was obtained from the Babylon Health Directorate (Training and Development Division) (Appendix A3).
3. Official approval has been gained from a number of hospitals, including:
   A. Imam Sadiq Hospital
   B. Hilla Teaching Hospital

3.3.Setting of the Study

The study was carried out in Hilla City, at surgical wards in two teaching hospitals. These hospitals are:

3.3.1.Imam Sadiq Hospital

Is one of the Babylon Governorate's Governmental Hospitals. There are (492) inpatient beds, a variety of clinics, specialty centres, and (18) operating theatres. The hospital stablished to receive visitors in 2017.

3.3.2.Hilla Teaching Hospital

This hospital located near the medical group campus. It is a public educational medical institution provides its services free of charge to the

citizens of the province and the surrounding areas. This hospital includes two surgical wards, a special emergency unit, as well as surgical consulting suites.

3.4.Sample of the Study

Non-probability (purposive) sample method was selected to achieve the objectives of the study. The total number of nurses working in the surgical wards throughout both hospitals was 127 nurse (85 in Al-Hilla Teaching Hospital and 42 in Al-Imam Al-Sadiq Teaching Hospital, as shown in figure 3-2). Ten nurses were selected to present the pilot study, 104 nurses participated in the original study, and 13 nurses refused to participate in the study. And they selected based on the following criteria:

3.4.1. Inclusions criteria:

1. Nurses who work in surgical wards only.
2. Nurses who have different education level.
3. Nurses who have experience not less than 9 months.
4. Nurses who agree to include in study sample.

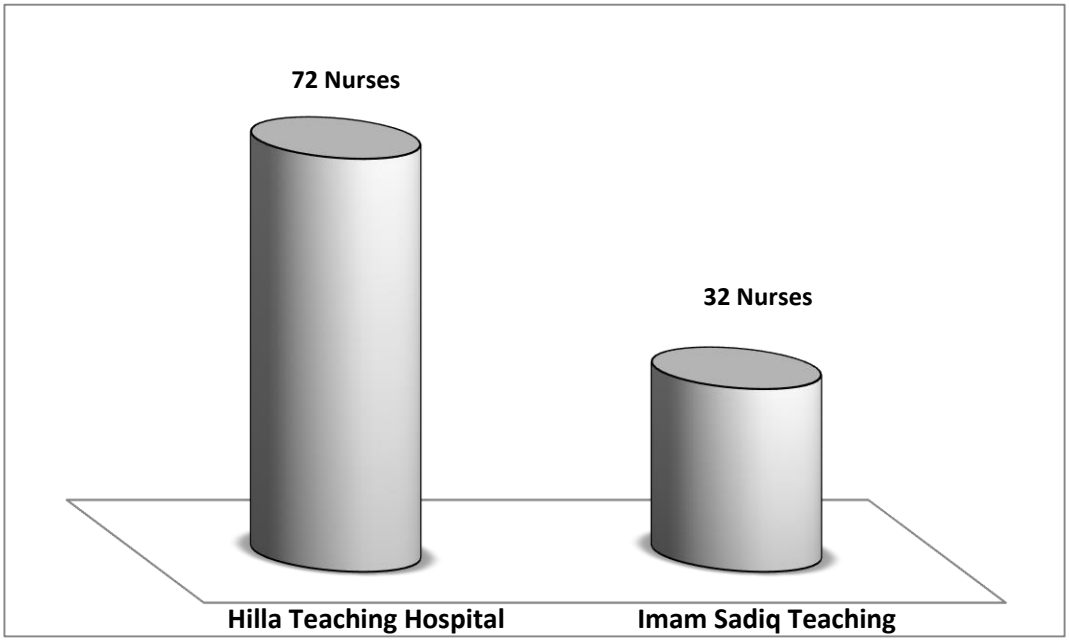

Figure 3-2:Distribution of Selected Sample according to Hospitals

3.5.Study Instrument

The questionnaire is one of the means to help collect data that contribute to achieving the results expected by the study, so the researcher designed this questionnaire, which aims to clarify the study objectives and significance by obtaining answers to the study's questions.

So, the questionnaire items are constructed by the researcher for the present study. The questionnaire based on extensive review of related studies and available literatures

This questionnaire consists of two parts; sociodemographic sheet and nurses' feedback questionnaire deals with attitudes of nurses' therapeutic communication skills.

Part I: This section composed of socio-demographic information which include: nurses age, gender, education level, marital status, years of experience, years of experiences in surgical wards and number of training sessions related to therapeutic communication skills (Appendix B).

Part II: This section deals with nurses' communication skills attitudes and include the following:

1. Attitude related to verbal communication: Which composed of (6) items.
2. Attitude related to written communication: Which composed of (3) items.
3. Attitude related to non-verbal communication: Which composed of (5) items.
4. Attitude related to active listening: Which composed of (5) items.
5. Attitude related to presentation: Which composed of (4) items.
6. Attitude related to patient's education: Which composed of (5) items.

7. Attitude related to making personal connection: Which composed of (4) items.
8. Attitude related to trust: Which composed of (5) items.
9. Attitude related to cultural awareness: Which composed of (3) items.
10. Attitude related to compassion: Which composed of (5) items.

The researcher adhered to the rules of writing the questionnaire due to the importance of the type of information that the researcher is keen to be sufficient and comprehensive for all aspects of the problem and can be relied upon and trusted. The type of questions was of the closed type, which required answering with reference to what was appropriate.

3.6. Rating and Scoring:

Each item of the questionnaire was answered by the participants three-point Likert scale as following:

- (3) for Agree
- (2) for Neutral
- (1) for Disagree

3.7.Validity of the Questionnaire

The questionnaire's validity refers to its ability to measure what it was created to evaluate, while honesty refers to the questionnaire's inclusion of all aspects that must be included in the analysis on one side, and the clarity of its contents on the other. On the other hand, terminology must be understood by everyone who uses it.

To ensure the questionnaire's validity, Face validity method used by distributing the questionnaire form by it two versions among 17 specialists in diverse departments of nursing (Appendix C). Experts were invited to provide their thoughts and ideas on each study questionnaire item in terms of linguistic

relevance, relationship to the dimensions of the study variables allocated to it, and applicability to the study community's setting.

3.8.Pilot Study

This preliminarily study was conducted to determine the stability and credibility of the study questionnaire, clarity and its efficiency which confirmed, and standard time required to collect data for each subject, and to difficulties identification that may encounter. The researcher applied it to a random exploratory sample of 10 nurses as composed 10% of original sample. Where the members of this sample were later excluded from the original sample and took place in Al-Hilla Teaching Hospital from 8th February 2022 to 13th February 2022.

The pilot study aimed to achieve the following objectives.

1. Clarify and adequacy of questionnaire used for data collection.
2. Questionnaire reliability.
3. Identifying any logistical issues that may arise as a result of the proposed methods.
4. Assessment of proposed data analysis approaches for the detection of potential issues.
5. The researcher's time estimate during data collecting.

3.8.1.Results of pilot study

1. The questionnaire is reliable.
2. The time required for answering the questionnaire ranged from (15-20) minutes.
3. The questionnaire items were clarifying and understood the phenomenon underlying of the study.

3.9.Reliability of the Questionnaire:

The reliability of the study instruments entails ensuring that the result will be almost identical if it is administered to the same persons multiple times at different times. on which the final study was conducted. Reliability coefficient using the test coefficient of Alpha Cronbach as shown below.

Reliability Cronbach's Alpha
0.891

Table3-1:Reliability of the Studied Questionnaire

3.10.Ethical Considerations

Ethical obligations are one of the most important things that the researcher must follow and abide it when doing the study. Before starting to collect the data from the community that has been identified for the study, the researcher should clarify the main purpose and desired goal of conducting this study for the sample to be including in the study, as well as adhere to the strict confidentiality of the data taken from the study sample and pledge to use it for scientific purposes related to the study only.

Before the starting of gathering the data from the sample who are participating in the study, the researcher should be given a brief explanation about the scientific background of the research and the purpose of conducting. Nurses were verbally informed about the study objectives and were asked to participate and this participation were voluntary. After they agreed to participate in the study, anonymous questionnaire was handed to them to maintain a complete confidentiality for the participants.

3.11.Methods of Data Collection

The data was carried out from February 16th 2022 to March 24th 2022. After obtaining the approval of the Babylon Health Directorate and verifying the validity and reliability of the questionnaire. The researcher distributed the questionnaire to the participants (surgical wards nurses), explained the instructions, answered their questions regarding the form, urged them to participate and thanked them for the cooperation. The self-report techniques were used on individual bases, and each form took about (15-20) minutes to completely filled.

3.12.Statistical Data Analysis Approach

In order to statistically analyze the data collected from the study sample to arrive at the results, the researcher used the SPSS version (20) and Microsoft Excel (2010) program to analyze this data and deal with it statistically, to find the relationships between the variables, and obtain the final results of the research based on a set of statistical tests.

3.12.1.Descriptive approach

Descriptive statistics include a set of mathematical and statistical methods that are adopted to describe the main features of a data quantitatively by using tables and charts. Descriptive statistics always aim to present and describe the data which is required to be processed, organized, summarized and categorized, as well as presenting them in a simple and clear manner that makes it easier for the recipient to recognize and understand its content. The analysis performed through use:

A. Statistical tables "Frequencies and percentage" which are:

$$\% = \frac{\boldsymbol{Frequency}}{\boldsymbol{Sample\ Size}}\ x100$$

B. Statistical Mean "*M*±".

$$M.S = \frac{\sum \text{ri} = 1\text{Fi x Si}}{\sum \text{ri} = \ 1\text{Fi}}\ x100$$

The average score can be calculated by using the following:

$$total\ mean\ of\ scores = \frac{Maximum\ total\ sores - munimum\ total\ sores}{3}$$

The overall responses of Communication Skills according to total mean of score which follow:

M= 45-75 refers to Poor Communication Skills.

M=76-105 refers to Fair Communication Skills.

M=106-135 refers to Good Communication Skills.

C.Standard Deviation test ±*SD*.

$$SD = \sqrt{\frac{1}{n-1}\sum_{i=1}^{n}(Xi - \bar{\chi})^2}$$

D.It uses a correlational coefficient "Cronbach alpha" used in estimating the internal consistency of the study tool, which can be calculated by using the following:

$$\alpha = \frac{K}{K-1}\left[1 - \frac{\sum_{i=1}^{K} \sigma_{ii}}{\sum_{i=1}^{K}\sum_{j=1}^{K} \sigma_{ij}}\right]$$

3.11.2.Inferential approach

1. Analysis of Variance

For equality of means, is used (chance test when the mean parameter varies).

Source of variance	Sum of square	d.f	Mean square	F
Between Groups	$SS_B = \sum \frac{(\sum xP1)^2}{n} - \frac{(\sum xP)^2}{n}$	$df_B = K-1$	$\frac{MS\beta}{MS\beta}$	
Within Groups	$SS_w = \sum \frac{(\sum xP1)^2}{N} - \frac{(\sum xP)^2}{N}$	$df_w = N-k$	$\frac{SSw}{DFw}$	$\frac{MSB}{MSW}$
Total	$SS_T = \sum \frac{(\sum xP1)^2}{N} - \frac{(\sum xP)^2}{N}$	$df_T = N-1$		
P-value (≤0.05)				

2. Sample Independent t-test

This test was used in order to find statistically significant differences in study variables and factors that consist of two categories, knowing that the test is used between two independent groups.

$$t = \frac{\mu_A - \mu_B}{\sqrt{\left[\frac{\left(\Sigma A^2 - \frac{(\Sigma A)^2}{n_A}\right) + \left(\Sigma B^2 - \frac{(\Sigma B)^2}{n_B}\right)}{n_A + n_B - 2}\right] \cdot \left[\frac{1}{n_A} + \frac{1}{n_B}\right]}}$$

$(\Sigma A)^2$: Sum of data set A, squared (Step 2).
$(\Sigma B)^2$: Sum of data set B, squared (Step 2).
μ_A: Mean of data set A (Step 3)
μ_B: Mean of data set B (Step 3)
ΣA^2: Sum of the squares of data set A (Step 4)
ΣB^2: Sum of the squares of data set B (Step 4)
n^A: Number of items in data set A
n^B: Number of items in data set B

Regarding the probability that is used as a criterion, while the existence of a significant relationship or differences with respect to the probability value is as follows:

1.NS:*>0.05Non significantly*-differences.

2.S:*<0.05Significantly*-differences.

Chapter Four

Results

Chapter Four

Results

The finding of data analysis systematically in figures and tables, which correspond with the objectives of the study as follows:

4-1:Descriptive Statistic of Socio-Demographic Variables (SDVs)

Table4-1-1:Distribution of the Study Sample Related to their Age Groups

	Classification	Freq.	%
Age/years (*M± SD= 29.77+8.433*)	21-29years old	68	65.4
	30-39years old	27	26.0
	40-49years old	4	3.8
	≥50 years old	5	4.8
	Total	104	100.0

Findings show participants age, the mean age is 29, the age 21-29 years old were recorded the highest percentage (*n=68*; 65.4%), followed by those who are age 30-39 years old (*n=27*; 26%), followed by those who are age ≥50 years (*n=5*; 4.8%) and followed by those who are aged 40-49 years old (*n=4*; 3.8%).

Table4-1-2: Distribution of the Study Sample Related to their Gender

	Classification	Freq.	%
Gender	Male	49	47.1
	Female	55	52.9
	Total	104	100.0

In regards with gender, the female nurses were composed the highest percentage (*n=55*; 52.9%), as compared with those who are male nurses (*n=49*; 47.1%).

Table4-1-3: Distribution of the Study Sample Related to their Educational Level

	Classification	Freq.	%
Education Level	Secondary School Nursing	21	20.2
	Nursing Institute graduate	57	54.8
	College of Nursing	26	25.0
	Total	104	100.0

Respected to the education level, the nursing institute is predominated (*n=57*; 54.8%), followed by those who are nursing college graduated (*n=26*; 25%) and followed by those who are secondary school nursing (*n=21*; 20.2%).

Table4-1-4: Distribution of the Study Sample Related to their Marital Status

	Classification	Freq.	%
Marital Status	Single	40	38.5
	Married	62	59.6
	Divorced	2	1.9
	Total	104	100.0

Marital status related findings, the married nurses record the highest (*n=62*; 59.6%), followed by those who are single (*n=40*; 38.5%) and followed by those who are divorced (*n=2*; 1.9%).

Table4-1-5: Distribution of the Study Sample Related to their Years of Experience

	Classification	Freq.	%
Years of Experience	<5 years	51	49.0
	5-10 years	38	36.5
	>10 years	15	14.4
	Total	104	100.0

In regard with years of experience, nurses expressed a less than 5 years of experiences (*n=51;* 49%), followed by those who are 5-10 years (*n=38*; 36.5%) and >10 years (*n=15*; 14.4%).

