

Original Paper

Effect of Reminiscence Training on Professional Communication Skills in Pediatric Nursing Staff





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ABSTRACT

Introduction: The main way to improve the quality of care, especially for children, is to improve nursing communication skills.

Objective: The purpose of this study was to determine the effect of reminiscence training on professional relationship communication skills in pediatric nursing staff.

Materials and Methods: This study was a quasi-experimental design that consisted of all babies and infants' nursing staff working in an educational hospital of Bushehr City, Iran, in 2019. A total of 84 nurses (41 cases were obtained for the experimental group and 43 cases for the control group) took part in the study. The samples were randomly assigned to the experimental and control groups. In this study, the questionnaires of nurses' professional communication skills and nurses' communication skills with hospitalized infant mothers were used. The validity and reliability of the questionnaires were confirmed. First, the pre-test was taken from the experimental and control groups. The experimental group received 8 hours reminiscence training session. Post-test was taken from both groups immediately and one month after the intervention. To analyze data, descriptive indices, the Chi-square test, independent t-test, and repeated measures ANOVA were used.

Results: Comparison of demographic data in two groups showed no significant difference between them in terms of scores of both instruments before the intervention. The independent t-test showed that the mean scores of communication with mothers and communication with colleagues one month after the intervention were significantly different (P=0.001) between the experimental and control groups. The results of repeated measures ANOVA showed that the interaction effect between group and time was statistically significant, and the trend of mean scores changes in nursing staff professional relationships with colleagues (P=0.03) and mothers (P=0.001) during the study period (before, immediately after, one month after intervention) were different between the experimental and control groups.

Conclusion: Training based on reminiscence effectively improves nurses' professional communication. So we suggest that this training be included in nurses' educational programs.

Keywords:

Professional communication, Nursing staff, Reminiscence training

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Highlights

- Communication is an essential part of patient-centered care.
- Nurses should learn effective communication skills appropriate to the growth and development of their patients.
- Teaching nurses interpersonal communication skills are one of the main ways to improve the quality of medical care.
- Retelling experiences in a group provides an opportunity for learners to rethink and reflect.

Plain Language Summary

One of the significant problems that threaten people in today's society is the lack of proper communication and empathetic understanding. The pediatric nurses should establish a meaningful relationship with the child and the family. Nurses play an essential role in reducing the anxiety of the mother and the child by establishing a close and professional relationship with the mother of the hospitalized child. Teaching communication skills to nurses is one of the main ways to improve the quality of care. One of the best ways to teach is to use the method of reminiscence. In this study, reminiscence training had a significant effect on the professional relationship of nursing staff with colleagues and mothers of hospitalized children. We suggest that more studies be conducted to investigate the impact of reminiscence training on the professional relationship of nursing staff.

Introduction

n the field of child care, communication is an essential element. Hospitalization of a child leads to family turmoil and is a challenging experience for the family [1]. In nursing, the communication between the nurse and the child is the core of child care [2]. Some barriers can affect the nurse-patient relationship to have proper communication skills for child care [3]. Communication skills are essential for nurses, but mastering communication skills can be difficult. Nurses interact with people at different educational, cultural, and social levels, and they have to use these skills in an effective, compassionate, and professional manner when communicating with patients and their families [4]. Each member of the treatment team has special knowledge and information that will be useful to the other members [5].

Learning communication skills for child care is very important because of the differences in how children communicate with adults [6, 7]. The hospitalization of a child also affects family members. Parents, especially mothers, usually accompany the child during hospitalization [8]. Communication between different members of the treatment team, including physicians and nurses, in patient care is to achieve a common therapeutic goal [9, 10]. Studies in Iran show that the relationship between

nurses and hospitalized children's mothers is relatively favorable [11, 12].

Medical educations are now focused on teaching human and communication skills rather than on theoretical teachings [13-16]. To acquire effective communication skills, appropriate group situations must be created so that individuals can exchange their experiences through sharing their ideas and believes about some problems they have faced and then learn actively [17].

