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Israeli Nursing Students' Attitudes to Communication Skills as Part of the Nurse's Role

Long Abstract

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Abstract

The nursing profession has undergone many changes over the years, but good communication with the patients, families and staff has always been the basis for nurses' work and for every nursing action undertaken with the patients and their families. The patient-centred approach was recently recognised as a national goal, as emphasised in the Ministry of Health's document (2017). Despite this, there are difficulties in applying communication skills among all ranks dealing with nursing, both novice and veteran. This creates barriers, reduces satisfaction and even harms treatment safety. The recognition that communication skills competency (CSC) is individual and depends on a variety of factors - home, family and culture in which the nurse was raised, as well as the nursing education system and the role models to whom they are exposed every day in their work, has led to an understanding that students' attitudes toward communication skills should be better understood.

The theoretical basis for this work draws from three areas: sociology, nursing and psycho-sociology. The research sought to (1) reach a better understanding of how nursing students perceive the components of the nurse's role; (2) explore what motivates Israeli students to choose nursing as a profession; (3) gather knowledge about the attitude of Israeli nursing students toward communication skills as part of the nurse's role; (4) explore the connection between nursing students' socio-demographic characteristics and their attitude to communication skills as part of nurse's role; (5) provide insights that will guide nursing educators in developing a training process focused on CSC in the patient centred approach.

This mixed methods research utilized a sequential strategy. In both parts of the research, tools were specifically developed for and applied to this research. In the first stage, data was collected through personal interviews. Qualitative analysis served as a knowledge base and contributed to the construction of the second research stage. The research population in the first stage, nursing students from a number of nursing schools including 20 interviewees from the first to fourth year of studies and 177 students from the third and fourth years, completed a quantitative questionnaire in the second stage.

Findings: A positive correlation was found between the students' motives for choosing to study nursing and their attitudes toward communication skills in the nurse's role. Those who chose nursing for intrinsic motives attached great importance to communication skills in the nurse-patient relationship. All students agreed that communication skills are central to the nurse's role and that their components are: emotional intelligence skills (EIS), caring skills (CS) and communication skills, referred to as CSC.

Practical conclusions: This work presents a model that deals with rethinking the process of acquiring and nurturing CSC through nurse education. The process is influenced by sociological and psychosocial factors, as the level of CSC skills is low. In the course of studies, a theoretical body of knowledge body is imparted. In addition, the students receive assignments at different CSC levels, such as data collection through patient interviews, patient training, delivering bad news, dealing with complex patients and communication modes. By the end of the training period, upon completion of the nursing degree, the process of establishing CSC is complete.

Key words: Sociological perspective in nursing; Nursing; Nursing education system; Nursing students; Nursing role perception; Communication skills; Communication skills competency, Client centred approach; Motives for choosing the nursing profession.

INTRODUCTION

This research deals with Israeli students' perceptions of communication skills in the nurse's role. The research intent is to examine to what extent Israel's nursing education system provides an answer to students' needs in the process of developing communication skills competency (CSC). Many studies conducted in Israel and around the world have pointed out the difficulties and obstacles in nurse-patient communication, such as the discrepancy between 'the school way and the ward way', that have led to dissatisfaction among both caregivers and patients, to a decline in compliance with treatment and, as a result, to a significant drop in achieving treatment objectives and health targets. Communication deficiencies derive from a variety of sociological, social and cultural factors, which influence communication patterns and styles. The workload as well as increase in quality of life on the one hand, serious shortage of nurses in Israel and worldwide, the entry of electronic communications into our lives, the reduction of personal interactions between patients and nurses, as well as the lack of compatibility between nursing students and the training process, are all seen as factors contributing to the emerging failures in nurse-patient relationships.

Over the years, there has been a developing recognition that good communication is the basis for every action and clinical task undertaken for patients (Macleod, Clark & Hockey, 1979). Others (El-Sayed & Mousa, 2015; Ito & Lambert, 2002; Kutzin, 2010; Zaotis & Chiang, 2007) added that in the absence of good communication, barriers are likely to be created that will led to anger, dissatisfaction, incomplete information and unsafe treatment.