Table4-1-6: Distribution of the Study Sample Related to their Years of Experience in Surgical Wards

	Classification	Freq.	%
Years of Experience in Surgical Wards	<5 years	85	81.7
	5-10 years	9	8.7
	>10 years	10	9.6
	Total	104	100.0

Concerning years of experience in surgical wards, it is obvious from the findings that nurses who have less than 5 years of experience in surgical wards (*n=85*; 81.7%), followed by those who are more than 10 years (*n=10*; 9.6%) and those who are 5-10 years (*n=9*; 8,7%).

Table4-1-7: Distribution of the Study Sample Related to their Number of Training

	Classification	Freq.	%
Number of Training	No	52	50.0
	1-2 Sessions	37	35.6
	>2 Sessions	15	14.4
	Total	104	100.0

In tears of training sessions related to therapeutic communication skills, nurses exhibit no attended training sessions (*n=52*; 50%), followed by those who are attended one to two sessions (*n=37*; 35.6%) and those who are attended more than 2 sessions (*n=15*; 14.4%).

4.2.Attitudes of Nurses' therapeutic Communication Skills During Preoperative Care for Patients Undergoing General Surgeries

Table 4-2-1: Distribution of the Study Sample Attitudes Related to their Verbal Communication

List	Verbal Communication Items	Weighted	Freq.	%	*M ± SD*	*Ass.*
1	Call the patient in their full name and respectfully.	Disagree	33	31.7	*2.17±0.886*	*Fair*
		Neutral	20	19.2		
		Agree	51	49.0		
2	Encourage the patient to express their feelings about the surgery.	Disagree	46	44.2	*1.78±0.796*	*Fair*
		Neutral	34	32.7		
		Agree	24	23.1		
3	Encourage patients to communicate by asking open questions like, "Can you tell me a bit more about your surgery?"	Disagree	57	54.8	*1.70±0.846*	*Fair*
		Neutral	21	20.2		
		Agree	26	25.0		
4	Use concise, jargon-free language when talking to the patient.	Disagree	49	47.1	*1.87±0.899*	*Fair*
		Neutral	19	18.3		
		Agree	36	34.6		
5	Avoid rough and coarse language.	Disagree	46	44.2	*1.85±0.852*	*Fair*
		Neutral	27	26.0		
		Agree	31	29.8		
6	To confirm, admire and praise, use verbal reinforcements such as well-done, good, great, etc.	Disagree	43	41.3	*1.96±0.891*	*Fair*
		Neutral	22	21.2		
		Agree	39	37.5		

"(M) Mean, (SD) Standard deviation, Level of Assessment (Poor [M.s.= 1-1.66], Fair [M.s.=1.67-2.33], Good [M.s. ≥2.34])"

In terms of mean and standard deviation, this table demonstrates that the nurses expressed fair attitudes regards verbal communication at all items of the scale as described by moderate mean of scores (*M=1.67-2.33*).

Table 4-2-2:Overall Distribution of the Study Sample Attitudes Related to their Verbal Communication

Weighted	Freq.	%	*M ± SD*
Poor	29	27.9	*11.35±3.780*
Fair	49	47.1	
Good	26	25.0	
Total	104	100.0	

M: Mean for total score, SD=Standard Deviation for total score (Poor= 6-10, Fair= 11-14, Good= 15-18)

The findings demonstrate that the (47.1%) of nurses expressed a fair attitudes related to verbal communication (*M ± SD= 11.35±3.780*).

Table 4-2-3: Distribution of the Study Sample Attitudes Related to their Written Communication

List	Written Communication Items	Weighted	Freq.	%	*M ± SD*	*Ass.*
1	Make notes immediately following the patient care.	Disagree	7	6.7	2.71±0.585	*Good*
		Neutral	16	15.4		
		Agree	81	77.9		
2	Write legibly and clearly, using simple language.	Disagree	4	3.8	2.71±0.533	*Good*
		Neutral	22	21.2		
		Agree	78	75.0		
3	Be sure to note accurate dates and times.	Disagree	7	6.7	2.72±0.582	*Good*
		Neutral	15	14.4		
		Agree	82	78.8		

"(M) Mean, (SD) Standard deviation, Level of Assessment (Poor [M.s.= 1-1.66], Fair [M.s.=1.67-2.33], Good [M.s. ≥2.34])"

In terms of mean and standard deviation, this table demonstrates that the nurses expressed good attitudes regards written communication at all items of the scale as described high mean of scores (*M ≥2.34*).

Table 4-2-4:Overall Distribution of the Study Sample Attitudes Related to their Written Communication

Weighted	Freq.	%	*M ± SD*
Poor	5	4.8	*8.14±1.417*
Fair	22	21.2	
Good	77	74.0	
Total	104	100.0	

M: Mean for total score, SD=Standard Deviation for total score
(Poor= 3-5, Fair= 6-7, Good= 8-9)

The findings demonstrate that the (74%) of nurses expressed a good attitudes related to written communication (*M ± SD= 8.14±1.417*).

Table 4-2-5: Distribution of the Study Sample Attitudes Related to their Non-verbal Communication

List	Non-verbal Communication Items	Weighted	Freq.	%	*M ± SD*	*Ass.*
1	Show interest in what the patient says by maintaining eye contact and head nodding.	Disagree	78	75.0	*1.44±0.798*	*Poor*
		Neutral	6	5.8		
		Agree	20	19.2		
2	To convey a message, use appropriate body gestures or facial expressions.	Disagree	79	76.0	*1.36±0.697*	*Poor*
		Neutral	12	11.5		
		Agree	13	12.5		
3	Use non-threatening body language that conveys openness.	Disagree	79	76.0	*1.37±0.713*	*Poor*
		Neutral	11	10.6		
		Agree	14	13.5		
4	Sit down when possible, and lean forward to show you're interested.	Disagree	79	76.0	*1.31±0.611*	*Poor*
		Neutral	17	16.3		
		Agree	8	7.7		
5	While communicating with the patient, observe rules regarding polite non-verbal behaviors..	Disagree	83	79.8	*1.33±0.705*	*Poor*
		Neutral	7	6.7		
		Agree	14	13.5		

"(M) Mean, (SD) Standard deviation, Level of Assessment (Poor [M.s.= 1-1.66], Fair [M.s.=1.67-2.33], Good [M.s. ≥2.34])"

In terms of mean and standard deviation, this table demonstrates that the nurses expressed poor responses regards non-verbal communication attitudes at all items of the scale as described by low mean of scores (*M=1-1.66*).

Table 4-2-6:Overall Distribution of the Study Sample Attitudes Related to their Non-verbal Communication

Weighted	Freq.	%	*M ± SD*
Poor	79	76.0	*6.836±3.283*
Fair	9	8.7	
Good	16	15.4	
Total	104	100.0	

M: Mean for total score, SD=Standard Deviation for total score
(Poor= 5-8, Fair= 9-11, Good= 12-15)

The findings demonstrate that the (76%) of nurses expressed a poor attitudes related to non-verbal communication (*M ± SD= 6.836±3.283*).

Table 4-2-7: Distribution of the Study Sample Attitudes Related to their Active Listening

List	Active Listening Items	Weighted	Freq.	%	*M ± SD*	*Ass.*
1	Inform patient of understanding by showing non-verbal responses, such as nodding head, leaning forward and maintaining eye contact.	Disagree	66	63.5	*1.52±0.762*	*Poor*
		Neutral	21	20.2		
		Agree	17	16.3		
2	Use verbal messages to show the patient you listen to their speech, such as " I understand" and "go on."	Disagree	62	59.6	*1.56±0.760*	*Poor*
		Neutral	25	24.0		
		Agree	17	16.3		
3	Hesitate after responding and give the patient time to show a reaction to your response.	Disagree	53	51.0	*1.71±0.808*	*Fair*
		Neutral	28	26.9		
		Agree	23	22.1		
4	Maintain an adequate distance (from 30 to 100 cm.).	Disagree	60	57.7	*1.61±0.792*	*Poor*
		Neutral	24	23.1		
		Agree	20	19.2		
5	Even if a subject is not interesting for you, pretend that you are listening.	Disagree	67	64.4	*1.52±0.775*	*Poor*
		Neutral	19	18.3		
		Agree	18	17.3		

"(M) Mean, (SD) Standard deviation, Level of Assessment (Poor [M.s.= 1-1.66], Fair [M.s.=1.67-2.33], Good [M.s. ≥2.34])"

In terms of mean and standard deviation, this table demonstrates that the nurses expressed poor attitudes regards active listening at all items of the scale as described by low mean of scores (*M=1.67-2.33*) except, the items number (3) the responses were fair as described by moderate mean of scores (*M= 1.67-2.33*).

Table 4-2-8:Overall Distribution of the Study Sample attitudes Related to their Active Listening

Weighted	Freq.	%	*M ± SD*
Poor	59	56.7	*7.95±3.501*
Fair	24	23.1	
Good	21	20.2	
Total	104	100.0	

M: Mean for total score, SD=Standard Deviation for total score
(Poor= 5-8, Fair= 9-11, Good= 12-15)

The findings demonstrate that the (56.7%) of nurses expressed a poor attitudes related to active listening (*M ± SD= 7.95±3.501*).

Table 4-2-9: Distribution of the Study Sample Attitudes Related to their Presentation Skills

List	Presentation Items	Weighted	Freq.	%	*M ± SD*	*Ass.*
1	Pay attention to both verbal communication and body language.	Disagree	70	67.3	*1.49±0.763*	*Poor*
		Neutral	17	16.3		
		Agree	17	16.3		
2	Explain to the patient the care that you will provide.	Disagree	71	68.3	*1.50±0.788*	*Poor*
		Neutral	14	13.5		
		Agree	19	18.3		
3	Add visuals to the speech for a better explanation of the surgery.	Disagree	81	77.9	*1.27±0.565*	*Poor*
		Neutral	17	16.3		
		Agree	6	5.8		
4	Understand the patient and know what they want and need to know preoperatively.	Disagree	72	69.2	*1.43±0.707*	*Poor*
		Neutral	19	18.3		
		Agree	13	12.5		

"(M) Mean, (SD) Standard deviation, Level of Assessment (Poor [M.s.= 1-1.66], Fair [M.s.=1.67-2.33], Good [M.s. ≥2.34])"

In terms of mean and standard deviation, this table demonstrated that the nurses expressed poor attitudes regards presentation skills at all items of the scale as described by low of mean of scores (*M=1-1.66*).

Table 4-2-10:Overall Distribution of the Study Sample Attitudes Related to their Presentation Skills

Weighted	Freq.	%	*M ± SD*
Poor	71	68.3	*5.70±2.591*
Fair	18	17.3	
Good	15	14.4	
Total	104	100.0	

M: Mean for total score, SD=Standard Deviation for total score
(Poor= 4-6, Fair= 7-9, Good= 10-12)

The findings demonstrated that the (68.3%) of nurses expressed a poor attitudes related to presentation skills (*M ± SD= 5.70±2.591*).

Table 4-2-11: Distribution of the Study Sample Attitudes Related to their Patient Education

List	Patient Education Items	Weighted	Freq.	%	*M ± SD*	*Ass.*
1	If the patient will undergo general anesthesia, you tell him\her about the necessity of fasting before surgery.	Disagree	59	56.7	*1.82±0.969*	*Fair*
		Neutral	4	3.8		
		Agree	41	39.4		
2	Teach the patient how prepare the area for the surgery.	Disagree	80	76.9	*1.38±0.741*	*Poor*
		Neutral	8	7.7		
		Agree	16	15.4		
3	Explain to the patient why he has to undergo various blood tests, X-rays, electrocardiograms..	Disagree	80	76.9	*1.35±0.695*	*Poor*
		Neutral	11	10.6		
		Agree	13	12.5		
4	Sometimes a patient may be asked to take an enema the evening before surgery to empty the bowels.	Disagree	59	56.7	*1.74±0.903*	*Fair*
		Neutral	13	12.5		
		Agree	32	30.8		
5	Make sure the patient understands you by asking: "Can you repeat the preparing instructions for the surgery back to me?"	Disagree	81	77.9	*1.30±0.624*	*Poor*
		Neutral	14	13.5		
		Agree	9	8.7		

"(M) Mean, (SD) Standard deviation, Level of Assessment (Poor [M.s.= 1-1.66], Fair [M.s.=1.67-2.33], Good [M.s. ≥2.34])"

Take into account statistical analysis of mean, this table demonstrates that the nurses expressed poor attitudes regards patient education at all items of the scale as described by low mean of scores (*M=1-1.66*) except, the items number (1 and 4) the responses were fair (*M= 1.67-2.33*).

Table 4-2-12:Overall Distribution of the Study Sample Attitudes Related to their Patient Education

Weighted	Freq.	%	*M ± SD*
Poor	64	61.5	*7.61±3.088*
Fair	23	22.1	
Good	17	16.3	
Total	104	100.0	

M: Mean for total score, SD=Standard Deviation for total score
(Poor= 5-8, Fair= 9-11, Good= 12-15)

The findings demonstrate that the (61.5%) of nurses expressed a poor attitudes related to patient education (*M ± SD= 7.61±3.088*).

Table 4-2-13: Distribution of the Study Sample Attitudes Related to their Making Personal Connections

List	Personal Connections Items	Weighted	Freq.	%	*M ± SD*	*Ass.*
1	Say hello and greetings.	Disagree	31	29.8	*2.36±0.914*	*Good*
		Neutral	4	3.8		
		Agree	69	66.3		
2	Introduce yourself to the patient.	Disagree	82	78.8	*1.36±0.738*	*Poor*
		Neutral	6	5.8		
		Agree	16	15.4		
3	Spend a couple of extra minutes with the patients getting to know them.	Disagree	83	79.8	*1.32±0.688*	*Poor*
		Neutral	8	7.7		
		Agree	13	12.5		
4	Show interest in their lives and share stories of your own.	Disagree	86	82.7	*1.25±0.587*	*Poor*
		Neutral	10	9.6		
		Agree	8	7.7		

"(M) Mean, (SD) Standard deviation, Level of Assessment (Poor [M.s.= 1-1.66], Fair [M.s.=1.67-2.33], Good [M.s. ≥2.34])"

In terms of mean and standard deviation, this table demonstrates that the nurses expressed poor attitudes regards making personal connections at all items of the scale as described by low mean of scores (*M= 1-1.66*) except. The item number (1) the responses were good as described by high mean of scores (*M≥2.34*).

Table 4-2-14:Overall Distribution of the Study Sample Attitudes Related to their Making Personal Connections

Weighted	Freq.	%	*M ± SD*
Poor	82	78.8	*6.03±2.290*
Fair	6	5.8	
Good	16	15.4	
Total	104	100.0	

M: Mean for total score, SD=Standard Deviation for total score
(Poor= 4-6, Fair= 7-9, Good= 10-12)

The findings demonstrate that the (78.8%) of nurses expressed a poor attitudes related to personal connections (*M ± SD= 6.03±2.290*).