Telling experiences is a teaching method and using personal memories is a way to learn from one's past experiences and subjective knowledge [18]. So, the learning is achieved through interaction with others and enhances the nurses' skills [19]. The basis of the reminiscence program is the theory of cognitive adaptation [20]. This method reflects on an experience purposefully and recalls thoughts and memories about a subject to find a new solution to change that situation if necessary [21, 22]. Because of the few studies on communication skills in pediatrics literature, this study aimed to determine the effect of reminiscence training on professional communication between the nursing staff of pediatric wards.



Materials and Methods

The present study has a quasi-experimental design, with pre-test and post-test and a one-month follow-up to determine the effect of reminiscence training on professional communication of pediatric nursing staff. The study population consisted of all pediatric nursing staff working in a teaching hospital in Bushehr City, Iran. The study participants were 88 nurses entered into the investigation by a consensus method.

The sample size was calculated for each group (at least 84 samples), considering the type I and type II errors (α = 0.05 and β =0.2), and based on a study in which the mean of learning professional communication between the two educational groups was 15.90 and 17.35 with a standard deviation of 1.95 and 2.64, the minimum sample size was 84 [23].

A total of 88 participants were randomly allocated to an intervention (n=44) or a control (n=44) groups. Random allocation was performed by permuted - block randomization method with 22 blocks of 4. Finally, 41 participants in the intervention group and 43 in the control group participated until the end of the study.

The inclusion criteria were having a diploma in nursing and having at least, one-year of work clinical experience in pediatrics at least. The exclusion criterion was not participating in the reminiscence session (Figure 1).

These questionnaires were used in this study. The first questionnaire collected demographic information. Then, nursing staff communication skills were measured by nurses' professional communication skills questionnaire. The revised version of the nurses' professional communication skills questionnaire based on Tamimi study [24] consists of 13 items. It is scored on a 5-point Likert-type scale from 1= never to 5= always. The total score ranges between 13 and 65. A score of 65 shows the highest level of peer-to-peer communication. To validate the questionnaire qualitatively and quantitatively, it was given to 10 experts, and their given total scores of content validity index and content validity ratio for 13 items were 0.89 and 0.81, respectively. To test the reliability of the questionnaire, the Cronbach α coefficient was calculated, and its value was 0.89.

The last questionnaire was the nurses' communication skills with the mother, taken from the study of Cheraghi et al. [11]. It has 19 phrases with a 5-point Likert-type scale ranging from 1= never to 5= always. The total scores range from 19 to 95. The score obtained from

this questionnaire is calculated separately, and the score of 95 shows the highest. The score of 19 indicates the lowest level of communication between staff and nursing with patients' mothers. The internal consistency of the questionnaire was checked by the Cronbach α coefficient that was 0.88. The reliability of the questionnaire was also assessed by the test-retest method. The intraclass correlation coefficient was 0.83. The pilot study was performed on 20 nurses in another pediatric center who did not participate in the research process.

The experimental group was invited to a meeting, and the study objectives were explained. Also, they were reassured that their information would be kept confidential, generally analyzed, and can be deleted at any time. At the end of the session, and informed consent form was obtained. Besides, the control group was invited to another session, and the study's objectives were explained to them, and their informed consent was received. The pre-test was taken from the experimental and control groups. The experimental group was divided into four subgroups, and an 8-hour reminiscence session in 3 sessions was held for each subgroup. During the sessions (Table 1), the nurses voluntarily shared memories of events related to a professional relationship, actively participating in or witnessing the event. Each session was attended by two nurses who taught professional communication workshops at the university where the research took place. Then they analyzed the stated memories and offered appropriate solutions if necessary. The post-test was taken immediately after the 8-hour session for the experimental group. There was no reminiscence training session for the control group, but a questionnaire session was held, and the control group received a post-test one month after the pre-test.

The data were analyzed by SPSS v. 21 software. The data analysis was provided in descriptive statistics, and Chi-square and t-test were used to compare the two groups in terms of demographic variables. Repeated measures ANOVA was used to compare the mean scores of professional relevance of each group between pre-test and post-test to compare mean scores of the intervention and control groups. The significance level was considered 0.05 or less.