The training process contains a core curriculum (2012) including 2,600 teaching hours of which 70 hours are dedicated instilling and developing communication skills. The current era is characterized by the introduction of technological means such as robots and various high precision monitoring devices, which in the near future will perform tasks that are now part of the nurse's role. Interpersonal communication is a highly significant skill for us as human beings and hence, together with developing technical clinical skills, there is a need to emphasise the development of high CSC among nursing students. The ability to

establish communication with patients and their relatives is the heart of the nursing profession (Halter & Varcarolis, 2010). It is the essence of the nursing profession to interact and give attention, as well as to show involvement and support patients and relatives, using knowledge and communication skills (Hall, 1964). Communication is a cardinal tool in nurse-patient relationships; in its absence, it is impossible to establish trusting relations with patients and families, in order to fulfil their needs.

The role of nurses has developed over the years and has become a profession following worldwide sociological changes such as social revolutions, acknowledging the status of women, religious influences, world wars that have shaped the perception of the nurse's role among nurses themselves, among stake holders in the health professions, as well as the views of the wide public who is the recipient of treatment.

The role of nurses includes a great deal of in-depth knowledge, capabilities and skills which develop during their training in a range of fields: the human body and life and social sciences, the humanities, diverse communication skills, cultural competency, the bio-psychological perspective, maintaining the dignity and privacy of patients, skills necessary to convey various types of messages, guidance, training, bad news, coping with end of life. These skills are intended to bring patients to an optimal state of health. To achieve high levels of competency in all tasks, a unique professional training system was built for the nursing profession, including fields of knowledge from a number of content worlds, high service awareness, a code of ethics and autonomy, as well as emotional intelligence and care skills.

Peplau (1952) argued that patient need is to be heard and to voice their opinion and believed that nurses must fulfil this need professionally. It is possible to understand how inclusive communication skills, listening and empathy, were neglected and seen as less important because they took time, and communication patterns were established that were less directed at people and at their psychological needs. Over the years the patients have also changed and become knowledgeable with diverse needs. They request quality information from health teams, patients maintain that failures in communication and lack of information from care givers were the primary reason for their dissatisfaction and lack

of compliance, which caused a reduction in quality of care. This problem was identified within nurse training programs, as well as in nurses' work. The ability to establish quality communication is a highly important issue, because good interpersonal communication influences satisfaction, quality and safety for both patients and caregivers.

As a lecturer at an academic school of nursing and university in central Israel, I teach and train students to apply interpersonal and communication skills (ICS), emphasizing a holistic point of view that sees three equal components in each person; bio-psychosocial components (Engel, 1980) I believe that it is the nurse responsibility to ensure the integrity of all components. In class discussions students describe difficulties and barriers in the implementation of CS. They feel that their skills are inadequate and that they do not possess relevant tools. They are concerned about invading patients' privacy and they are concerned of patients' anger and refusal to answer their questions. They feel that they do not contribute to patients' well-being, because as students they do not think it is their responsibility to relate to patients' emotional components.

It has emerged that students find it difficult to ask patients and their family's questions for information gathering purposes so as to carry out required assessments. They settle for closed questions, short answers and structured questionnaires and receive only partial and limited information from patients. The disparity between learned theory and application in the field is described as a real obstacle in nursing. Wilson and Startup (1991) argued that there is a conflict between the school way and the wards way and that students are unprepared for the reality of the wards when they go out into the field. Brereton (1995) admitted that a disparity exists and continues to exist because schools prepare students for optimal behaviours expected of nurses, which is not always compatible with reality on the ground. Consequently, the following disparities were identified: there is insufficient data in the literature on nursing students' perceptions of CS as part of the nurse's role. Health teams, nursing students and the literature all point to a disparity between the school way and the wards way, which leads to communication barriers.

This research sought to examine the correlation between the process of developing communication skills competency in nurse training and the needs of students in Israel, as well as demands in the field.

The **research aims** were **(1)** To obtain a better understanding of how nursing students view the nurse's role. (2) To gather knowledge about, Israeli nursing students' attitude, toward communication skills as part of the nurse's role. (3) To provide insights that will guide nursing educators to apply training program that develop & evaluate, nursing students' competency in communication skills (CSC).

The research sought to find answers to the following questions:

1. What motivates Israeli students to choose the nursing profession?
2. How do Israeli nursing students perceive the nurses' role?
3. What is the attitude of Israeli nursing students toward communication skills as part of the nurse's role?
4. Is there a connection between nursing students' socio-demographic characteristics and their attitudes toward communication skills as part of the nurses' role?
5. To what extent is there a need to develop guidelines for a training program that focuses on nursing students' communication skills competency in light the patient-centred approach?