Table 4-2-15: Distribution of the Study Sample Attitudes Related to Trust

List	Trust Items	Weighted	Freq.	%	*M ± SD*	*Ass.*
1	Always tell the truth.	Disagree	11	10.6	*2.70±0.651*	*Good*
		Neutral	9	8.7		
		Agree	84	80.8		
2	Share information regards the surgery honestly	Disagree	15	14.4	*2.31±0.714*	*Good*
		Neutral	41	39.4		
		Agree	48	46.2		
3	Occasionally answer the patient questions about surgery.	Disagree	22	21.2	*2.33±0.807*	*Fair*
		Neutral	25	24.0		
		Agree	57	54.8		
4	Try to avoid using sarcastic, threatening, humiliating words.	Disagree	2	1.9	*2.76±0.466*	*Good*
		Neutral	20	19.2		
		Agree	82	78.8		
5	Encourage the patient to clarify the details of the surgery with their doctor.	Disagree	43	41.3	*1.96±0.891*	*Fair*
		Neutral	22	21.2		
		Agree	39	37.5		

"(M) Mean, (SD) Standard deviation, Level of Assessment (Poor [M.s.= 1-1.66], Fair [M.s.=1.67-2.33], Good [M.s. ≥2.34])"

In terms of mean and standard deviation, this table demonstrates that the nurses expressed good attitudes regards trust at all items of the scale as described by high mean scores (*M ≥ 2.34*) except, the items number (3 and 5) the responses were fair as described by moderate mean of scores (*M= 1.67-2.33*).

Table 4-2-16:Overall Distribution of the Study Sample Attitudes Related to their Trust

Weighted	Freq.	%	*M ± SD*
Poor	4	3.8	*12.08±1.895*
Fair	32	30.8	
Good	68	65.4	
Total	104	100.0	

M: Mean for total score, SD=Standard Deviation for total score
(Poor= 5-8, Fair= 9-11, Good= 12-15)

The findings demonstrate that the (65.4%) of nurses expressed a good attitudes related to trust (*M ± SD= 12.08±1.895*).

Table 4-2-17: Distribution of the Study Sample Attitudes Related to their Cultural Awareness

List	Cultural Awareness Items	Weighted	Freq.	%	*M ± SD*	*Ass.*
1	To reduce the patient fear of surgery, encourage the patient to pray and Duaa.	Disagree	9	8.7	*2.50±0.653*	*Good*
		Neutral	33	31.7		
		Agree	62	59.6		
2	Re-state the patient words in your own words according to your understanding.	Disagree	17	16.3	*2.27±0.730*	*Fair*
		Neutral	41	39.4		
		Agree	46	44.2		
3	Try to use words and expressions understandable for the patient.	Disagree	21	20.2	*2.25±0.775*	*Fair*
		Neutral	35	33.7		
		Agree	48	46.2		

"(M) Mean, (SD) Standard deviation, Level of Assessment (Poor [M.s.= 1-1.66], Fair [M.s.=1.67-2.33], Good [M.s. ≥2.34])"

Take into account statistical analysis of mean, this table demonstrates that the nurses expressed fair attitudes regards cultural awareness at all items of the scale as described by moderate mean of scores (*M = 1.67-2.33*) except, the item number (1) the responses were good as described by high mean of scores (*M ≥2.34*).

Table 4-2-18:Overall Distribution of the Study Sample Attitudes Related to their Cultural Awareness

Weighted	Freq.	%	*M ± SD*
Poor	18	17.3	*8.04±1.824*
Fair	39	37.5	
Good	47	45.2	
Total	104	100.0	

M: Mean for total score, SD=Standard Deviation for total score
(Poor= 3-5, Fair= 6-7, Good= 8-9)

The findings demonstrate that the (45.2%) of nurses expressed a good attitudes related to cultural awareness (*M ± SD= 8.04±1.824*).

Table 4-2-19: Distribution of the Study Sample Related Attitudes to their Compassion

List	Compassion Items	Weighted	Freq.	%	*M ± SD*	*Ass.*
1	Reassure the patient when possible.	Disagree	20	19.2	*2.20±0.742*	*Fair*
		Neutral	43	41.3		
		Agree	41	39.4		
2	Try to convey a positive and happy feeling.	Disagree	13	12.5	*2.34±0.693*	*Good*
		Neutral	42	40.4		
		Agree	49	47.1		
3	Use a positive voice and body language to imbue confidence in the patients.	Disagree	20	19.2	*2.25±0.760*	*Fair*
		Neutral	38	36.5		
		Agree	46	44.2		
4	Provide the patient emotional support during the preoperative period. Such as use of nonverbal cues and positive gestures such as good body language, listening, making eye contact, etc.	Disagree	22	21.2	*2.15±0.747*	*Fair*
		Neutral	44	42.3		
		Agree	38	36.5		
5	Ask the patient if he\she has anything else they want to know before the surgery.	Disagree	26	25.0	*2.13±0.788*	*Fair*
		Neutral	38	36.5		
		Agree	40	38.5		

"(M) Mean, (SD) Standard deviation, Level of Assessment (Poor [M.s.= 1-1.66], Fair [M.s.=1.67-2.33], Good [M.s. ≥2.34])"

In terms of mean and standard deviation, this table demonstrates that the nurses expressed fair attitudes regards compassion at all items of the scale as described by moderate mean of scores (*M= 1.67-2.33*) except, the items number (2) the responses were good to poor as described by high to low mean of scores (*M= ≥2.34*) respectively.

Table 4-2-20:Overall Distribution of the Study Sample Attitudes Related to their Compassion

Weighted	Freq.	%	*M ± SD*
Poor	20	19.2	*11.08±3.202*
Fair	39	37.5	
Good	45	43.3	
Total	104	100.0	

M: Mean for total score, SD=Standard Deviation for total score
(Poor= 5-8, Fair= 9-11, Good= 12-15)

The findings demonstrate that the (43.3%) of nurses expressed a good attitude related to compassion (*M ± SD= 11.08±3.202*).

Table4-2-21:Overall Attitudes of Nurses' Therapeutic Communication Skills During Preoperative Care for Patients Undergoing General Surgeries

Communication Skills	Freq.	%	*M ± SD*
Poor (*M=45-75*)	36	34.6	*84.13±19.318*
Fair (*M=76-105*)	47	**45.2**	
Good (*M=106-135*)	21	20.2	
Total	104	100.0	

M: Mean for total score, SD=Standard Deviation for total score

The analysis of nurses' therapeutic communication skills attitudes for preoperative care for patients undergoing general surgeries was demonstrating at *M ± SD=84.13±19.318*; and according to the study criteria, the majority of nurses expressed fair attitudes related to therapeutic communication skills (*n=47*; 45.2%).

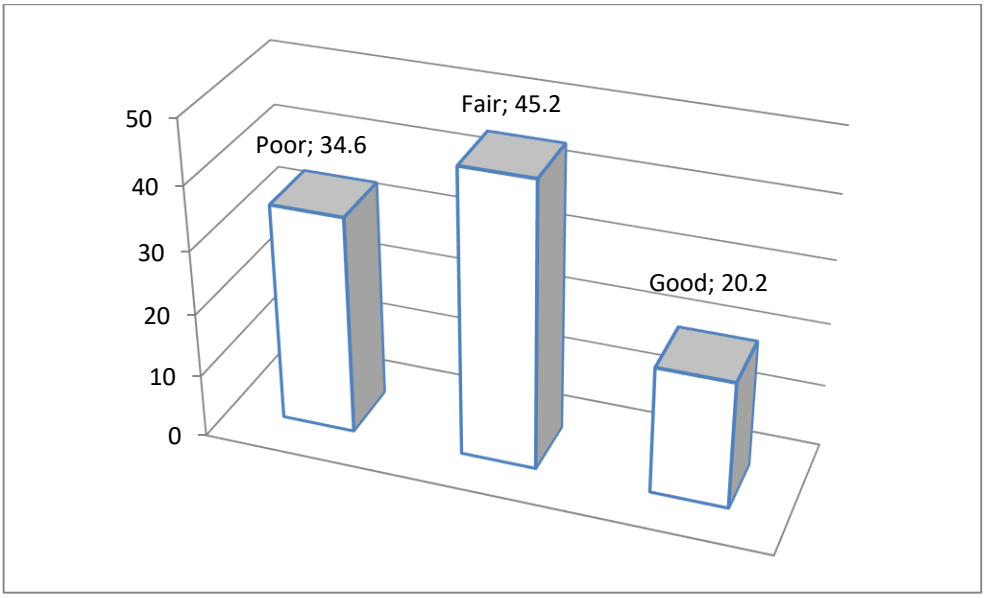

Figure4-1:Overall Attitudes of Nurses' therapeutic Communication Skills

4.3.Differences in Nurses' Therapeutic Communication Skills Attitudes related to their regards Socio-demographic Characteristics

Table 4.3.1.Significant Differences in Therapeutic Communication Skills Attitudes with regards Nurses' Age Groups

Age	Source of variance	Sum of Squares	d.f	Mean Square	F	P-value
Therapeutic Communication Skills Attitudes	Between Groups	.320	3	.107	.572	.635
	Within Groups	18.662	100	.187		
	Total	18.982	103			

d.f: Degree of freedom, F: F-statistic, Sig: Significance

Findings demonstrate that there is no-significant differences in attitudes of nurses' therapeutic communication skills with regard to age groups (*p=0.635*).

Table 4.3.2.Significant Differences in Therapeutic Communication Skills Attitudes with regards Nurses' Gender

Therapeutic Communication Skills Attitudes	Gender	Mean	S.D	t-value	d.f	P-value	Sig
	Male	1.63	0.279	6.175	102	0.000	Sig.
	Female	2.08	0.431				

M: Mean, SD: Standard deviation, t: t-test, d.f: Degree of freedom, Sig: Significance, p: Probability value, S: significant

Findings demonstrate that there is highly significant differences in attitudes of nurses' therapeutic communication skills with regard to those who are male and female (*p=0.000*).

Table 4.3.3.Significant Differences in Therapeutic Communication Skills Attitudes with regards Nurses' Education Level

Education Level	Source of variance	Sum of Squares	d.f	Mean Square	F	P-value
Therapeutic Communication Skills Attitudes	Between Groups	12.190	2	6.095	90.63	.000
	Within Groups	6.792	101	.067		
	Total	18.982	103			

d.f: Degree of freedom, F: F-statistic, Sig: Significance

Findings demonstrate that there is significant differences in attitudes of nurses' therapeutic communication skills with regard to education level (*p=0.000*).

Table 4.3.4.Significant Differences in Therapeutic Communication Skills Attitudes with regards Nurses' Marital Status

Marital Status	Source of variance	Sum of Squares	d.f	Mean Square	F	P-value
Therapeutic Communication Skills Attitudes	Between Groups	.230	2	.115	.619	.540
	Within Groups	18.752	101	.186		
	Total	18.982	103			

d.f: Degree of freedom, F: F-statistic, Sig: Significance

Findings demonstrate that there is no significant differences in attitudes of nurses' therapeutic communication skills with regard to marital status (*p=0.540*).

Table 4.3.5.Significant Differences in Therapeutic Communication Skills Attitudes with regards Nurses' Years of Experience

Years of Experience	Source of variance	Sum of Squares	d.f	Mean Square	F	P-value
Therapeutic Communication Skills Attitudes	Between Groups	.222	2	.111	.597	.552
	Within Groups	18.760	101	.186		
	Total	18.982	103			

d.f: Degree of freedom, F: F-statistic, Sig: Significance

Findings demonstrate that there is no significant differences in attitudes of nurses' therapeutic communication skills with regard to years of experience (*p=0.552*).

Table 4.3.6.Significant Differences in Therapeutic Communication Skills Attitudes with regards Nurses Years of Experience in Surgical Wards

Experience in Surgical Wards	Source of variance	Sum of Squares	d.f	Mean Square	F	P-value
Therapeutic Communication Skills Attitudes	Between Groups	1.775	2	.887	5.208	.007
	Within Groups	17.207	101	.170		
	Total	18.982	103			

d.f: Degree of freedom, F: F-statistic, Sig: Significance

Findings demonstrate that there is significant differences in nurses' therapeutic communication skills attitudes with regard to years of experience in surgical wards (*p=0.007*).

Table 4.3.7.Significant Differences in Communication Skills with regards Nurses' Number of Training related to Communication Skills

No. Training	Source of variance	Sum of Squares	d.f	Mean Square	F	P-value
Communication Skills	Between Groups	6.891	2	3.446	28.78	.000
	Within Groups	12.090	101	.120		
	Total	18.982	103			

d.f: Degree of freedom, F: F-statistic, Sig: Significance

Findings demonstrate that there is a significant difference in attitudes of nurses' therapeutic communication skills with regard number of training sessions related to therapeutic communication skills (*p=0.000*).

Chapter Five

Discussion

Chapter Five

Discussion

Communication skills are essential in any profession, but they are especially critical in a healthcare setting, where a communication breakdown may mean the difference between life and death. Good nurses realize this and make every effort to maintain skillful, clear and open lines of communication with physicians, colleagues, and most importantly patients.

Through the present chapter, the results of the study were carefully discussed with supporting evidence provided because they are available in the literature and in relation to the objectives of the study.

5.1. Socio-demographic Variables of Descriptive Statistic

Findings represent the distribution of the nurses by their socio-demographic characteristics in term of frequencies and percentage. The groups of studied age of the subjects in this study was 21-29 years old, and they made up (65.4%) of the total number of participants. Because of the nature of their duties, surgical wards require young nurses. This age group is capable of offering nursing interventions swiftly and effectively. This result matches the result of the study conducted by (Shoqirat et al., 2019) who found in their study that the majority of the study subject's age younger than 30 years.

Regarding the gender, female nurses predominated and accounted for more than half of all nurses, as opposed to male nurses, who account for (52.9%) of the total number of participants. These results agree with (Moustafa el at., 2020) which they found that the majority of their study sample are females.

The data show that more than half of the study sample had diplomas (54.8%), that is due to the large number of institutions that offer such degrees.

This conclusion is also based on the fact that hospital wards are totally depend on nurses who have graduated from nursing institutes, despite the fact that nurses who have graduated from nursing colleges are still in the minority when compared to other nurses. This finding comes along with the result conducted by (Song et al., 2017) who found that the majority of nurses hold a diploma and account for percent of (52.8).

Regarding the marital status, (59.6 %) out of total study participants were married. This result agreed with the research of (Gholami et al., 2015) who found in their study that the highest percentage of the study participants were married.

According to the data collected from research participants, (49.0 percent and 81.7 percent, respectively) have less than 5 years of experience in their profession and in surgical wards. This is due to the fact that a lot of nurses think working in surgical wards requires a great amount of effort and a considerable measure of sensitive and skilled care when dealing with the surgical patients both pre and post operation, as well as dealing with patients' families and relatives by providing them the needed information and education regarding patients' health conditions. Alternatively, the few years of nursing experience in certain wards might be explained by nurses rotating from one unit to another within the hospital. This finding matches with the study of (Abid et al., 2018) who mentioned that the majority of their study samples were have less than 5 years of experience.

