

# Effectiveness of Communication Skill Training on the Quality of Life of Female Nurses

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**ABSTRACT:** The purpose of this study was to determine the effectiveness of communication skill training on the quality of life of female nurses. This research was a type of experimental study that was conducted with pretest-posttest design with control group. The statistical population of this study was all female nurses working in Golsar Hospital of Rasht in 2016 (148 people) who answered the quality of life questionnaires after the consent of 129 women nurses that out of these, 42 people were selected according to the cut-off point of the questionnaire, which had low quality of life (screening), of which 30 were randomly selected and replaced through simple random selection in the experimental and control groups (each group was 15 subjects). The communication skill training program was presented to the experimental group during 9 sessions of 90 minutes a week for two sessions and the control group did not receive any training and after completing the communication skill training, both groups were subjected to post-test. Data were analyzed by multivariate covariance analysis. Findings showed that communication skill training was effective on the quality of life and female nurses. As a result, communication skill training can be used as an effective and useful way to improve the quality of life of employed women.

**Keywords:** Communication Skills, Quality of Life, Female Nurses.

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## INTRODUCTION

Nurses are the largest provider of services in the health system and should have a decent quality of life to provide clients with services that are desirable. The results of the research of Yazdi Moqaddam et al (2009) performed on the nurses of Sabzevar Hospitals have shown that the score of the quality of life of the nurses in the psychological dimension is lower than the physical dimension and most nurses evaluate their quality of life in the average level. Also, the quality of life scores of people with a history of work older than 6 years was lower than those with less work experience, which resulted in a reduction in the duration of work in higher-level environments, reducing the mental capacity and reducing the physical capacity of employed people (Yazdi Moqaddam et al., 2009). Despite the fact that the nurses come to the most qualified occupational group among the hospitals, the results of the studies show that they are not satisfied with most of the quality of life components. Most of the vast majority of these people are not satisfied with the events from working, the unfavorable health conditions of the workplace, low monthly salaries, facilities, cash and non-cash rewards, indirect benefits, and also the presence of job stress and lack of transparency in the job prospects so that totally two thirds of the nurses are not satisfied with the quality of their life (Dargahi et al., 2007).

**Table 1.** Statistical characteristics of the quality of life variables in both experimental and control groups.

Components	Experimental group				Control group			
	Pre-test		Post-test		Pre-test		Post-test	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Quality of Life	75.27	5.133	86.66	6.747	75.93	4.026	76.46	3.907

Therefore, the use of non-pharmaceutical techniques whose communication skills is one of them can be helped in this direction. Javadi et al in 2012 in their study concluded that communication skill training can have a significant impact on improving the quality of life of nurses and can be used as an effective intervention in this field (Javadi et al., 2012).

Strengthening the spirit and increasing the amount of energy in the work environment increases personal and organizational efficiency, and when people are good at doing what they do, they try to do it the best, and more importantly, they try to find effective ways to do things. Otherwise, one cannot expect to make an extraordinary effort to perform or find solutions. The two-folds of personal work life have mutually reinforcing effects. One that has many problems with family and personal life, these problems, on the one hand, affect the focus, work satisfaction, productivity, and skills in the workplace (Gholami, 2010). Considering the key role of nurses in the first line of providing health services, it is necessary to use training that can be effective in improving their mental and emotional well-being, and this research is done in this regard, therefore, it can be important and necessary.

## MATERIALS AND METHODS

The purpose of this study was to determine the effectiveness of communication skill training on the quality of life of female nurses. This research was a type of experimental study that was conducted with pretest-posttest design with control group. The statistical population of this study was all female nurses working in Golsar Hospital of Rasht in 2016 (148 people) who answered the quality of life questionnaires after the consent of 129 women nurses that out of these, 42 people were selected according to the cut-off point of the questionnaire, which had low quality of life (screening), of which 30 were randomly selected and replaced through simple random selection in the experimental and control groups (each group was 15 subjects). The communication skill training program was presented to the experimental group during 9 sessions of 90 minutes a week for two sessions and the control group did not receive any training and after completing the communication skill training, both groups were subjected to post-test.

### **Research instrument**

The World Health Organization's World Health Form (1996): This scale has 26 questions that assess the four domains of quality of life for people, which include: physical health, psychological health, relationships with others and the environment. The questionnaire also has two other questions that assess overall health and quality of life in general. Each score gets 4 to 20 points. In the Persian sample, the Cronbach's alpha coefficients are equal to 84%, and this scale has internal stability, and has a reliable and reliable reliability in the Iranian population.

## RESULTS

The statistical characteristic of the variable in the two experimental and control groups is shown in Table 1.

Considering the figures in the above table, it is shown that there is a difference between the mean of the control group and the mean of the test group in the dependent variables. These differences are in the variable to the benefit of the experimental group. The average adjusted results for the dependent variables are presented in Table 2.

**Table 2.** Adjusted mean of dependent variables.

Variable	Experimental group		Control group	
	Mean	Standard error	Mean	Standard error
Post-test quality of life	87.02	0.678	76.12	0.678

In the Table above, we see the adjusted averages of dependent variables. The effect of auxiliary random variables is statistically eliminated. These meanings tell us that the average of the experimental group is better than the control group. The results of covariance analysis for the dependent variable are presented in Table 3.