1. THEORETICAL PERSPECTIVE AND FRAMEWORK

The theoretical framework of this study attempts to understand students' attitudes toward communication skills in the nurse-patient relationship. As such, three areas of knowledge were chosen as a basis for the literary review: sociology, psycho-sociology and nursing.

From the field of sociology, the 'Role Theory' was chosen. This theory is fundamental to the perception of role, how people choose a role and how it is executed (Berger & Luckmann, 1972; Biddle & Thomas, 1966). From the field of psycho-sociology, the psychosocial theory (Erikson, 1950) and the socialization theory (Cooley, 1902; Mead, 1934) were chosen. From the field of nursing, interpersonal relations (Peplau, 1952), the

bio-psychosocial model (Engel, 1980) and the patient-centred approach (Rogers, 1946; Abdellah, 1973, 1960) were chosen. Figure 1 describes the three knowledge areas on which the literary review was based.
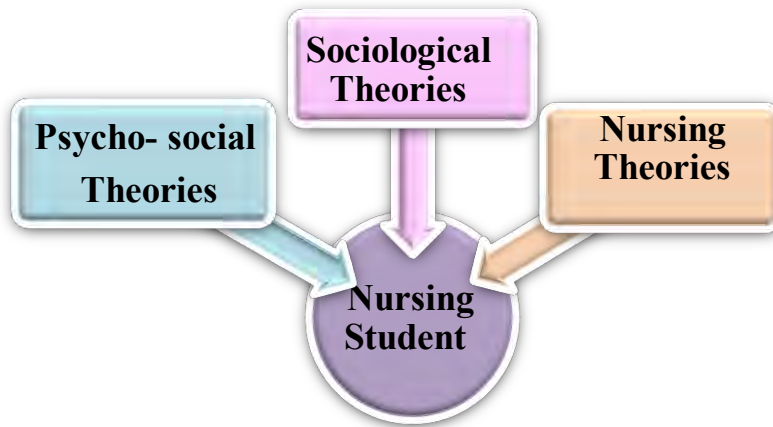

Figure 1: Knowledge areas underlying the literature review

1.1 Sociological Perspective in Nursing

Humans are social creatures who live in groups and communities. There are many theories describing existing social structures in light of social values, beliefs and norms. Nurses' work is based mainly on social interactions. The science of sociology has great importance as it brings the sociological point of view to the nursing profession.

Nursing is considered one of the health professions, since historically nurses' role grew and evolved from helping doctors with their activities. In the past, nurses' training was the responsibility of doctors, and the scope and nature of their activities stemmed directly from doctors' discretion and decisions. Thus, nursing is still considered one of the health professions (Mason & Whitehead, 2003) but in fact, every interaction has sociological aspects, and thus has a significant social impact. Sickness and health are perceived differently by individual communities in different cultures, and the role of nurses is to recognize bodies of knowledge not only in the biological medical field but also in the emotional and social sphere (ibid.).

Nursing is defined as taking care of individuals, communities and society (Henderson, 1966). The contribution of the science of sociology emphasises social aspects of human

society, made up as it is of individuals, families and communities (Broom, Selznick & Broom, 1984). The key contribution of sociology to those working in the health professions is to link sociological characteristics to circumstances of health and illness (Folta & Deack, 1996). Sociology is not limited to the theoretical field alone, but also helps find practical solutions. Billson and Huber (1993) argued that sociology is the basis of many professional areas, including health services.

1.1.1 Role Perception

Role perception is the direction in which people direct their efforts, abilities and capabilities so as to best express themselves. In the opinion of Biddle and Thomas (1966), role perception is constructed by people according to two approaches: sociological and psychological. When choosing a profession, included in individuals' decisions are society's demands and expectations of them, as well as inherent personality traits that have been influenced from birth by close and distant environmental factors, which shape their decisions (Biddle & Thomas, 1966).

In contrast, Berger and Luckmann (1972) argue that self-identity, which includes role perception, is structured by the laws of the society to which we belong. Role theory, which bridges between the needs of individuals and the needs of society, strives to explain behaviour patterns that allow individuals in society to live in harmony with their decisions.