The findings show that half of the study participants were not trained (50.0%). This is because of that most of the nurses are newly employees who have not yet had the opportunity to attend training sessions on therapeutic communication skills, in addition to the lack of interest of some nurses in the training sessions held by the continuing education units in the hospitals. These results are incompatible with a result obtained from (Kirca & Bademli, 2019)

study who state that the majority of the study subjects didn't have communitive training and account for (62.5%).

5.2.Nurses' Attitudes related to Therapeutic Communication Skills During Preoperative Care for Patients Undergoing General Surgeries

5.2.1.Distribution of the Study Sample Attitudes Related to their Verbal Communication

According to the study findings which show that the majority of nurses (47.1%) had fair attitudes related to verbal communication (Table. 4-2-2). This may be attributed to the nature of service provision. Nursing care is characterized as a humanitarian service that requires patients to be taken into account and talked to with respect, interest, and attention to their psychological state. However, this fair percentage needs more focus and effort in order to be strengthened (My Point of View).

In a study conducted by (Zanjani, & Moharreri, 2020) found 64% of the nurses had a poor understanding about verbal communication skills. This is despite the fact that verbal communication skills are considered as the basis of communication in everyday life.

5.2.2.Distribution of the Study Sample Attitudes Related to their Written Communication Skills

The findings showed (Table. 4-2-4) that the (74%) of nurses have a good attitudes related to written communication. Nurses realize the importance of written communication. Therefore, they often find it necessary to communicate through writing, and this type of communication can avoid misunderstandings. As a result, nurses are keen to communicate with the healthcare team and patients using written notes regarding operation instructions and the care

provided to patients, taking into account writing clearly and accurately (My Point of Veiw).

In contrast to Törnvall and Wilhelmsson (2008), who pointed out in study about nursing documentation for communicating and evaluating care, to weaknesses and deficiencies in nursing records, such as difficulties in finding significant information due to a massive amount of routine notes.

Furthermore, Hameed and Allo (2014), conducted a study on 150 nurses working in two main teaching hospitals in the Nineveh governorate. To determine their competence of nursing documentation, they observed that nurses' knowledge of reasons of documentation was better to knowledge of principles of documentation, although there was some deficit in what and how to document.

5.2.3. Distribution of the Study Sample Attitudes Related to their Non-verbal Communication Skills

Results indicate that the majority (76%) were shown a poor attitudes related to non-verbal communication (Table. 4-2-6). The rationale for these results includes " a low level of education, inadequate effective training, and nurses' few years of experience" (My Point of View).

These results do not correspond to (Akoja et al., 2019) study findings indicate that caregivers understand when and how to employ nonverbal signals such as touch, eye contact, smile, gesture, and body posture. Furthermore, it is discovered that members of the nursing care team utilize body language to form relationships with patients, communicate their requirements, and plan care (de Rezende et al., 2015).

Also, (Tiheko et al., 2019) study results indicated that the importance of nonverbal communication helps to better care by fostering a tight connection of trust, which is vital for the patient-nurse interaction.

5.2.4.Distribution of the Study Sample Attitudes Related to their Active Listening

Listening is a dynamic and active process of engagement with the client that necessitates a conscious effort to pay attention to the client's verbal and nonverbal cues. One of the most successful therapeutic modalities available to nurses is listening, which is an essential aspect and basis of nurse-client relationships (Lindquist et al., 2014). However, the findings demonstrated that (56.7%) of nurses expressed poor attitudes related to active listening (Table. 4-2-8). The workload in surgical wards, as well as the numerous tasks to be completed in addition to the patients to be cared for, prevents nurses from spending enough time and listening to the patients (My Point of View).

Nurses who believe communication takes too long may avoid communicating and miss opportunities to improve communication by becoming more familiar with a person's communication ways, according to Hemsley et al. (2012). Those who take the time to communicate say they use a variety of tactics to get their basic requirements across.

5.2.5. Distribution of the Study Sample Attitudes Related to their Presentation Skills

The findings demonstrated that (68.3%) of nurses expressed poor attitudes related to presentation skills 5.70 (±2.59) (Table. 4-2-10). It is related to several reasons. Besides the few years of experience, the educational attainment of the study sample, most of them hold a diploma, which makes their experience in presenting and sharing information in innovative ways, such as displaying images and videos of the surgical procedure to surgical patients, limited. In addition, nurses lack knowledge of modern technology and its uses in transferring information to patients and its limited availability to health institutions (My Point of Point).

Foulkes (2015), emphasized the importance of presentation in nursing. Nurses utilize presentations to educate, share information and motivate colleagues to implement new ways of working, as well as to include patients and colleagues in clinical tasks.

5.2.6. Distribution of the Study Sample Attitudes Related to their Patient Education

Patient education can assist nurses in informing and reminding patients of effective strategies for self-management of treatment and reducing unneeded readmissions (Paterick et al., 2017). However, according to the findings of a study published in (Table. 4-2-12), the majority (61.5 percent) of the participants had poor attitudes related to patient education. Some nurses think that patient education is only the surgeon's responsibility. while in fact, it is an integral part of preoperative nursing care. In addition, as teaching patients effectively requires knowledge and skill, novice nurses face difficulty when providing patient education (My Point of View).

These findings are consistent to those of Che et al. (2016), who discovered that most nurses had experienced patient education inertia. All nurses voiced concern about not delivering enough education to patients. Participants felt helpless to regularly educate patients due to excessive workload, switching between patients, not knowing how to teach, communication difficulties, and lack confidence and work rhythm. Furthermore, another finding from a Turkish study concerns of patient education provided by clinical nurses. Findings show that most of the nurses did not determine a place and time for the education session, did not record the education, and did not use any measurement technique in evaluating the patient education. (Avşar & Kaşikçi, 2011)

However, according to Lee and Lee (2012), the majority of nurses (89.5 percent) employ straightforward language in their teaching, which helps

patients understand their explanations. Furthermore, during preoperative training, they clearly questioned patients if they understood (87.2%) and examined their facial expressions (77.9%) to assess their knowledge levels.

5.2.7.Distribution of the Study Sample Attitudes Related to their Making Personal Connections

Findings demonstrated that the majority of (78.8%) of nurses expressed a poor attitudes related to personal connections (Table. 4-2-14). Making personal connections such as greeting and introducing self to patients result in the formation of a social exchange and helps build a rapport, that highlights the nurse's obligation to both the patient and the nursing profession. However, nurses do not pay attention for making these connections due to lack of experience and knowledge of their importance (My Point of View).

Lotfi et al. (2019), who assessed nurse-patient communication and patient satisfaction from nursing care, show that most patients were dissatisfied with nursing care and the quality of nurse–patient communication was also very weak and more than 80% did not know their nurse.

Ascari et al. (2013), indicate in study that understanding how surgical patients think in the preoperative period may assist to highlight that one of the methods to aid them is through the systematization of nursing, allied to routine orientations held by the surgical nurse.

5.2.8. Distribution of the Study Sample Attitudes Related to their Trust

Results reveal that the majority of (65.4%) of nurses expressed a good attitudes related to trust (Table. 4-2-16). In terms of interpersonal interactions, trust between a patient and a nurse is critical. It is a requirement for achieving positive outcomes produced by patient and nurse communication during the caregiving process. Creating a caring, trusting patient-nurse relationship is crucial to optimal patient outcomes (Dinç & Gastmans, 2013).

Patients' perspectives regarding their trust status toward nurses were examined by Ozaras and Abaan (2016), "who discovered that the mean score on the scale was 24.5±3.9, indicating that patients had a high level of trust toward nurses in the study hospital". In addition, according to the American Nurses Association (ANA), nurses were rated as the most trustworthy professionals in a Gallup poll. This has been demonstrated in numerous research in which individuals indicated a high level of trust in nurses.

5.2.9.Distribution of the Study Sample Attitudes Related to their Cultural Awareness

When nurses' cultural background differs from patients', subtle linguistic, conversational, and cultural differences that influence patient involvement in and adherence to their plan of care can be missed (Raingruber et al., 2010).

The findings indicate that the (45.2%) of nurses expressed a good attitudes related to cultural awareness (Table. 4-2-18). These findings similar to (McElroy et al., 2016) who found in a cross-sectional descriptive study, most nursing staff exhibited a moderate to high level of cultural awareness. Moreover, (Hultsjö et al., 2019) investigate cultural awareness in nursing students in Sweden. The result clearly indicates that students are willing to learn more about how to care for people with different cultural backgrounds.

Furthermore, Wittenberg et al. (2016) discovered that roughly a third of the nurses in the study expressed their own spiritual or religious origins with patients, and that these shared experiences enhanced their faith.

5.2.10. Distribution of the Study Sample Attitudes Related to their Compassion

Compassion in nursing is not a new concept; it originates from ancient theological ideas that Florence Nightingale transformed into the very core of professional nursing. It is still an underpinning principle that pervades nursing's

moral standards and value declarations today, and as such, it should be recognized as fundamental (Straughair, 2012).

In present analysis, findings in (Table. 4-2-20) indicate that the (43.3%) of nurses expressed a good attitudes related to compassion (M ± SD= 11.08±3.202). Patients believed they were receiving compassionate care when nurses demonstrated caring, friendliness, and sensitivity, according to Lee and Seomun (2016), who used the Schwartz-Barcott and Kim's hybrid model to evaluate attributes and definitions of empathy competency for nurses. In other words, diversified and personalised nursing actions based on individual patient characteristics resulted in the sense of high-quality nursing care.

5.3.Overall Nurses' Attitudes related to therapeutic Communication Skills During Preoperative Care for Patients Undergoing General Surgeries

As shown in Table (4-2-21), the overall attitudes of nurses' therapeutic communication skills during preoperative care for patients undergoing general surgeries were fair at M ± SD=84.13±19.318. Nurses working in the surgical wards understand the importance of preoperative communication. This is because of its importance in reducing patients' anxiety, fear and concerns regarding the surgical procedure, as well as knowing patients' needs by communicating with them and developing a care plan to achieve positive health outcomes. However, some obstacles hinder and weaken the communication process, such as nurses' excessive workload, which leads to a limited amount of time spent with each patient, the few years of experience in nursing generally and in the surgical ward specifically, as well as the lack of training sessions, programs and workshops about therapeutic communication skills in the preoperative period (My Point of View).

Anoosheh et al. (2009), found according to 75 Iranian nurses' views, that "The main communication hurdles that led to poor communication between nurses and patients were a strong nursing burden, "hard nursing chores," and "lack of nursing facilities for nurses". Fakhr-Movahedi et al. (2011), advised that more attention should be paid by policy makers to remove factors that hinder the nurse–patient communication process.

Badiyepeymaiejahromi et al. (2018), "also did an observational study on 215 nurses in hospitals affiliated with Jahrom University of Medical Sciences in Iran. Showed results which indicate the low ability of nurses in terms of communication skills with the patient".

Gebeyehu Yazew et al. (2021), found that more than half of the nurses were had effective communication skills. Year of working experience, workload, and poor evidence-based utilization were the main contributing factors of the communication skills. Also, Kirca & Bademli (2019), depicted that there was a moderate positive correlation between communicative competence and care behaviors of nurses ($r = 0.5$, $P < 0.01$).

5.4.Differences in Therapeutic Communication Skills Attitudes with Regards Nurses Socio-demographic Characteristics

Findings indicate that nurses' therapeutic communication skills attitudes are significantly associated with their gender (*p=0.000*), education level (*p=0.000*), years of experience in surgical wards (*p=0.007*) and number of training sessions (*p=0.000*). as shown in (tables 4-3-2,3,6 and 7). While, the nurses' age group, marital status, years of employment have been insignificant related to their therapeutic communication skills, as shown in (tables 4-3-1,4, and 5).

Agha et al. (2018), Found that there is an association between nurses' age (P=0.026) and work experience (P=0.025) with interpersonal

communication skills were inversely significant. Kounenou et al. (2011), study findings revealed that educational background, continuing education and job satisfaction could be considered as important factors influencing the integration of nurses' communications skills. In addition, Badiyepeymaiejahromi et al. (2018), "It was discovered that the educational level of nurses, their average age, and their job experience all had a statistically significant association with the quality of their communication abilities".

However, Karimi et al. (2013), demonstrated that therapeutic communication skills training is an effective method to improve the quality of care, it is suggested that managers and staff to consider it to improve the quality of patients' care. One strategy to improve communication between nurses and their patients is to provide particular training in communication skills (Banerjee et al., 2017). Furthermore, according to Khodadadi et al. (2013), therapeutic communication skills training can improve a nurse's communication abilities and lead to improved nursing care quality.

Chapter Six

Conclusions and Recommendations

Chapter Six

Conclusions and Recommendations

6.1. Conclusion

In light of the results discussed and their interpretations, our study concludes that:

1. Most of the study sample were between aged (21-29) with a diploma who have been employed in surgical wards for less than 5 years.

2. Nurses' therapeutic communication skills attitudes in term of verbal communication are fair.

3. Nurses' therapeutic communication skills in terms of non-verbal communication, active listening, presentation, making personal connection and patient education are poor.

4. Nurses' therapeutic communication skills attitudes in terms of written communication, trust, and compassion are good.

5. The study revealed that the overall attitudes of nurses' therapeutic communication skills during preoperative care for patients undergoing general surgeries are fair.

6. The study revealed that there is significant differences in attitudes of nurses' therapeutic communication skills with regard to gender, education level, years of experience in surgical wards and number of training sessions.

7. More years of experience and training of nurses by carrying out periodic educational sessions that really help in developing their therapeutic communication skills.

6.2.Recommendations

Based on the results and the conclusion of the current study, the researcher suggests the following recommendations:

1. Continuous educational sessions and programs should be applied to enhance nurses' therapeutic communication skills when dealing with surgical patients during preoperative care.
2. Reassessment and follow-up for nurses are required following an education session to monitor, evaluate, and promote their skills in order to ensure their application in the work.
3. It is necessary to rely on young nurses with bachelor's degrees in surgical wards.
4. Further researches should be carried out that may contribute to improve nurses' therapeutic communication skills.

References

المصادر العربية

القرآن الكريم، سورة البقرة، الآية (٣٢)

References

(A)

- Abid, R. I., Majeed, H. M., & Mohammed, T. R. (2018). Assessment of nurses documentation for nursing care at surgical wards in Baghdad teaching hospitals. *Journal of Pharmaceutical Sciences and Research, 10*(10), 2568-2571.
- Agha Mohammad Hasani, P., Mokhtaree, M., Sheikh Fathollahi, M., & Farrokjzadian, J. (2018). Interpersonal communication skills and its association with personality dimensions of nurses in Rafsanjan University of Medical Sciences, Iran, in 2015. *Journal of Occupational Health and Epidemiology*, *7*(2), 112–118.
- Akoja, M., Abolarin, M., & Ogunlalu, O. (2019). Caregivers' Use of Non-Verbal Cues in Enhancing Patients' Well-Being and Satisfaction. *International Journal of Scientific & Engineering Research, 10*(10).
- Akor, P., & Udensi, J. (2013). Functions of interpersonal communication in rendering reference services in two University libraries in Nigeria. *Library Philosophy and Practice (E-Journal)*.
- AL-Rahman Abdullah, D., & Ibrahim, R. H. (2016). Assessment of Cancer Patient's Satisfaction Regarding Nurses Communication Skills in Azadi Teaching Hospital/ Oncology unit. *Mosul Journal of Nursing*, *2*(1), 1–1.