Results

Comparison of demographic data between the two groups showed that they were similar and did not significantly differ (Table 2). The Mean±SD scores of the professional relationship between nursing staff and their colleagues before, immediately, and one month after in-



Table 1. Content of reminiscence sessions

Session	Goal	Content
First	Introducing and defining professional communication in reminiscence	Introducing, welcoming participants and communicating with them, expressing the goals of the education program, familiarizing the participants with the principles and rules of the sessions, the benefits of attending reminiscence sessions, defining professional communication and concepts related to it, agreeing and explaining the participatory process of sessions, group discussions about the professional communication
Second	Perceived sense of participants about professional relationship and training about the recommendations training professional communication	The nurses voluntarily shared memories of events related to a professional relationship, actively participating in or witnessing the event. Each session was attended by two experienced experts who analyzed the stated memories and offered appropriate solutions if necessary.
Third	Summary of all the meetings and reviewing educated recommendation and peer experiences	Last step: The outcomes were evaluated, and the evaluation results were used as a basis for modifying the intervention. In this step, based on the results of the evaluation, the participants' errors were modified

tervention in the experimental group were 56.60±4.41, 59.70±5.11, and 60.90±5.75, respectively. The Mean±SD scores of the professional relationship between nursing staff and their colleagues before, immediately, and one month after the intervention in the control group were 53.81±8.38, 55.63±7.50, and 54.52±7.05, respectively. Results showed that the mean scores of nursing staff professional relationship with colleagues in pre-test between the experimental and control groups were not statistically significant, but there was a statistically significant difference between experimental and control groups in the post-test immediately (P=0.004) and one month (P=0.001) after the intervention (Table 3). The Mean±SD scores of the professional relationship between nursing staff and mothers of the children before, immediately, and one month after the intervention in the experimental group were 78.41±9.54, 86.52±8.42, and 89.78±8.05, respectively. The Mean±SD scores of a professional relationship between nursing staff and mothers before, immediately, and one month after the intervention in the control group were 82.00±11.86, 85.27±8.05, and 81.77±8.05, respectively. There was no significant difference between the mean scores of nursing staff professional relationships with mothers in the pre-tests of control and experimental groups. There was no statistically significant difference between control and experimental groups in the post-test immediately after the intervention, but there was a significant difference in the post-test one month (P=0.001) after the intervention (Table 4). Repeated measures ANOVA with group factor (control and experimental) showed that the interaction effect between group and time was statistically significant. The trend of scores mean changes in nursing staff professional relationship with colleagues (P=0.03) and mothers (P=0.001) during the study period (before, immediately, and a month after intervention)

was different between the experimental and control groups (Table 5).

Discussion

The results showed no significant difference between the two groups regarding demographic factors. Analyzing data showed that the mean scores of nursing staff of pediatric wards with colleagues in the pre-test and post-tests between the two groups were statistically significant. The literature review did not reveal a study on training professional communication by reminiscence. However, in a quasi-experimental study, Rezaei et al. showed that nurses' communication skills improved after holding training periods [25]. In the study of Tohidi et al., the professional status among nurses was moderate [26]. Moghadami et al. studied the effect of anecdotal on nursing students' communication skills of 85 nursing interns of Golestan University of Medical Sciences. They found no significant difference between the mean scores of students' clinical communication status before and after the intervention [27]. The results of the present study are inconsistent with this study. In that study, only students who were studying in the seventh and eighth semesters of Nursing and Midwifery School participated. Salimi et al. aimed to evaluate inter-personal communication skills and their related factors among paramedical students of Tehran Medical Sciences University. Their results showed that the obtained score of the interpersonal communication skills questionnaire of paramedical students who participated in the communication skills workshop was not statistically significant [28]. The results of the present study contradict this study. Of course, some factors can be attributed to this inconsistency, such as differences in the educational course, work experience in the