1.1.2 Nursing Profession

Nursing is considered one of the oldest professions in human society, and for many years it was considered a sub-profession of medicine. In light of various social phenomena, the profession has undergone many changes over the years. This occupation began with the housewife's duty to care for the sick, and then proceeded to become a religious obligation that developed into huge charitable endeavours under religious auspices. The first person to define treating patients as nursing was Florence Nightingale, who maintained that nursing intends to maximally utilize patients' close environment in order to aid their recovery (Nightingale, 1860/1969). According to ANA (2004), nursing is a core profession in the health system, focusing on the care of individuals, families and

communities for the purpose of helping them maintain, retain, recover and achieve maximal health and quality of life. Since then, a number of modifications were made to the definition of the nurse's role and in 2010 the ANA defined nursing as an expression of protecting, promoting and maximizing the potential for health by preventing illness or injury, reducing suffering through diagnosis and identification = diagnosis and providing care adapted to the needs of patients, as well as serving to protect patients, including individuals, the family and the general population.

1.1.3 Nursing Students

There is little available information about the characteristics of those choosing to study nursing. Every year many candidates register to study nursing throughout the country. Students who enrol for nursing studies are characterized by women and men with an age range of 18-55 in 3 main study programs. Most nurse training today is academic and carried out by universities and colleges through nursing schools attached to hospitals. The number of female students is currently 89% and male students is 11%. As of today in Israel, there are 16 nursing schools affiliated with 5 universities and 7 colleges, with approximately 2,000 graduates per year. University graduates are entitled to a nursing degree and registration.

1.1.4 Nursing Education System

Professional nursing training is provided in dedicated nursing schools around the country. In the beginning, nurse training focused on providing relevant knowledge and skills to allow nurses to work in hospitals. Later, as a result of technological changes, advanced knowledge and political and economic changes, the core of the profession changed and areas of concern were expanded. Nurse training is based on the natural sciences, social sciences and medicine, as well as on the mental and spiritual sciences. At present, the training system emphasises critical thinking, patient support and guidance skills, according to the patient centred approach aimed at community and hospital medicine. There are two levels of training in nursing: Licensed Practical Nurse (LPN) and Registered Nurse (RN), and independence and authority are allocated according to one's level of training. Studies take from 3-4 years. The core curriculum includes

approximately 2600 hours of study in clinical and theoretical areas. Nursing studies are divided into a number of knowledge divisions that refer to the person as a whole in states of health and sickness, within the life cycle. At the head of each division are 'nurse teachers' with a Master's or higher degree.

1.1.5 Motives for Choosing the Nursing Profession

Factors that draw people to choose the nursing profession include extrinsic and intrinsic motivation. Extrinsic motivation is not connected to the characteristics of the nursing profession but rather derives from external purposes such as economic rewards, sense of security and social rewards (Lortie, 1975). Intrinsic motivation is connected to essential characteristics of the nursing profession, working with people, the desire to give, helping others and caring. Some researchers have examined the meaning of the 'desire to give' motivation (Spittle et al., 2009). Serow (1993) pointed out that concern for others at the expense of personal interests cannot be the sole or even main aim in a fundamental decision such as career choice. Therefore, some researchers have identified the desire of those occupied with nursing to contribute to society as an intrinsic motivation, where reward includes meeting one's higher needs (Moran et al., 2001; Serow, 1993). A key motivation for professional choice is the need for optimal self-realization and self-actualization. Meyer (1986) emphasised that the nursing profession, like others caring profession that the extent of their prestige is in doubt, the expectations of those who choose these professions their self-realization is particularly high.

1.1.6 Communication skills competency (CSC)

Communication skills are included in the role requirements of nurses; they are needed to acquire information, guide, direct, listen and support patients. Without good interpersonal communications, nurses cannot perform their role. Communication skills rely on knowledge, life experience, approach and professional standards (Potter, 2013). During their training, nursing students also learn about communication skills, in the theoretical part: 42 hours of basic communication, including self-presentation, interviewing, questioning, active listening and empathy skills, with an emphasis on the patient being at the centre. Another 28 hours of treatment communication and preparing students to care

in complex communication situations: bad news, anxiety, adjusting to chronic illness. In the practical part students practice these skills under the guidance of clinical instructors.

Throughout the training process, students' communication skills competency (CSC) is built. CSC includes three main components: knowledge, emotional intelligence and care. According to Watts and Gardner (2005), nurses must be proficient in verbal and nonverbal communication skills, including a range of communication skills such as writing, recording and reporting that enable professional tasks such as patient interview, and guidance etc. Wloszczak-Szubzda (2012) maintained that communication skills competency is neither spontaneous nor automatic but rather acquired through the acquisition of knowledge, practice and feedback.