**Table 3.** The results of single-variable covariance analysis for quality of life.

The source of the processing	SS	df	AS	F	Sig.	Effect size (ETA)
Quality of Life	886.562	1	886.562	128.763	0.000	0.832
Error	179.016	26	6.885			

As we see from the results of covariance in Table 3, there is a significant difference between the two groups' moderated averages in the quality of life of the nurses ( $F(1, 25) = 128.763$ ,  $P = 0.000$ ,  $\text{ETA} = 0.832$ ).

## DISCUSSION AND CONCLUSION

The results of the research on the first hypothesis that "communication skill training is effective on the quality of life of nurses" have shown that communication skill training improves the quality of life of the nurses who have been tested. These results with the findings of Moradi (2010) studying the Impact of teaching skill training on teachers' quality of life were consistent. Also, Fukui et al (2010), who gave this training to nurses and studied its effect on the quality of life of patients, has been confirmed and approved.

The quality of life has various dimensions, including physical, mental, psychological, social, cultural and moral dimensions. Physical dimension is the most important aspect of the performance of a person. Understanding the quality of life is influenced by the ability of a person of different ages to continue to perform and perform everyday activities such as self-care, going to school and work, and not losing confidence and independence. In mental aspect, mental health is also part of the quality of life. Having a positive attitude in maintaining the quality of life is effective. Psychologists have pointed to the need for adaptation and compatibility with the disease, saying that this issue plays a major role in mental health. In the socio-cultural dimension, it is also pointed out that social factors actually enhance self-worth in a person and promote his adaptation and adaptation. In general, each person's quality of life depends on the experiences and expectations of each individual. Therefore, the quality of life can fluctuate over time due to the impact of evolutionary factors. Good quality of life is usually a relative concept as a satisfaction of life and happiness. The quality of life means the perception of a person from life and is not necessarily the same as the perception of another person (Keshtkaran, 2011).

The quality of life has four parts: the first part is behavioral skills (one in terms of health, self-esteem, perception, proper use of time and social behavior) that are judged by social standards. The second part is environmental quality that is judged by certain criteria such as climate and housing quality. The third part is that quality of life is perceived to be completely mental and reflects the self-assessment of health, family, housing, environment, the use of unemployment, friendship and other important areas of life. The fourth part is psychological health that covers the general aspect of mental health and includes concepts such as depression, positive emotional states, and overall satisfaction with life.

Strengthening the spirits and increasing the energy level in the workplace increases personal and organizational efficiency, and when people feel good about what they do, they try to do it in the best way, and more importantly they try to do more effective ways to get things done. Otherwise, one cannot expect to have an extraordinary endeavor to do or find a solution; the two phenomena of work life and personal life have mutually reinforcing and mutually reinforcing effects. A person who has many problems with his / her family and personal life is definitely affected by problems, concentration, job satisfaction, productivity, and happiness in the workplace (Gholami, 2010). It is important to pay attention to mental health in all areas of life, including the work life of a person. Career and

work are an aspect of life that, regardless of source, satisfies some of the basic human needs, such as self-worth; however, this can be a source of psychological stress and a negative impact on the health of individuals (Soleimannejad, 2004).

Through the teaching of speaking skills (expressing feelings, expressing emotional damage), constructive criticism, active listening and conflict resolution, which are part of communication skills, one can emphasize the social and mental relationships that affect the dimensions of the quality of life that climb. Social relationships and mental health make people in the work environment and living environment less likely to face problems and easily solve problems and communicate with others.

Stress, anxiety and depression are reported as consequences of stressful working environments (Hajiamini et al., 2011). In this regard, the nursing profession has a special place (Mashkani & Koudani, 2004). The prevalence of mental disorders in the nurses' population was 48.8% versus the general population was 32.2% (Yang et al., 2004). The nurses are also facing a lot of stress in nursing jobs, as well as being exposed to stressors in the social, economic, cultural and family environment, and in the community (Bigdeli & Karimzadeh, 2008). These stressful nursing factors include emotional issues related to patient death, lack of organizational support, high workload (Mashkani & Koudani, 2004). The conditions of the work environment and the type of department are various work shifts, especially night work, which leads to sleep disorders in the nurses (Hojjati et al., 2009) that following these actions, the nurses are more stressed and stressed, anxious and depressed, and their mental health is affected by many other occupations, so that in this regard, the results of the study of Darvishpour Khaki et al (2009) have shown that the nurses' health status is significantly lower in nursing professions, so that they have scored moderate and lower in seven after the eight dimensions of health status. These stressors will lead to burnout in the long run (Embrico et al., 2007). Yazdi Moqaddam et al (2009) in a research which performed on the nurses working in hospitals in Sabzevar were determined that most of them had an average quality of life. Based on the results of this research, life skill training, which is partly related to communication skills, improves nurses' physical fitness, physical pain, general health, vitality and vitality, social function, mental health, physical health, and overall improved quality of life based on SF-36 questionnaire. Failure, resentment, depression, anxiety, physical complaint, and marital problems are the consequences of uncertainty. By teaching a variety of decisive behaviors, which are a part of communication skills, one can have a positive impact on the health and mental health aspects of the quality of life dimensions which reduces stress and depression and increases physical health in individuals.

### **Conflict of Interest**

The authors declare no conflict of interest.

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