Table 2. Distribution of demographic variables in the experimental and control groups

Qualitative Variables		No. (%)/M	No. (%)/Mean±SD		
		Experimental Group	Control Group	Sig.	
	Single	14 (34.1)	12 (27.3)		
Marital Status	Married	27 (65.9)	30 (68.2)	0.478*	
	Divorced	0 (0.0)	2 (4.5)		
	Pediatric emergency	13 (65.0)	7 (35.0)		
	Infants	4 (9.8)	13 (29.5)		
Mouling costor	Babies	4 (9.8)	4 (9.1)	0.140*	
Working sector	GYN¹	4 (9.8)	5 (11.4)	0.149*	
	PICU ²	4 (9.8)	7 (15.9)		
	NICU ³	12 (60.0)	8 (40.0)		
	Official	25 (61.0)	33 (75.0)		
Francis magneticus	Contractual	2 (4.9)	2 (4.5)	0.076*	
Employment type	Treaty	3 (7.3)	3 (6.8)	0.076	
	Other	11 (26.3)	6 (13.6)		
Title	Head Nurse	3 (37.5)	5 (62.5)	0.523*	
Title	personnel	38 (49.4)	39 (50.6)	0.523	
	Very much	11 (26.8)	13 (29.5)		
leb catisfaction	Much	23 (56.1)	25 (56.8)	0.052*	
Job satisfaction	Less	6 (14.6)	6 (13.6)	0.952*	
	The least	1 (2.4)	0 (0.0)		
	Morning	7 (17.1)	11 (25.0)		
Shift work	Evening & Night	1 (2.4)	1 (2.3)	0.713*	
	Rotating shift	33 (80.5)	32 (72.7)		
	Diploma	3 (7.3)	10 (22.7)		
Educational degree	Bachelor	33 (85.4)	30 (68.2)	0.064*	
	Master	3 (7.3)	4 (9.1)		
Attanding the	Yes	10 (24.4)	16 (36.4)	0.224*	
Attending the workshop	No	31 (57.6)	28 (63.6)	0.231*	
Age (y)		34.7±8.05	11.34±8.7	0.726**	
Work expe	erience (y)	10.44±7.7	16.11±6.8	0.650**	

 $^{^*}$ The Chi-square test; ** The independent t-test

 $^{^{1}\}mbox{Gynology ward;}\ ^{2}\mbox{Premature Intensive Care Unit;}\ ^{3}\mbox{Neonatal Intensive Care Unit.}$



Table 3. Comparing mean scores of pediatric nursing staff professional relationship with colleagues, before, immediately, and 1 month after the intervention

		Mean±SD	
Group	Before the Intervention	Immediately After the Intervention	One Month After the Intervention
Experimental	56.60±4.41	59.70±5.11	60.90±5.75
Control	53.81±8.38	55.63±7.50	54.52±7.05
P*	0.057	0.004	0.001

^{*}The independent t-test

clinic, the educational experience, employment or nonemployment of the participants, etc.

In the present study, employed people who were in contact with other staff in their field of work were investigated, and therefore motivation can be effective in improving their behavior. The probable reason for the difference between the present study's findings and this study may be how the teachings are presented. Training method and the quality of the provided trainings were other factors that influenced on communication skills of the participants in this study. The training method in this workshop was to explore a new and attractive teaching method that can influence behavior change [22].

The present study results showed that the intervention significantly affected the pediatric nursing staff's professional relationship with hospitalized children's mothers. Although the knowledge of good communication is a precondition for optimal care and treatment in health care, severe communication problems are still experienced by patients and health care professionals [29]. Thus, effective communication is a vital component of nursing care. However, nurses often lack the skills to communicate with patients and other health care members. Communication skills training programs are always recommended [11] since mothers are an in-