1.2 Conceptual Framework

This study addresses students' views of interpersonal communication skills in the nurse's role. The role of nurses includes a number of operational areas: clinical, administrative and communication, on which this work will focus. Communication skills are a key work tool for nurses, who are required to apply skills such as listening, facilitating, support, empathy and guidance. As such, nurses must establish high competency in communication skills and show quality and efficient communicative relationships with patients and their families. Obstacles and difficulties with communication are likely to damage patient satisfaction, the quality and safety of care, as well as cause dissatisfaction and frustration to caregivers. During their training nursing students are exposed to nurse-patient communication both in their theoretical and in their clinical training.

The need for this study arose as a result of identifying barriers to the establishment of high quality, fluent and effective communication among nursing students as early as during their training.

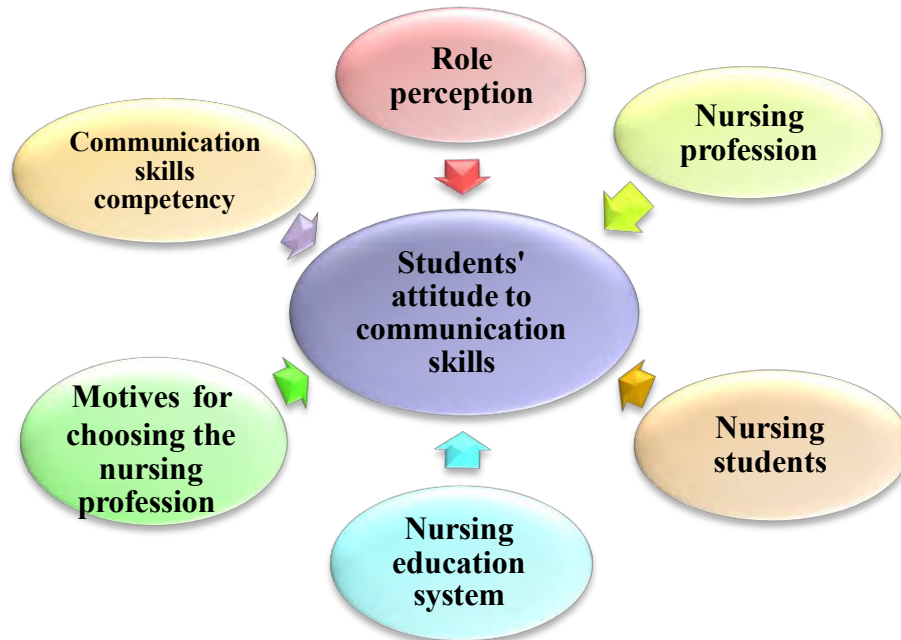Figure 2 describes the conceptual framework of this research.

Figure 2: Conceptual framework

2. RESEARCH METHODOLOGY

The methodology utilized in this study is mixed methods research (MMR). This method combines qualitative and quantitative research methods. Combining the two methods produces a third research paradigm - the mixed method design (Birnbaum, 1993). This study is conducted in two stages, according to the exploratory sequential design. Each of the methods will be discussed below.

2.1 Research Objectives, Questions, Hypotheses and Variables

Objectives: The research sought to identify the factors that make it difficult for nursing students to apply interpersonal communication skills with patients and family members. In order to get a better understanding on the subject the research aims were to explore what motivates Israeli students to choose nursing as a profession; to reach a better understanding of how nursing students perceive the nurse's role; to gather knowledge about Israeli nursing students' attitude toward communication skills as part of the nurse's role; to examine whether there are connection between nursing students' socio-demographic characteristics (age, gender, country of origin, study program) and their

attitude to communication skills as part of the nurse's role; to provide insights that will guide nursing educators to develop adapted training programs focusing on communication skills competency (CSC) in light of the patient centred approach.

The research questions were: What motivates Israeli students to choose the nursing profession? How do Israeli nursing students perceive the nurses' role? What is the attitude of Israeli nursing students toward communication skills as part of the nurse's role? Is there a connection between nursing students' socio-demographic characteristics and their attitudes toward communication skills as part of the nurses' role? To what extent is there a need to develop guidelines for a training program that focuses on nursing students' communication skills competency in light of the patient-centred approach?

The research hypotheses were: (1) Israeli nursing students motives to choose nursing as a profession affected by intrinsic motives, internal motives more than external lead to a positive attitude toward communication skills as part of the nurse's role. (2) Nursing students perceive the nurse's role, as built of three main components: management skills, communication skills and clinical skills. (3) Nursing students' socio-demographic characteristics, such as age, gender, country of origin and study program, are connected to students' attitude to communication skills as part of the nurse's role. (4) The current training program for nursing students, in communication skills is not well adapted to students' needs, thus nursing students will choose to expand their competency in communication skills.