- Alshammari, M., Duff, J., & Guilhermino, M. (2019). Barriers to nurse–patient communication in Saudi Arabia: an integrative review. *BMC Nursing*, *18*(1).
- Altun, M., & Anwar, E. N. (2020). Physiological Barriers to Communication within Organizations. *Black Sea Journal of Management and Marketing, 2(1),* 47–48.
- Amer, S. (2011). Postoperative care: In *Gynaecology*. In R, Shaw., D, Luesley., A, K, Monga (Ed.), (pp. 116–127). Churchill Livingstone Elsevier. http://dx.doi.org/10.1016/B978-0-7020-3120-5.00009-6
- Anoosheh, M., Zarkhah, S., Faghihzadeh, S., & Vaismoradi, M. (2009). Nurse-patient communication barriers in Iranian nursing. *International Nursing Review, 56*(2), 243–249.
- Ascari, R.A., Neiss, M., Sartori, A.A., Silva, O.M., Ascari, T.M., & Galli, K.S. (2013). Perceptions of surgical patient during preoperative period concerning nursing care. *Journal of Nursing Ufpe Online, 7*, 1136-1144.
- Avşar, G., & Kaşikçi, M. (2011). Evaluation of patient education provided by clinical nurses in Turkey. *International Journal of Nursing Practice*, *17*(1), 67–71.

(B)

- Badiyepeymaiejahromi, Z., Ramezanli, S., Farzaneh, M., & Torabizadeh, C. (2018). Quality of Communication skills of nurses worked at the Hospitals Affiliated to Jahrom University of Medical Sciences, Iran. *Bangladesh Journal of Medical Science*, *17*(2), 275–281.
- Banerjee, S. C., Manna, R., Coyle, N., Penn, S., Gallegos, T. E., Zaider, T., Krueger, C. A., Bialer, P. A., Bylund, C. L., & Parker, P. A. (2017). The implementation and evaluation of a communication skills training

program for oncology nurses. *Translational Behavioral Medicine*, *7*(3), 615–623.

- Bettencourt, E. (2018, July 2). *The Importance of Communication.* Blog.diversitynursing.com. http://blog.diversitynursing.com/blog/the-importance-of-communication
- Bhasin, H. (2021, October 18). *Communication Process – Definition, Importance, Components and How to Improve*. MARKTING91. https://www.marketing91.com/communication-process/
- Bishop, S. (2013). *Develop your assertiveness.* London, UK: Kogan Page Limited.
- Boykins A. D. (2014). Core communication competencies in patient-centered care. *The ABNF journal: official journal of the Association of Black Nursing Faculty in Higher Education, Inc*, *25*(2), 40–45.
- Bramhall, E. (2014). Effective communication skills in nursing practice. *Nursing Standard*, *29*(14), 53–59.
- Brandenburg, S. (2017). Nurse Perceived Barriers to Effective Nurse-Client Nurse Perceived Barriers to Effective Nurse-Client Communication. *Honors Undergraduate Theses*. https://stars.library.ucf.edu/honorstheses/228

(C)

- Chan, Z., Kan, C., Lee, P., Chan, I., & Lam, J. (2011). A systematic review of qualitative studies: patients' experiences of preoperative communication. *Journal of Clinical Nursing*, *21*(5-6), 812–824.
- Che, H.-L., Yeh, M.-Y., Jiang, R.-S., & Wu, S.-M. (2016). Taiwanese nurses' experiences of difficulties in providing patient education in hospital settings. *Nursing & Health Sciences*, *18*(1), 113–119.

- *China - Number Of Surgical Procedures (per 100,000 Population) - 2022 Data 2023 Forecast 2012 Historical*. (2022). Tradingeconomics.com. https://tradingeconomics.com/china/number-of-surgical-procedures-per-100000-population-wb-data.html
- Cobley, P. (2008). Communication: Definitions and Concepts. *The International Encyclopedia of Communication*.
- Colomer-Sánchez, A., Ayuso-Murillo, D., Lendínez-Mesa, A., Ruiz-Nuñez, C., Fontán-Vinagre, G., & Herrera-Peco, I. (2021). Anxiety Effect on Communication Skills in Nursing Supervisors: An Observational Study. *Nursing Reports*, *11*(2), 207–216.
- Costa, T.F., Costa, K.N., Martins, K.P., Figueirêdo, D.S., Lima, J.T., & Arruda, A.J. (2013). Therapeutic communication between nurses and patients of preoperative prostatectomy. *Journal of Nursing Ufpe Online, 7*, 1107-1112.
- Crawford, T., Candlin, S., & Roger, P. (2017). New perspectives on understanding cultural diversity in nurse–patient communication. *Collegian*, *24*(1), 63–69.

(D)

- Daza, M., Barrios-Aranibar, D., Diaz-Amado, J., Cardinale, Y., & Vilasboas, J. (2021). An Approach of Social Navigation Based on Proxemics for Crowded Environments of Humans and Robots. *Micromachines*, *12*(2), 193.
- D., Jessica, L., Shannon, & R., Patricia. (2017, December 30). *How many in-patient surgeries were performed in the US by year during 2015, 2016, and 2017?* WONDER. https://askwonder.com/research/in-patient-surgeries-performed-us-year-during-2015-2016-2017-qmkm6vxov

- Das, R., & Latif, M. (2020). Barriers to Effective Communication by the Clinical Nurses in Bangladesh. *IOSR Journal of Nursing and Health Science*, *9*(5), 50–59.
- De Oliveira, A. M., & Soares, E. (2018). The Communication as an Educational Tool During Kidney Transplantation Preoperative Period. *Revista de Pesquisa Cuidado é Fundamental Online*, *10*(3), 753–757.
- *Definition of patient | Dictionary.com*. (2019). Www.dictionary.com. https://www.dictionary.com/browse/patient
- Dinç, L., & Gastmans, C. (2013). Trust in nurse–patient relationships. *Nursing Ethics*, *20*(5), 501–516.
- Dixit, A. (2018). *"Communication is Incomplete without Feedback."*
- Dobbs, T. D., Gibson, J. A. G., Fowler, A. J., Abbott, T. E., Shahid, T., Torabi, F., Griffiths, R., Lyons, R. A., Pearse, R. M., & Whitaker, I. S. (2021). *Surgical activity in England and Wales during the COVID-19 pandemic: a nationwide observational cohort study*.
- Dobson G. P. (2020). Trauma of major surgery: A global problem that is not going away. *International journal of surgery (London, England)*, *81*, 47–54.
- de Rezende, R., de Oliveira, R. M., de Araújo, S. T., Guimarães, T. C., do Espírito Santo, F. H., & Porto, I. S. (2015). Body language in health care: a contribution to nursing communication. *Revista brasileira de enfermagem*, *68*(3), 430–496.

(E)

- Ellison, D. (2015). Communication Skills. *Nursing Clinics of North America*, *50*(1), 45–57.

(F)

- Fakhr-Movahedi, A., Salsali, M., Negharandeh, R., & Rahnavard, Z. (2011). A qualitative content analysis of nurse-patient communication in Iranian nursing. *International Nursing Review*, *58*(2), 171–180.
- Farahani, M., Sahragard, R., Carroll, J., & Mohammadi, E. (2011). *Communication barriers to patient education in cardiac inpatient care: A qualitative study of multiple perspectives.* International Journal of Nursing Practice, 17, 322-328.
- Foulkes M. (2015). Presentation skills for nurses. *Nursing standard (Royal College of Nursing (Great Britain): 1987)*, 29(25), 52–58.
- Eke, G. J. (2020). Effective Communication Processes: A Panacea for Organizations' Success. *IOSR Journal of Business and Management (IOSR-JBM)*, *22*(8), 42–54.
- Faubion, D. (2022). *30 Top Therapeutic Communication Techniques in Nursing*.Www.nursingprocess.org. https://www.nursingprocess.org/therapeutic-communication-in-nursing.html

(G)

- Gebeyehu Yazew, K., Hailu Gebrie, M., & Bishaw Aynalem, Z. (2021). Nurses' communication skills and determinant factors in Amhara Region Referral Hospitals, Northwest Ethiopia, 2019. *International Journal of Africa Nursing Sciences*, *14*, 100310.
- Gholami, H., Sarhangy, F., Mokhtari Nouri, J., & Javadi, M. (2015). Nurses' communication skills in military hospitals. *Journal of Nursing and Midwifery Sciences*, *2*(1), 40–45.
- Gonzalo, A. (2019, April 6). *Hildegard Peplau - Interpersonal Relations Theory.* Nurseslabs. Retrieved March 5, 2021, from https://nurseslabs.com/hildegard-peplaus-interpersonal-relations-theory/

- Goodman, T., & Spry, C. (2017). *Essentials of perioperative nursing* (6th ed., p. 2). Jones & Bartlett Learning.
- Goodman, T., & Spry, C. (2017). *Essentials of perioperative nursing* (6th ed., p. 14). Jones & Bartlett Learning.
- Gorman, L. M., Anwar, R. F., & Neeb, K. (2014). *Neeb's fundamentals of mental health nursing* (J. C. Clay, Ed.; 4TH EDITION, pp. 16–18). F.A. Davis Company.
- Govind Chintale, S. (2021). Perioperative Phases of Surgery. *J Perioper Med*, *3*(2), 1.

(H)

- Hagerty, T. A., Samuels, W., Norcini-Pala, A., & Gigliotti, E. (2017). Peplau's Theory of Interpersonal Relations. *Nursing Science Quarterly*, *30*(2), 160–167.
- Hameed, R. Y., & Allo, R. R. (2014). Assessment of Nurses' Knowledge About Nursing Documentation. *Kufa Journal for Nursing Sciences*, *4*(1).
- Hans, A., & Hans, E. (2015). Kinesics, Haptics and Proxemics: Aspects of Non -Verbal Communication. *IOSR Journal of Humanities and Social Science (IOSR-JHSS) Ver. IV*, *20*(2), 2279–2837.
- Hemsley, B., Balandin, S., & Worrall, L. (2012). Nursing the patient with complex communication needs: time as a barrier and a facilitator to successful communication in hospital. *Journal of Advanced Nursing*, *68*(1), 116–126.
- Henly, S. J. (2016). Health Communication Research for Nursing Science and Practice. *Nursing Research*, *65*(4), 257–258.
- Hermann, R. M., Long, E., & Trotta, R. L. (2019). Improving Patients' Experiences Communicating With Nurses and Providers in the Emergency Department. *Journal of Emergency Nursing: JEN : Official*

Publication of the Emergency Department Nurses Association, *45*(5), 523–530.

- Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed., Vol. 2, p. 1292, p. 3571). Wolters Kluwer.
- Hollnagel, E. (2018). *Safety–I and safety–II: the past and future of safety management*. CRC press.
- Holmes, K. (2019). *Language: The Essence of Culture | Greenheart International*. Greenheart.org. https://greenheart.org/blog/greenheart-international/language-the-essence-of-culture/
- Hope, I. (2018, January 21). *Perioperative Nursing-Three Phases*. Rnspeak. Retrieved September 25, 2020, from https://rnspeak.com/perioperative-nursing-three-phases/
- Hultsjö, S., Bachrach-Lindström, M., Safipour, J., & Hadziabdic, E. (2019). "Cultural awareness requires more than theoretical education" - Nursing students' experiences. *Nurse Education in Practice*, *39*, 73–79.

(I)

- International Council of Nurses. (2019). *Nursing Definitions*. ICN - International Council of Nurses.
- Iraqi Central Statistical organization (CSO). (2014). Cosit.gov.iq. http://cosit.gov.iq/AAS2016/HEALTH&VITAL_STATISTICS/6A.htm

(J)

- Johnstone, J. (2020). How to provide preoperative care to patients. *Nursing Standard*, *35*(12), 72–76.

(K)

- Kalunga, M. (2016). *COMMUNICATION BARRIERS AND FACILITATORS BETWEEN NURSES AND PATIENTS RECEIVING*

PALLIATIVE CARE A REVIEW OF LITERATURE. http://www.diva-portal.org/smash/get/diva2:953990/FULLTEXT01.pdf

- Kapur, R. (2018, March 16). *Barriers to Effective Communication.* ResearchGate. https://www.researchgate.net/publication/323794732_Barriers_to_Effective_Communication
- kapur, R. (2020, September 14). *The types of communication.* ResearchGate. https://www.researchgate.net/publication/344235361_The_Types_of_Communication
- Karimi moonaghi, H., Taheri, N., Behnam vashhani, H., Vaghee, S., Yavari, M. (2013). The effect of communication skills training on the quality of nursing care of patients. *Evidence Based Care*, 2(4), 37-46.
- Keyton, J. (2017). Communication in Organizations. *Annual Review of Organizational Psychology and Organizational Behavior*, *4*(1), 501–526.
- Khatib Zanjani, N & Moharreri, M. (2020). Assessing the Nurses' Knowledge and Awareness of Effective Verbal Communication Skills. *Interdisciplinary Journal of Virtual Learning in Medical Sciences*, *3*(1), 11–20.
- Khodadadi, E., Ebrahimi, H., Moghaddasian, S., & Babapour, J. (2013). The effect of communication skills training on quality of care, self-efficacy, job satisfaction and communication skills rate of nurses in hospitals of tabriz, iran. *Journal of Caring Sciences*, *2*(1), 27–37.
- Kirca, N., & Bademli, K. (2019). Relationship between communication skills and care behaviors of nurses. *Perspectives in Psychiatric Care*, *55*(4), 624–631.

- Kounenou, K., Aikaterini, K., & Georgia, K. (2011). Nurses' Communication Skills: Exploring Their Relationship With Demographic Variables and Job Satisfaction in a Greek Sample. *Procedia - Social and Behavioral Sciences*, *30*, 2230–2234.
- Kourkouta, L., & Papathanasiou, I. (2014). Communication in Nursing Practice. *Materia Socio Medica*, *26*(1), 65–67. NCBI.
- Klisiari, A., & Gaki, A. (2012). The Concept of Communication Between Nurse and Patient in the Catheterization Laboratory. *Hospital Chronicles*, *7*(1 Sup), 26–30.