evitable element of child care [30]. This study's results were inconsistent with Abugamar et al. They reported that 90% of nurses in the intensive care unit had no decent relationship with hospitalized children's parents [31]. The different results of the present study with that study may be due to various study tools, the different research environments, and cultural differences. Their study was conducted in Jordan using the Arabic version of the parent satisfaction questionnaire; just one of its terms was related to parent's communication. The results of this study were in line with the study of Svendsen et al. There was a positive and a linear correlation between nurses' communication skills with parents and children, especially verbal communication, according to Svendsen et al. [32]. In another study, there was a statistically significant relationship in nurses' communication skills with the patient between nurses who attended seminars and conferences on the subject and those who did not [33]. The results of that study showed that transferring knowledge and education through reminiscence was effective in improving and enhancing nurses' professional communication. Thus, including this training in nurses' educational programs can be a step towards facilitating professional communication training to the nurses. It is hoped that using this method will

Table 4. Mean scores of pediatric nursing staff professional relationship

_	Mean±SD			
Group	Before the Intervention	Immediately After the Intervention	One Month After the Intervention	
Experimental	78.41±9.54	86.52±8.42	89.78±8.05	
Control	82.00±11.86	85.27±8.05	81.77±8.05	
P*	0.130	0.488	0.001	

^{*}The independent t-test.



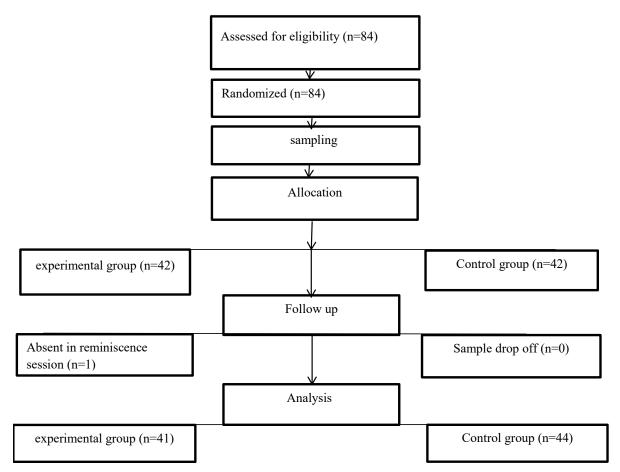


Figure 1. CONSORT (Consolidated Standards of Reporting Trials) diagram

enhance the professional communication of nurses and thus promote the quality of nursing services.

Filling out the questionnaire as a self-report was one of the study's limitations, which the researcher attempted to resolve by explaining the study's objectives to the samples and giving gifts to increase their motivation to collaborate. The reminiscence session was also consid-

ered an in-service training course for the participants. Future researchers are recommended to view and study how professional status is formed. Also, it is recommended to employ this method to increase professional communication in other nursing staff and improve their quality of professional relationships.

Table 5. Comparing changes of mean score of pediatric nursing staff professional relationship with colleagues and the hospitalized children's mothers

Nursing Staff Relationship With	Variable	Mean of Squares	F	P*
	Time	190.729	8.817	0.001
Colleagues	Group×Time	77.008	3.560	0.035
	Group	1240.564	13.790	0.001
	Time	826.194	14.407	0.001
Mothers	Group×Time	732.273	12.769	0.001
	Group	305.907	1.886	0.242

^{*} Repeated-measures ANOVA



Ethical Considerations

Compliance with ethical guidelines

This research project was approved by the Ethics Committee of Bushehr University of Medical Sciences (code IR.BPUMS.REC.2019.007). It was assured that their information would be kept confidential. The data were coded and anonymized on the computer. The samples were assured that they would be presented with the study results if desired.

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Authors' contributions

Design, conceptualization, resources, and review: Faezeh Jahanpour, Parviz Azodi, and Halimeh Zareii, Marzieh mahmoudi and Tahereh Tamimi; Investigation, draft preparation and editing: Marzieh Mahmodi and Halimeh Zareii; Data collection: Parviz Azodi, Halimeh Zareii, and Tahereh Tamimi; Data analysis: Marzieh Mahmoudi; Funding acquisition: All Authors.

Conflict of interest

The authors declared no conflict of interest.

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