Research Variables: (1) **Dependent variable**: Israeli nursing students' attitude to communication skills as part of nurse's role; (2) **Independent variables**: Students' attitude to the nurse's role, regard to communication skills; Intrinsic and extrinsic motives for choosing the nursing profession; Socio-demographic factors: age, gender, marital status, religion, country of origin, study program, early exposure to health professions.

2.2 Research Paradigm

All research relies on a paradigm and theory that create a conceptual arrangement, communicative language and a basis from previous research data (Creswell, 2014). A paradigm serves as a philosophical ideological framework (worldview), a general and broad perspective of an examined phenomenon (Lincoln & Guba, 1985). That is to say, a paradigm provides the broadest framework in which research takes place. This is the worldview within which researchers operate.

The worldview (paradigm) in this research is social constructivist. This paradigm relies on work by Crotty (1998), Lincoln and Colleguse (2011) and Mertens (2014). They believed that individuals strive to better understand their world and to develop their own interpretation of their surroundings. This interpretation leads researchers to search for a complete picture and not restrict information to target categories, and to rely as much as possible on participants words (Creswell, 2014). As such, in interviews conducted questions are open and broad; researchers must pay attention to the answers in order to understand participants' worlds. In this research dealing with how nursing students perceive the role of nurses, this research strategy was chosen with the aim of understanding the interpretations and meanings that students give their views of the nurse's role and to social phenomena surrounding them that are currently affected by global considerations concerning communications, technological changes and knowledge available to all. How do students view the nurse's role in the current reality? They perceive and interpret reality (Shlaski & Alpert, 2007).

2.2.1 Mixed Methods Research (MMR)

Mixed methods research was chosen for this research because it can make optimal use of the strengths and weaknesses of each research approach. This research strove to understand the Israeli nursing students' perceptions, worldviews, attitudes and values, abstract topics that are difficult to quantify. To acquire the necessary information, profound understanding and psychological insights are required that quantitative research cannot provide. The mixed methods approach was selected with the intention of reaping the benefits of each research method and minimizing what they each lack in order to

obtain a profound research point of view (Creswell, 2014). This strategy enables research with high reliability, thanks to the combination of human and scientific aspects. According to Creswell (2014), combining research methods, which brings verbal and behavioural information that reflects numerical perceptions and information providing rich information that is more valid and open to generalization. Qualitative research and quantitative research are complementary research tools. Qualitative research serves to provide a profound understanding of a research topic and quantitative research serves to generalize the research topic to a broader population.

Creswell and Plano Clark (2011) identified that in various research fields where mixed method research is conducted, such as nursing, public health, education and the behavioural sciences, researchers are aided by many and varied strategies in obtaining information and as such the need arose to catalogue and define various research strategies. Creswell et al. (2011) identified 3 types of strategic method designs: Convergent Parallel Mixed Methods Research (MMR), Exploratory Sequential MMR and Explanatory Sequential MMR.

2.3 Research Design

For this study, the Exploratory Sequential Mixed Methods design was chosen. It is defined as an approach in which researchers try to understand the meaning of a phenomenon in human psychosocial areas, as it is perceived by individuals or groups (Creswell, 2014). This research is phenomenological study whose approach was adopted from the philosophical and psychological approach in which researchers try to understand phenomena, participants' views or attitudes. This strategy suits the conducting of interviews (Georgi, 2009; Moustakas, 1994; Creswell, 2014).

The advantages of this approach are the fact that information is gathered and analysed inductively from the individual to the general research population. Research reports are flexible structures and researchers are those who interpret the findings. In this research strategy, it is possible to examine nursing students' perceptions, a field that has not yet been studied, and then to develop a research tool adjusted specifically to this research

population: nursing students at a university in central Israel, and in the second stage to carry out a generalization to all nursing students in Israel and around the world.

The challenge of this approach is how to turn information acquired in quantitative research to a qualitative research tool that is measurable and will be reliable and valid in the qualitative approach. According to Creswell (2014), this can be done using quotes to build statements with reference scales on the basis of qualitative information.

According to Creswell (2014), there are three basic research strategies in mixed methods research. Exploratory Sequential Mixed Methods research was conducted in this case. The researcher began with a qualitative research stage end explored the perception of interviewees through semi-open interviews and content analysis. The information received from content analysis builds in to the second stage as an instrument that was specially adapted for this study. The process will be described in the following study chapters.