(L)

- Leal-Costa, C., Tirado González, S., Ramos-Morcillo, A. J., Ruzafa-Martínez, M., Díaz Agea, J. L., & van-der Hofstadt Román, C. J. (2020). Communication Skills and Professional Practice: Does It Increase Self-Efficacy in Nurses? *Frontiers in Psychology*, *11*.
- Lee, C.-K., & Lee, I. F-K. (2012). Preoperative patient teaching: the practice and perceptions among surgical ward nurses. *Journal of Clinical Nursing*, *22*(17-18), 2551–2561.
- Lee, Y., & Seomun, G. (2016). Compassion Competence in Nurses. *Advances in Nursing Science*, *39*(2), E54–E66.
- Liddle, C. (2012) *Preparing patients to undergo surgery.* Nursing times, 108 (48). pp. 12-13.
- Lin, C. M. (2011, September). *Lets Talk: Communication Across History*. ROOTS. https://www.roots.gov.sg/stories-landing/stories/lets-talk-communication-across-history/story
- Lindwall, L., Von Post, I., & Bergbom, I. (2003). Patients' and nurses' experiences of perioperative dialogues. *Journal of Advanced Nursing*, *43*(3), 246–253.

- Lindquist, R., Snyder, M., & Tracy, M., F. (2014). *Complementary & alternative therapies in nursing*. (7th ed., p. 39). Springer Publishing Company.
- Lotfi, M., Zamanzadeh, V., Valizadeh, L., & Khajehgoodari, M. (2019). Assessment of nurse-patient communication and patient satisfaction from nursing care. *Nursing Open*, *6*(3), 1189–1196.
- Lown, B. A., Rosen, J., & Marttila, J. (2011). An Agenda For Improving Compassionate Care: A Survey Shows About Half Of Patients Say Such Care Is Missing. *Health Affairs*, *30*(9), 1772–1778.

(M)

- Marhamati, S., Amini, M., Mousavinezhad, H., & Nabeiei, P. (2016). Design and validating the nurse-patient communication skills questionnaire. *Journal of Health Management & Informatics*, *3*(2), 57–63.
- McCorry, L. K., Mason, J. (2020). *Communication skills for the healthcare professional* (Second edition, p. 6). Wolters Kluwer Lippincott Williams & Wilkins.
- McCall, C., & Singer, T. (2015). Facing off with unfair others: introducing proxemic imaging as an implicit measure of approach and avoidance during social interaction. *PloS one*, 10(2), e0117532.
- Magee, M. B. (2017, September 30). *Barriers to Effective Communication in Nursing*. Azcentral. https://healthyliving.azcentral.com/barriers-to-effective-communication-in-nursing-12356657.html
- McElroy, J., Smith-Miller, C. A., Madigan, C. K., & Li, Y. (2016). Cultural Awareness Among Nursing Staff at an Academic Medical Center. *The Journal of Nursing Administration*, *46*(3), 146–153.

- McKee, L. (2021, October 29). *What Is An Effective Nurse-Patient Communication?*. Hucu.ai. https://www.hucu.ai/2021/10/29/
- Merlino, J. (2017, November 7). *Communication: A Critical Healthcare Competency - Patient Safety & Quality Healthcare*. Patient Safety & Quality Healthcare. https://www.psqh.com/analysis/communication-critical-healthcare-competency/
- Ministry of Health/Environment of Iraq. (2016). *Annual Statistical Report* (p. 145).
- Morales, C. L. P., Alexandre, J. G., Prim, S., Amante, L. N., Morales, C. L. P., Alexandre, J. G., Prim, S., & Amante, L. N. (2014). Perioperative communication from the perspective of patients undergoing bariatric surgery. *Texto & Contexto - Enfermagem*, *23*(2), 347–355.
- Mulsow, J. J. W., Feeley, T. M., & Tierney, S. (2012). Beyond consent—improving understanding in surgical patients. *The American Journal of Surgery*, *203*(1), 112–120.
- Munoz, R. (2017, June 15). *The Evolution of Communication through the Centuries | MobileCon*. Mobilecon2012.com. https://www.mobilecon2012.com/the-evolution-of-communication-through-the-centuries/
- Moustafa, E., Abed-Elmegeed, M., & Abed, F. (2020). The Relationship between Nursing Staff Communication Skills and Quality of Nursing Care in A Pediatric University Specialized Hospital. *Medical Journal of Cairo University*, *88*(39), 305–310.

(N)

- Nguyen, T. C. (2021, January 31). *The Early History of Communication*.ThoughtCo. https://www.thoughtco.com/early-history-of-communication-4067897

- Nordquist, R. (2020, April 6). *Learn the Basic Elements of the Communication Process*. ThoughtCo. https://www.thoughtco.com/what-is-communication-process-1689767
- Norouzinia, R., Aghabarari, M., Shiri, M., Karimi, M., & Samami, E. (2015). Communication Barriers Perceived by Nurses and Patients. *Global Journal of Health Science*, *8*(6), 65. NCBI.
- Nyanyiwa, J. (2020, December). *The communication process*. ResearchGate. https://www.researchgate.net/publication/346564188_The_communication_process

(O)

- Oxford University Press. (2019). *communication noun - Definition, pictures, pronunciation and usage notes | Oxford Advanced American Dictionary at OxfordLearnersDictionaries.com.* Oxfordlearnersdictionaries.com.
- Ozaras, G., & Abaan, S. (2016). Investigation of the trust status of the nurse–patient relationship. *Nursing Ethics*, *25*(5), 628–639.

(P)

- Papagiannis, A. (2010). Talking with the patient: fundamental principles of clinical communication and announcement of bad news. *Medical Time Northwestern Greece*, *6*(2), 43-49.
- Paterick, T. E., Patel, N., Tajik, A. J., & Chandrasekaran, K. (2017). Improving Health Outcomes through Patient Education and Partnerships with Patients. *Baylor University Medical Center Proceedings*, *30*(1), 112–113.
- Pipaş, M., & Jaradat, M. (2010). Assertive communication skills. *Annales Universitatis Apulensis Series Oeconomica, 12*, 649–656.

- Pratiwi, A., Wahyuningsih, T., & Safitri, S. (2021). The effect of communication between therapeutic nurses and patients on pre-surgical anxiety levels. *Enfermería Clínica*, *31*, S439–S442.
- Prachi M. (2018, November 7). *What is Effective Communication? Definition, Characterstics, Skills, Significance, Barriers - The Investors Book*. The Investors Book. https://theinvestorsbook.com/effective-communication.html
- Parida, S. R. (2021, June 25). *11 Barriers to communication in health care*. Nurse in Nursing. https://nurseinnursing.com/11-barriers-to-communication-in-health-care/

(R)

- Raingruber, B., Teleten, O., Curry, H., Vang-Yang, B., Kuzmenko, L., Marquez, V., & Hill, J. (2010). Improving Nurse-Patient Communication and Quality of Care. *JONA: The Journal of Nursing Administration*, *40*(6), 258–260.
- Rezende, L. C. M., Costa, k. N. d. F. M., Martins, K. P., Costa, T. F. d., Santos, S. R. d., & Leite, K. N. S. (2013). Therapeutic communication between the nurses and patients during the preoperative admission to a unit of Clinical Surgery. *Revista de Enfermagem UFPE on line*, *7*(8),.
- Rider, E. A., & Keefer, C. H. (2006). Communication skills competencies: definitions and a teaching toolbox. *Medical education*, *40*(7), 624-629.
- Rose, J., Weiser, T. G., Hider, P., Wilson, L., Gruen, R. L., & Bickler, S. W. (2015). Estimated need for surgery worldwide based on prevalence of diseases: a modelling strategy for the WHO Global Health Estimate. *The Lancet. Global health*, *3 Suppl 2*(Suppl 2), S13–S20.

(S)

- Sanchez, N. (2019). *Communication Process*. Njit.edu. https://web.njit.edu/~lipuma/352comproc/comproc.htm
- Santos, J. L. G. dos, Copelli, F. H. da S., Balsanelli, A. P., Sarat, C. N. F., Menegaz, J. do C., Trotte, L. A. C., Stipp, M. A. C., & Soder, R. M. (2019). Interpersonal communication competence among nursing students. *Revista Latino-Americana de Enfermagem*, *27*.
- Seal, N., & Wiske, M. (2018, August 19). *Keys to Improving Nurse-Patient Communication*. MedpageToday.
- Sharma, N., & Gupta, V. (2021). *Therapeutic Communication*. PubMed; StatPearls Publishing.
- Shaw, R. W., Luesley, D., & Monga, A. K. (2010). *Gynaecology*.(1st ed.). Elsevier Health Sciences Uk.
- Sherko, E., Sotiri, & lika. (2013). Therapeutic communication. *JAHR*, *4*(7), 457–466.
- Shoqirat, N., Mahasneh, D., Al-Khawaldeh, O., & Al Hadid, L. (2019). Nurses' Knowledge, Attitudes, and Barriers Toward Pain Management Among Postoperative Patients in Jordan. *Journal of PeriAnesthesia Nursing*, *34*(2), 359–367
- Sibiya, M. N. (2018). Effective communication in nursing. *Nursing, 19,* 20-34.
- Sindhu, A., K. (2020, August). *THE PROCESS OF COMMUNICATION AND ITS BARRIERS*. ResearchGate. https://www.researchgate.net/publication/343362516_THE_PROCESS_OF_COMMUNICATION_AND_ITS_BARRIERS

- slkn. (2020, April 6). *Modes of Communication in Nursing*. Nursingenotes.com. https://nursingenotes.com/modes-of-communication-in-nursing/?amp
- Smith, B., & Jones, C. (2009). Perioperative Communication. *Journal of Perioperative Practice*, *19*(8), 248–253.
- Smith, J. (2019). *Unit 2: The Communication Process*. Pressbooks.senecacollege.ca. https://pressbooks.senecacollege.ca/buscomm/chapter/1-3-the-communication-process/
- Song, H.-S., Choi, J., & Son, Y.-J. (2017). The relationship between professional communication competences and nursing performance of critical care nurses in South Korea. *International Journal of Nursing Practice*, *23*(5), e12576.
- Sprick, E. (2017). *The Importance of Clear, Effective Communication in Healthcare*. Hhs1.com. https://blog.hhs1.com/the-importance-of-communication-in-healthcare
- Straughair, C. (2012). Exploring compassion: implications for contemporary nursing. Part 2. *British Journal of Nursing*, *21*(4), 239–244.
- Suhonen, R., & Leino-Kilpi, H. (2006). Adult surgical patients and the information provided to themhgju] by nurses: a Review of Literature. *Patient education and counseling, 61 1*, 5-15.

(T)

- Themes, U. F. O. (2017, February 12). *PERIOPERATIVE NURSING*. Nurse Key. https://nursekey.com/perioperative-nursing-4/
- Tiheko, R., Veloso, H., Hidaka, R., Souza, V., De Carvalho Moraes, G., Kelly, V., Estumano, C., Ferreira Pantoja, C., Farias, M., Rodrigues,

Clara, A., Jardim, D., Braun, M., & Imbiriba, G. (2019). NON-VERBAL COMMUNICATION AT NURSING ADMISSION: PERCEPTIONS OF HIV/AIDS PATIENTS. *International Journal of Development Research*, *9*(5), 27459–27462.

- Timmerman, G. L. (2018). *General Surgery*. American College of Surgeons.https://www.facs.org/education/resources/residencysearch/specialties/general
- Törnvall, E., & Wilhelmsson, S. (2008). Nursing documentation for communicating and evaluating care. *Journal of Clinical Nursing*, *17*(16), 2116–2124.

(U)

- Udan, J. Q. (2004). *Fundamentals of Nursing* (2nd edition). Educational Publishing House.
- Ulutasdemir, N. (2021, July 3). *3.7: Barriers to Effective Communication*. Medicine LibreTexts. Retrieved August 3, 2021, from https://med.libretexts.org/Bookshelves/Nursing/Nursing_(Ulutasdemir)/03%3A_Effective_Communication_in_Nursing/3.07%3A_Barriers_to_Effective_Communication

(V)

- Vardaman, J. M., Cornell, P., Gondo, M. B., Amis, J. M., Townsend-Gervis, M., & Thetford, C. (2012). Beyond communication. *Health Care Management Review*, *37*(1), 88–97.
- Vatandost, S., Cheraghi, F., & Oshvandi, K. (2020). Facilitators of Professional Communication Between Nurse and Opposite Gender Patient: A Content Analysis. *Maedica*, *15*(1), 45–52.
- Vera, M. (2014, January 22). *Preoperative Phase - Perioperative Nursing*. Nurseslabs. https://nurseslabs.com/preoperative-phase/

- Vera, M. (2014, January 23). *Intraoperative Phase.* Nurseslabs. https://nurseslabs.com/intraoperative-phase/
- Vogel L. (2016). Physician suicide still shrouded in secrecy. *CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne*, *188*(17-18), 1213.
- Videbeck, S. L. (2020). *Psychiatric-mental health nursing* (S. Wolfson, Ed.; 8th ed, pp. 237-238). Wolters Kluwer.

(W)

- Walker, J. A. (2007). What is the effect of preoperative information on patient satisfaction? *British Journal of Nursing*, *16*(1), 27–32.
- Webb, L. (2011). Introduction to communication skills. *Nursing: Communication Skills in Practice*.
- Webber, J. (2019, February 20). *The Importance of Effective Communication in Care | CareDocs*. CareDocs. https://www.caredocs.co.uk/the-importance-of-effective-communication-in-care/
- Whitlock, J. (2022, January 23). *Preoperative Phase: What You Should Know Before Surgery* . Verywellhealth. https://www.verywellhealth.com/what-is-preoperative-phase-3157142
- WHO. (2020). *Why health communication is important in public health.* WHO; World Health Organization.
- Wittenberg, E., Ragan, S. L., & Ferrell, B. (2016). Exploring Nurse Communication About Spirituality. *American Journal of Hospice and Palliative Medicine®*, *34*(6), 566–571.

Appendices

Appendix (A1): Administrative Arrangements

السيدة المعاون العلمي المحترمة

السيدة رئيسة فرع تمريض صحة البالغين المحترمة

اللجنة العلمية والأخلاقيات المحترمون

م/ اخلاقيات البحث

يرجى التفضل بالموافقة على عرض موضوع (الماجستير) على اللجنة العلمية واخلاقيات البحث العلمي عن موضوع رسالتي الموسومة باللغة العربية (**مهارات الاتصال لدى الممرضين اثناء رعاية ما قبل الجراحة للمرضى الذين يخضعون لعمليات جراحية عامة**)

واللغة الإنكليزية

(Nurses' Communication Skills During Preoperative Care for Patients Undergoing General Surgeries)

مع التقدير

اسم المشرف وتوقيعها..أ.م.د شذى سعدي محمد

اسم الطالبة وتوقيعها مسره عقيل هادي

رئيسة الفرع وتوقيعها.....

أ.م.د. شذى سعدي محمد

المعاون العلمي

ملاحظة: ترفق جميع الاستمارات الخاصة بلجنة اخلاقيات البحث مع الطلب. (Ethical form 1, Ethical form2, Ethical Form3)

Appendix (A2): Administrative Arrangements

University of Babylon
College of Nursing
Research Ethics Committee

جـــامـعة بـــابـــل
كـــلية التمريـض
لجنة اخلاقيات البحث العلمي

Issue No:

Date: / /2021

Approval Letter

To,

Masarrah Aqeel Hadi

The Research Ethics committee at the **University of Babylon, College of Nursing** has reviewed and discussed your application to conduct the research study entitled **" Nurses' Communication Skills During Preoperative Care for Patients Undergoing General Surgeries**

The Following documents have been reviewed and approved:

1. Research protocol
2. Research instrument/s
3. Participant informed consent

Committee Decision:

The committee approves the study to be conducted in the presented form. The Research Ethics committee expects to be informed about any changes occurring during the study, any revision in the protocol and participant informed consent.