Figure 3 describes and Table 1 describethe research stages in Exploratory Sequential Mixed Methods Research, as utilized in this study (Creswell, 2014, p. 221):
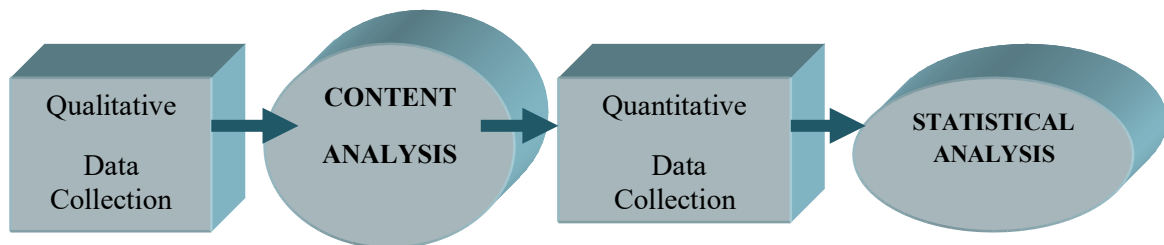

Figure 3: Research stages

Table 1: Research design

Research Strategies	Research Stages	Research Aims	Research Tools	Research Population
Exploratory Sequential Mixed Methods	**Stage 1:** Qualitative research phenomenological approach	To examine nursing students' attitude to communication skills as part of the nurse's role	Open personal interviews ⬇ CONTENT ANALYSIS 4 categories & 11 themes	Nursing students from a nursing school in central Israel Convenience research
	Stage 2: Research: quantitative closed-end questionnaires	To provide insights that will guide nursing educators to develop training program focusing on communication skills competency	⬇ Closed questionnaires ⬇ STATISTICAL ANALYSIS	Nursing students from a university in central Israel. Probabilistic sample

3. RESEARCH FINDINGS

Research population profile – Qualitative research - Stage 1

Table 2: describes Qualitative research population characteristics

Table 2: Qualitative research population characteristics

Characteristic	Number	Percentage
Gender		
Male	12	60
Female	8	40
Age group		
19-22	11	55
23-28	6	03
29-36	0	15
Study Program		
Academic conversion	3	15
Academic program	6	30
Military academic students	11	55
Previous exposure to health profession		
Not exposed	13	65
Volunteer work	4	20
Worked in a hospital	3	15

Research population profile – Quantitative research - Stage 2

Table 3: describes Quantitative research population

	N	%
Age		
Mean and Standard Deviation	65.6 ± 5.5	
63-03	141	11.1
01-43	16	5.1
41-53	1	4.1
Gender		
Women	100	56.4
Men	41	60.6

3.1 Qualitative Research Findings

The interviews' content analysis is described in the following table: 4 themes and 11 categories were identified;

Table 4: Themes and categories from the qualitative part

No	Themes	Categories & Sample Quotes
I	Motives for choosing the nursing profession	**Family influence** 6 - *There are influences in my family, my aunt is a nurse and my cousin has just finished studying to be a nurse*
		Nursing as a second choice 6 - *It was either medicine or nursing. For medicine, a very high psychometric grade is needed and nursing also quite interests me* 5- *My parents would have preferred me to study physiotherapy, it is more highly considered*
		Financial security 9 - *For economic reasons of I want to get a degree during my army service* 14- *I wanted to do a degree before the army, in the military framework, it is free, so why not?*
		Altruism and self-realization 2 -*To help be meaningful, to have done something useful at the end of the day* 16 - *When you give to others it also gives you something to the same degree, if not more* 4 - *Since I was very young, it's something I saw as a goal*
		Personal health experiences 3 - *When I gave birth, I met fantastic nurses, how they shared their knowledge and the process with me, the heart was the first thing*