Prof. Dr. Salma K. Jehad
Chair Committee
College of Nursing
Research Ethical Committee
18 / 01 /2022

Appendix (A3): Administrative Arrangements

Ministry of Higher Education and Scientific Research
وزارة التعليم العالي والبحث العلمي
جمهورية العراق
University of Babylon
College of Nursing
جامعة بابل
كلية التمريض
لجنة الدراسات العليا

العدد : ٥٦٨
التاريخ : ٢٠٢٢/٢/١

Ref. No. :
Date: / /

الى / دائرة صحة بابل/ مركز التدريب والتطوير
م/ تسهيل مهمة

تحية طيبة :

يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالبة الماجستير (مسره عقيل هادي) لغرض جمع عينة دراسة الماجستير والخاصة بالبحث الموسوم :

مهارات الاتصال لدى الممرضين اثناء رعاية ما قبل الجراحة للمرضى الذين يخضعون لعمليات جراحية عامة .

Nurses' Communication Skills During Preoperative Care for Patients Undergoing General Surgeries

....مع الاحترام ...

المرافقات //
- بروتوكول.
- استبانة.

ا.م . د. نهاد محمد قاسم الدوري
معاون العميد للشؤون العلمية والدراسات العليا
٢٠٢٢/٢/١

الدكتور الاختصاص
رياض عبد الله جاسم الطويجي
معاون المدير الفني

صورة عنه الى //
- مكتب السيد العميد للتفضل بالاطلاع مع الاحترام .
- لجنة الدراسات العليا
- الصادرة .

Appendix (A4): Administrative Arrangements

جمهورية العراق

Ministry Of Health Babylon Health Directorate Email:- Babel_Healthmoh@yahoo.com Tel:282628 or 282621		وزارة الصحة والبيئة دائرة صحة محافظة بابـــل المديـــر العـــام مركـــز التدريب والتنمية البشرية وحدة أدارة البحوث العدد : ١٠٤ التاريخ : ١ / ٢ /٢٠٢٢

إلى / مستشفى الأمام الصادق (ع)
مستشفى الحلة التعليمي
م/ تسهيل مهمة

وزارة الصحة
دائرة صحة بابل
مركز التدريب والتنمية البشرية

السلام عليكم ...
أشارة إلى كتاب جامعة بابل /كلية التمريض / لجنة الدراسات العليا ذي العدد ٥٦٨ في ٢٠٢٢/٢/١ نرفق لكم ربطا استمارات الموافقة المبدئية لمشروع البحث العائد للباحثة طالبة الماجستير (مسرة عقيل هادي)
للتفضل بالاطلاع وتسهيل مهمة الموما أليه من خلال توقيع وختم استمارات أجراء البحث المرفقة في مؤسساتكم وحسب الضوابط والإمكانات لاستحصال الموافقة المبدئية ليتسنى لنا أجراء اللازم على أن لا تتحمل مؤسساتكم أية تبعات مادية وقانونية .... مع الاحترام

المرفقات :
استمارة عدد /٢

الدكتور
محمد عبد الله عجرش
مدير مركز التدريب والتنمية البشرية
/ / ٢٠٢٢

نسخة منه إلى :
- مركز التدريب والتنمية البشرية / وحدة أدارة البحوث مع الأوليات ...

سونران ٢/١

Appendix (A5): Administrative Arrangements

Ministry of Health Babylon Health Directorate Imam Sadiq General Hospital	جمهورية العراق	وزارة الصحة دائرة صحة بابل مستشفى الامام الصادق (ع) شعبة الموارد المالية والادارية وحدة الموارد البشرية العدد: ٤٩٣ التاريخ: ٢٧ / ٢ /2022

إلى/ دائرة صحة محافظة بابل / المدير العام/مركز التدريب والتنمية البشرية

م/ تسهيل مهمة

تحية طيبة

اشارة الى كتابكم ذي العدد ١٢٤ في ٢٠٢٢/٢/١ لا مانع لدينا من تسهيل مهمة الطالبة (مسرة عقيل هادي) لإتمام بحثها في مستشفانا قدر تعلق الامر بنا وحسب الضوابط على أن لا تتحمل مستشفانا أي تبعات مالية أو قانونية.

للتفضل بالاطلاع .... مع الاحترام

الدكتور

ماجد ياس خضير الحمري

مدير مستشفى الإمام الصادق (ع) التعليمي

٢٠٢٢/ / ٢٧

نسخة منه الى

- مكتب مدير المستشفى
- وحدة التدريب والبحوث
- الردهات الجراحية

Appendix (A6): Administrative Arrangements

جمهورية العراق

Ministry Of Health Babylon Health Directorate Email:- Babel_Healthmoh@yahoo.com Tel:282628 or 282621		وزارة الصحة والبيئة دائرة صحة محافظة بابـــل المديـــر العـــام مركـــز التدريب والتنمية البشرية وحدة أدارة البحوث العدد : ١٤٢ التاريخ : ١/ ٢ /٢٠٢٢

إلى / مستشفى الأمام الصادق (ع)
مستشفى الحلة التعليمي
م/ تسهيل مهمة

وزارة الصحة
دائرة صحة بابل
مركز التدريب والتنمية البشرية

السلام عليكم ...
أشارة إلى كتاب جامعة بابل /كلية التمريض / لجنة الدراسات العليا ذي العدد ٥٦٨ في ٢٠٢٢/٢/١ نرفق لكم ربطا استمارات الموافقة المبدئية لمشروع البحث العائد للباحثة طالبة الماجستير (مسرة عقيل هادي)
للتفضل بالاطلاع وتسهيل مهمة المومأ أليه من خلال توقيع وختم استمارات أجراء البحث المرفقة في مؤسساتكم وحسب الضوابط والإمكانات لاستحصال الموافقة المبدئية ليتسنى لنا أجراء اللازم على أن لا تتحمل مؤسساتكم أية تبعات مادية وقانونية .... مع الاحترام

المرفقات :
استمارة عدد /٢

الدكتور
محمد عبد الله عجرش
مدير مركز التدريب والتنمية البشرية
/ /٢٠٢٢

نسخة منه إلى :
- مركز التدريب والتنمية البشرية / وحدة أدارة البحوث مع الأوليات ...

سونان ٢/١

Appendix (A7): Administrative Arrangements

جمهورية العراق

Ministry Of Health Babylon Health Directorate Email: Babel_Healthmoh@yahoo.com Tel:282628 or 282621		وزارة الصحة والبيئة دائرة صحة محافظة بابـــل المديـــر العـــام مركـز التدريب والتنمية البشرية وحدة أدارة البحوث العدد : التاريخ : ١/ ٢ /٢٠٢٢

إلى / مستشفى الأمام الصادق (ع)
مستشفى الحلة التعليمي
م/ تسهيل مهمة

السلام عليكم ...
أشارة إلى كتاب جامعة بابل /كلية التمريض / لجنة الدراسات العليا ذي العدد ٥٦٨ في ٢٠٢٢/٢/١ نرفق لكم ربطا استمارات الموافقة المبدئية لمشروع البحث العائد للباحثة طالبة الماجستير (مسرة عقيل هادي)
للتفضل بالاطلاع وتسهيل مهمة الموما أليه من خلال توقيع وختم استمارات أجراء البحث المرفقة في مؤسساتكم وحسب الضوابط والإمكانات لاستحصال الموافقة المبدئية ليتسنى لنا أجراء اللازم على أن لا تتحمل مؤسساتكم أية تبعات مادية وقانونية .... مع الاحترام

المرفقات :
استمارة عدد /٢

الدكتور
محمد عبد الله عجرش
مدير مركز التدريب والتنمية البشرية
/ /٢٠٢٢

نسخة منه إلى :
- مركز التدريب والتنمية البشرية / وحدة أدارة البحوث مع الأوليات ...

سونران ٢/١

Appendix (A8): Administrative Arrangements

جمهورية العـــراق

Ministry Of Health Babylon Health Directorate Email:- Babel_Healthmoh@yahoo.com Tel:282628 or 282621		وزارة الصحة والبيئة دائرة صحة محافظة بابـــل المديـــر العـــام مركـــز التدريب والتنمية البشرية لجنة البحوث

استمارة رقم :- ٢٠٢١/٠٣

وزارة الصحة
دائرة صحة بابل
مركز التدريب والتنمية البشرية
لجنة البحوث

رقم القرار :- ٥٥
تاريخ القرار :- ٤/ ٢ /٢٠٢٢

قرار لجنة البحوث

تحية طيبة ...

درست لجنة البحوث في دائرة صحة بابل مشروع البحث ذي الـرقم (٢٠٢٢/٠١٦/ بابل) المعنون (مهارات الاتصال لدى الممرضين أثناء رعاية ما قبل الجراحة للمرضى الذين يخضعون لعمليات جراحية عامة) والمقدم مـن الباحثة (مسرة عقيل هادي) إلى وحدة أدارة البحوث والمعرفي مركز التدريب والتنمية البشرية في دائرة صحة بابل بتاريخ ٢٠٢٢/٢/٦ وقررت :

قبول مشروع البحث أعلاه كونه مستوفيا للمعايير المعتمدة في وزارة الصحة والخاصة بتنفيذ البحوث ولا مانع من تنفيذه في مؤسسات الدائرة .

مـــــع الاحتـــرام

الدكتور / محمد عبد الله عجرش
رئيس لجنة البحوث
/ / ٢٠٢٢

نسخة منه إلى :
- مكتب المدير العام / مركز التدريب والتنمية البشرية / وحدة إدارة البحوث ... مع الأوليات.

سونزان

Appendix (B): English Questionnaire

A questionnaire to assess attitudes of nurses' therapeutic communication skills during preoperative care for patients undergoing general surgeries

Dears Nurses:

Questionnaire subject full strict to confidential and therefore can make you think frankly with appreciation ...

Part I: Socio-Demographic Data

Please mark (✓) in front of the appropriate answer

1. Age: ☐ Years

2. Gender: Male ☐ Female ☐

3. Educational status:

- Nursing secondary school graduate ☐
- Nursing Institute graduate ☐
- College graduate ☐
- Postgraduate ☐

4. Marital status:

Single ☐ Married ☐ Separate ☐

Divorced ☐ widowed ☐

5. Employment characteristics:

Years of employment in nursing: ☐ Years

Years of experience in surgical wards: ☐ Years

Number of training sessions about communication skills: ☐

Appendices

Part II: Nurses' therapeutic communication skills during preoperative care

The following is a set of items formulated to measure attitudes of nurses' therapeutic communication skills with patients pre-operatively. Please mark (✓) in front of the response that you deem appropriate from your point of view.

List	Items	Scale		
		Agree	Neutral	Disagree
1. Verbal communication				
1.	Call the patient in their full name and respectfully.			
2.	Encourage the patient to express their feelings about the surgery.			
3.	Encourage patients to communicate by asking open questions like, "Can you tell me a bit more about your surgery?"			
4.	Use concise, jargon-free language when talking to the patient.			
5.	Avoid rough and coarse language.			
6.	To confirm, admire and praise, use verbal reinforcements such as well-done, good, great, etc.			
2. Written Communication				
7.	Make notes immediately following the patient care.			
8.	Write legibly and clearly, using simple language.			
9.	Be sure to note accurate dates and times.			
3. Non-Verbal Communication				
10.	Show interest in what the patient says by maintaining eye contact and head nodding.			
11.	To convey a message, use appropriate body gestures or facial expressions.			
12.	Use non-threatening body language that conveys openness.			
13.	Sit down when possible, and lean forward to show you're interested.			
14.	While communicating with the patient, observe rules regarding polite non-verbal behaviors (such as shaking hands, the manner of sitting, standing, entering and leaving the room, etc.).			

4. Active Listening				
15.	Inform patient of understanding by showing non-verbal responses, such as nodding head, leaning forward and maintaining eye contact.			
16.	Use verbal messages to show the patient you listen to their speech, such as " I understand" and "go on."			
17.	Hesitate after responding and give the patient time to show a reaction to your response.			
18.	Maintain an adequate distance (from 30 to 100 cm.).			
19.	Even if a subject is not interesting for you, pretend that you are listening.			
5. Presentation skills				
20.	Pay attention to both verbal communication and body language.			
21.	Explain to the patient the care that you will provide.			
22.	Add visuals to the speech for a better explanation of the surgery.			
23.	Understand the patient and know what they want and need to know preoperatively.			
6. Patient Education				
24.	If the patient will undergo general anesthesia, you tell him\her about the necessity of fasting before surgery.			
25.	Teach the patient how prepare the area for the surgery.			
26.	Explain to the patient why he has to undergo various blood tests, X-rays, electrocardiograms, or other procedures necessary for surgery.			
27.	Sometimes a patient may be asked to take an enema the evening before surgery to empty the bowels. You instruct the patient on how to perform it.			
28.	Make sure the patient understands you by asking him\her: "Can you repeat the preparing instructions for the surgery back to me?"			
7. Making personal connections				
29.	Say hello and greetings.			
30.	Introduce yourself to the patient.			
31.	Spend a couple of extra minutes with the patients getting to know them.			

32.	Show interest in their lives and share stories of your own.			
8. Trust				
33.	Always tell the truth.			
34.	Share information regards the surgery honestly.			
35.	Occasionally answer the patient questions about surgery.			
36.	Try to avoid using sarcastic, threatening, humiliating words.			
37.	Encourage the patient to clarify the details of the surgery with their doctor.			
9. Cultural Awareness				
38.	To reduce the patient fear of surgery, encourage the patient to pray and Duaa.			
39.	Re-state the patient words in your own words according to your understanding.			
40	Try to use words and expressions understandable for the patient.			
10. Compassion				
41.	Reassure the patient when possible.			
42.	Try to convey a positive and happy feeling.			
43.	Use a positive voice and body language to imbue confidence in the patients.			
44.	Provide the patient emotional support during the preoperative period. Such as use of nonverbal cues and positive gestures such as good body language, listening, making eye contact, etc…			
45.	Ask the patient if he\she has anything else they want to know before the surgery.			

Appendix (B): Arabic Questionnaire

استبيان لتقييم اتجاهات الممرضين في مهارات التواصل العلاجي اثناء عناية ما قبل العملية للمرضى الخاضعين للجراحة العامة

عزيزي الممرض/ة

موضوع الاستبيان سري للغاية وبالتالي يمكن أن يجعلك تفكر بصراحة مع التقدير...

الجزء الاول: المعلومات الاجتماعية والديموغرافية

يرجى وضع علامة (✓) أمام الإجابة المناسبة

1. العمر: ☐ سنة
2. الجنس: ذكر ☐ أنثى ☐
3. **التحصيل الدراسي:**
   - خريج اعدادية تمريض ☐
   - خريج معهد تمريض ☐
   - خريج كلية تمريض ☐
   - دراسات عليا ☐
4. **الحالة الاجتماعية:**
   - أعزب/عزباء ☐ متزوج/ة ☐ منفصل/ة ☐
   - مطلق/ة ☐ أرمل/ة ☐
5. **خصائص الوظيفة:**
   - سنوات الخدمة في مجال التمريض: ☐ سنوات
   - سنوات العمل في ردهات الجراحية: ☐ سنوات
   - عدد الدورات التدريبية حول مهارات التواصل: ☐ دورة

الجزء الثاني:اتجاهات الممرضين في مهارات التواصل العلاجي خلال عناية ما قبل العملية

فيما يلي مجموعة من الفقرات التي تمت صياغتها لقياس اتجاهات الممرضين في مهارات التواصل العلاجي مع المرضى خلال عناية ما قبل العملية. يرجى وضع علامة (✓) أمام الرد الذي تراه مناسبًا من وجهة نظرك.

ت	الفقرات	المقياس		
		أوافق	محايد	لا أوافق
1.	التواصل اللفظي			
1.	أنادي المريض بأسمه الكامل وباحترام.			
2.	أشجع المريض على التعبير عن مشاعره تجاه الجراحة.			
3.	أشجع المرضى على التواصل من خلال طرح أسئلة مفتوحة مثل ، "هل يمكنك إخباري بالمزيد عن الجراحة؟"			
4.	أستخدم لغة موجزة وخالية من المصطلحات عند التحدث إلى المريض			
5.	أتجنب اللغة الفظة والخشنة.			
6.	للتأكيد والإعجاب والثناء ، أستخدم التعزيزات اللفظية مثل أحسنت ، جيد ، عظيم ، إلخ.			
2.	التواصل الكتابي			
7.	أقوم بتدوين الملاحظات فورًا بعد رعاية المريض.			
8.	أكتب بشكل مقروء وواضح ، وباستخدام لغة بسيطة.			
9.	أتأكد من تدوين التواريخ والأوقات بدقة.			
3.	التواصل غير اللفظي			
10.	أظهر الاهتمام بما يقوله المريض من خلال الحفاظ على التواصل البصري والإيماء بالرأس.			
11.	لنقل رسالة ، استخدم إيماءات الجسد أو تعابير الوجه المناسبة.			
12.	استخدم لغة جسد غير تهديدية تعبر عن الانفتاح.			
13.	أجلس عندما يكون ذلك ممكنًا ، وانحني إلى الأمام لأظهر أنني مهتم .			
14.	أثناء التواصل مع المريض ، ألتزم بالقواعد المتعلقة بالسلوكيات غير اللفظية المهذبة (مثل المصافحة وطريقة الجلوس والوقوف والدخول إلى الغرفة والخروج منها ، وما إلى ذلك).			
4.	الانصات الفعال			
15.	أعلم المريض بالتفهم من خلال إظهار الاستجابات غير اللفظية ، مثل الإيماء بالرأس ، والانحناء إلى الأمام ، والحفاظ على التواصل البصري.			

.16	أستخدم الرسائل الشفهية لأظهر للمريض أنني أستمع إلى حديثه ، مثل "أنا أفهم" و "استمر".			
.17	أتمهل بعد الإجابة وأمنح المريض الوقت لإظهار رد فعل على استجابتي.			
.18	أحافظ على مسافة مناسبة (من 30 إلى 100 سم).			
.19	حتى لو لم يكن الموضوع مثيرًا للاهتمام بالنسبة لي ، أتظاهر أنني أستمع إليه.			
5. مهارات العرض				
.20	انتبه لكل من التواصل اللفظي ولغة الجسد.			
.21	أشرح للمريض الرعاية التي سأقدمها.			
.22	أضيف صورًا إلى الحديث للحصول على شرح أفضل للجراحة.			
.23	أفهم المريض وأعرف ما يريد ويحتاج إلى معرفته قبل الجراحة.			
6. تعليم المريض				
.24	إذا كان المريض سيخضع لتخدير عام فأخبره بضرورة الصيام قبل الجراحة.			
.25	أعلم المريض بكيفية تحضير المنطقة (المراد اجراء الجراحة عليها) للجراحة.			
.26	أشرح للمريض سبب خضوعه لاختبارات الدم المختلفة ، أو الأشعة السينية ، أو تخطيط القلب الكهربائي ، أو الإجراءات الأخرى اللازمة للجراحة.			
.27	في بعض الأحيان قد يُطلب من المريض أخذ حقنة شرجية في المساء قبل الجراحة لتفريغ الأمعاء. أقوم بإرشاد المريض حول كيفية القيام بذلك.			
.28	أتأكد من أن المريض يفهمني بسؤاله: "هل يمكنك إعادة تعليمات التحضير للجراحة لي؟"			
7. انشاء روابط شخصية				
.29	أقول مرحبا والسلام.			
.30	أقدم نفسي للمريض.			
.31	أقض دقيقتين إضافيتين مع المرضى للتعرف عليهم.			
.32	أظهر الاهتمام بحياتهم وأشارك قصصًا خاصة بي.			
8. الثقة				
.33	أقول الحقيقة دائماً.			
.34	أتبادل المعلومات مع المرضى فيما يتعلق بالجراحة بصدق.			
.35	من حين لآخر أجيب على أسئلة المريض حول الجراحة.			
.36	أحاول تجنب استخدام الكلمات الساخرة والتهديدية والمهينة.			

.37	أشجع المريض على توضيح تفاصيل الجراحة مع طبيبه.			
9. الوعي الثقافي				
.38	لتقليل خوف المريض من الجراحة ، أشجع المريض على الصلاة والدعاء.			
.39	أعيد صياغة كلمات المريض بأسلوبي الخاص وفقًا لفهمي.			
.40	أحاول استخدام كلمات وتعابير مفهومة للمريض.			
10 . التعاطف				
.41	أطمأن المريض قدر الإمكان.			
.42	أحاول أن أنقل شعورًا إيجابيًا وسعيدًا.			
.43	أستخدم صوتًا إيجابيًا ولغة جسد لإضفاء الثقة لدى المرضى.			
.44	أقدم الدعم العاطفي للمريض خلال فترة ما قبل الجراحة. مثل استخدام الإشارات غير اللفظية والإيماءات الإيجابية كلغة الجسد الجيدة والاستماع والتواصل البصري وما إلى ذلك ...			
.45	اسأل المريض عما إذا كان لديه أي شيء آخر يريد معرفته قبل الجراحة.			

Appendix (B): Questionnaire

استبانة الخبراء والمحكمين

حضرة الدكتور/ة المحترم

م/ تقويم أداة القياس

تحية طيبة ....

نظرا للمكانة العلمية المرموقة التي تتمتعون بها أعرض بين أيديكم الاستبانة المقترحة لرسالة الماجستير بعنوان:

Attitudes of Nurses' Therapeutic Communication Skills During Preoperative Care for Patients Undergoing General Surgeries

اتجاهات الممرضين في مهارات التواصل العلاجي خلال عناية ما قبل العملية للمرضى الخاضعين للجراحة العامة

Objectives of the study:

1. Assess nurses' attitudes related to their therapeutic communication skills during preoperative care for patients undergoing general surgeries.
2. Investigate the differences in nurses' attitudes related to their therapeutic communication skills with regard to sociodemographic variables including age, gender, marital status, education level, years of experience and number of training sessions.

نرجو من حضراتكم الاطلاع عليها وتقويمها وإعطاء ملاحظاتكم القيمة.

مع الشكر والتقدير....

اسم الخبير: .....

اللقب العلمي:.....

الاختصاص ومكان العمل:.....

عدد سنوات الخدمة: .....

التوقيع: .....

الباحثة
طالبة الماجستير
مسره عقيل هادي مهدي
كلية التمريض / جامعة بابل
فرع تمريض صحة البالغين

Appendix (C): Panel of Experts

قائمة بأسماء خبراء الاستبانة

ت	اسم الخبير	اللقب العلمي	الاختصاص	مكان العمل	سنوات الخبرة
1	د. راجحة عبدالحسن حمزة	أستاذ	تمريض البالغين	كلية التمريض/ جامعة الكوفة	37 سنة
2	د. هدى باقر حسن	أستاذ	تمريض البالغين	كلية التمريض/ جامعة بغداد	35 سنة
3	د. سحر ادهم علي	أستاذ	تمريض البالغين	كلية التمريض/ جامعة بابل	27 سنة
4	د. خالدة محمد خضر	أستاذ	تمريض البالغين	كلية التمريض/ جامعة بغداد	20 سنة
5	د. حسين هادي عطية	أستاذ	تمريض البالغين	كلية التمريض/ جامعة بغداد	18 سنة
6	د. سعاد جاسم محمد	استاذ مساعد	تمريض البالغين	كلية التمريض/ جامعة بغداد	40 سنة
7	د. كريم رشك ساجت	أستاذ مساعد	تمريض الصحة النفسية والعقلية	كلية التمريض/ جامعة بغداد	30 سنة
8	د. تحسين رجب محمد	أستاذ مساعد	تمريض البالغين	كلية التمريض/ جامعة بغداد	22 سنة
9	د. حسام عباس داود	أستاذ مساعد	تمريض البالغين	كلية التمريض/ جامعة كربلاء	20 سنة
10	د. حسن عبدالله عذبي	أستاذ مساعد	تمريض البالغين	كلية التمريض/ جامعة كربلاء	19 سنة
11	د. جهاد جواد كاظم	أستاذ مساعد	تمريض البالغين	كلية التمريض/ جامعة الكوفة	13 سنة
12	د. مصعب ماجد عبدالوهاب	أستاذ مساعد	تمريض البالغين	كلية التمريض/ جامعة بغداد	13 سنة
13	د. حيدر حمزة علي	أستاذ مساعد	تمريض الصحة النفسية والعقلية	كلية التمريض/ جامعة الكوفة	12 سنة
14	د. صادق عبدالحسين حسن	أستاذ مساعد	تمريض البالغين	كلية التمريض/ جامعة بغداد	12 سنة
15	د. قحطان قاسم محمد	أستاذ مساعد	تمريض الصحة النفسية والعقلية	كلية التمريض/ جامعة بغداد	12 سنة
16	د. علي حسين علك	مدرس مساعد	تمريض البالغين	كلية التمريض/ جامعة بغداد	19 سنة
17	محمد مالح راضي	مدرس	قسم التمريض	الجامعة التقنية الوسطى	6 سنة

Appendix (D)

Ministry of Higher Education and Scientific Research
University of Babylon
College of Education for Human Sciences
وزارة التعليم العالي والبحث العلمي
جامعة بابل
كلية التربية للعلوم الانسانية

Ref. No :
Date: / /

العدد : ٤٦٠٤
التاريخ : ٢٥ / ٥ / ٢٠٢٢

جامعة بابل / كلية التمريض
الواردة
العدد / ٦٧١٢
التاريخ ٢٩/ ٥ / ٢٠٢٢

الى/جامعة بابل/ كلية التمريض

مكتب السيد معاون العميد للشؤون العلمية المحترم

م/أعادة رسالة

تحية طيبة:

نعيد إليكم رسالة طالبة الدراسات العليا / الماجستير (مسرة عقيل هادي) بعد تقويمها لغوياً من قبل (أ.م.د.حسين حميد معيوف) من قسم اللغة الانكليزية في كليتنا، وقد ثبت الملاحظات على متن الرسالة يرجى من الباحثة الالتزام بها.

*** مع الاحترام ***

جامعة بابل
الدراسات العليا
كلية التربية للعلوم الإنسانية

أ.د. اسامة كاظم عمران
معاون العميد للشؤون العلمية
والدراسات العليا

نسخة منه إلى //
- الدراسات العليا .
- الصادرة

//سارة //

البريد الالكتروني bad_edu_humsci@yahoo.com
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الخلاصة

الخلفية: مهارات التواصل العلاجي لدى الممرضين أمر بالغ الأهمية. نظرًا لأن معظم المرضى لا يفهمون سوى القليل عن الإجراءات الطبية، فقد يشعر العديد من المرضى بالارتباك بشأن ما يحدث من حولهم. يمكن للممرضين الذي يتمتعون بمهارات تواصل علاجي ممتازة أن يساعدوا في طمأنة المرضى وفهم احتياجاتهم خلال عناية ما قبل العملية.

الأهداف: الغرض من هذه الدراسة هو تقييم اتجاهات الممرضين في مهارات التواصل العلاجي خلال عناية ما قبل العملية، وكذلك التحقيق في اختلافات اتجاهات مهارات التواصل العلاجي للممرضين فيما يتعلق بالمتغيرات الاجتماعية والديموغرافية.

المنهجية: أجريت دراسة وصفية تشتمل عينات غرضية مكونة من (١٠٤) ممرضا. هذه العينة موزعة على مستشفيين تابعيين لدائرة صحة بابل. تتكون الاستبانة من (٤٥) فقرة. تم التحقق من مصداقية الاستبانة من خلال اجراء دراسة تجريبية وعرضها على قائمة الخبراء في مجال التمريض. وجُمعت البيانات باستخدام التقرير الذاتي والاستبيان، وحُللت البيانات باستخدام الأساليب الإحصائية الوصفية والاستنتاجية.

النتائج: أظهرت النتائج أن (45.2٪) من الممرضين أظهروا مستوى متوسط من الاتجاهات في مهارات التواصل العلاجي مع المرضى الخاضعين للعمليات الجراحية. ترتبط اتجاهات الممرضين في مهارات التواصل العلاجي ارتباطًا وثيقًا بالجنس (p=0.000)، ومستوى التعليم (p=0.000)، وسنوات الخبرة في ردهة الجراحية (p=0.007) وعدد الدورات التدريبية (p=0.000).

الاستنتاجات والتوصيات: الممرضين الذين لديهم أكثر من 5 سنوات من الخبرة والذين تم تدريبهم مؤهلون للعمل في أجنحة الجراحة. يجب تطبيق جلسات وبرامج تعليمية مستمرة لتعزيز مهارات التواصل العلاجي لدى الممرضين عند التعامل مع المرضى الخاضعين للجراحة العامة في أثناء عناية ما قبل العملية.

جمهورية العراق

وزارة التعليم العالي والبحث العلمي

جامعة بابل

كلية التمريض

اتجاهات الممرضين في مهارات التواصل العلاجي خلال العناية ما قبل العملية للمرضى الخاضعين للجراحة العامة

رسالة مـقدّمة من قبل

مسره عقيل هادي

الى

مجلـــس كـــلية التـمريـــض، جـــامعة بـــابـل

كجزء من متطلبات نيل درجة الماجستير في علوم التمريض

بأشراف

أ.د. شذى سعدي محمد

آب / ٢٠٢٢ مـيلادية **محرم / ١٤٤٤هجرية**