No	Themes	Categories & Sample Quotes
II	Attitude to the nursing profession	**Self-realization through helping others** 1 -*At the end of the day I wanted something meaningful*
		Professional identity 10 - *Nurses are a type of doctor, psychologist and social worker* 11 - *Nurses don't just deal with illness, but deal with people and symptoms they show*
		Attitude to the nursing profession 5 - *To know what I have to do for him, what treatment I need to give him, medications, dressings, to know how to do it as well as possible, so as truly to improve his situation, that he will be healthier*
III	Nurses' role components	**Cognitive skills** 9 - *Knowledge and updates to see what truly changes and regulate one's knowledge accordingly*
		Clinical skills 1 - *Ability to focus, observation, structure priorities, manage time*
		Communication skills 8 - *To look patients in the eye, to take responsibility, it's a person's life* 10 - *Ability to contain patients and all their problems, it is not just illness, but lots more, to respect patients, to love them and create a pleasant atmosphere* 9 - *To deal with culture, faith and language gaps and understand what patients are going through and know how to operate accordingly* 12 - *Learn to understand differences*
IV	Suitability of the training program in communication skills for students' needs	**Practice and simulation** 2 - *Add more practice simulations before going onto the wards*
		Modelling in clinical training 8 -*That after the first interview, there would be someone who observed me and can analyze with me how it went*

Theme one for example answers the research question no 1: What motivates Israeli students to choose nursing as a profession?

1. Family Influence: From the qualitative analysis it can be seen that family influence on one's choice of profession is highly significant, as shown in interviewees' words. **No**. **2** (36, M, conversion = CON, year 2, 2016) said, "*I come from a family of doctors, even my extended family, it was the topic of conversation at home. Everyone is a nurse and I have lived with it since the age of zero. It was clear to all that this is what I would do*". **No**. **3** (32, F, CON, 1, 2016) displayed a similar approach and both her husband's sisters studied nursing, "*I understood that it is a wide and interesting world*", whereas **No**. **4** (19, F,

soldier student = SS ,1,2016) said, "*At home I have two older sisters who are nurses*" and **No. 5** (22, F, academic = AC , 1, 2016) referred to her mother's work environment, to which she had been exposed from childhood, "*She would talk about cases and relationships with patients and it interested me so much*". **No. 6** (24, F, AC, 1, 2016) had a similar experience: "*Family influence to choose the profession. I have an aunt who is a nurse and a cousin who has just completed her studies*". **No. 9** (21, M, SS, 2, 2016) said that he "*wanted to study medicine or something close to health, in addition my mother is a nurse, so I'm here*". A friend whose mother is a nurse recommended that **No. 10** (22, M, SS, 2, 2016) study nursing "*and I agreed*". In contrast, **No. 16's** (19, F, SS, 3, 2016) grandmother is a nurse, and her aunt is a doctor, "*So I'll have someone to consult with. My parents, in contrast, did not support this decision. When they understood that this is what I had chosen, they said, do what seems right for you, we're with you*". **No. 19** (27, M, AC ,4, 2016) said, "*My family decided that I could take care of my grandfather when he had a CVA, we don't put our elderly into Old Age Homes. After a year and a half of caring for him, it was clear to me that I would study nursing*".

3.2 Quantitative Findings

Table 5: Mean and distribution measures of the intrinsic and extrinsic motives

Measure	Mean	SD	Minimum	Maximum
Intrinsic motives for choosing the nursing profession	4.66	3..6	1.6	6.3
Extrinsic motives for choosing the nursing profession	0.65	3.55	6.0	5.5

Table 6: Correlations between intrinsic motives and communication skills in the nurse's role.

Measure	Communication skills in the nurse's role
Intrinsic motives	r=.509, p<.001

Table 7: Mean and distribution measures of three components of nurses' role

Measure	Mean	Standard Deviation	Minimum	Maximum
Communication skills	5.03	3.66	0.3	6.3
Care management skills	5.65	3.05	0.1	6.3
Clinical skills	0.56	1.46	1.3	6.3

Table 8: Mean and distribution measures of the various attitudes toward the importance and necessity of communication skills as part of the nurse's role

Measure	Mean	Standard Deviation	Minimum	Maximum
The importance and necessity of communication skills in the nurse's role	5.06	3.51	0.4	6.3

Figure 4 presents the two main components of communication skills competency (CSC): caring skills (CS) and Emotional Intelligence skills (EIS).

3.3 Integrative Findings

Integrative findings emerging from **Question No. 1:** What motivates Israeli students to choose nursing as a profession?

The research findings yielded two main factors:

- **Intrinsic motives -** Altruism and Self-fulfilment; Personal health experience
- **Extrinsic motives** - Financial security, diversity and interest, flexible work hours Influence of the family and the immediate environment ; The nursing profession as a second choice.

Integrative findings emerging from **Question No. 2**: How do Israeli nursing students perceive the nurses' role?

The research findings indicated that the components of nurses' role include: Cognitive skills; Clinical and technological skills; Communication skills

Integrative findings emerging from **Question No 3**: What is the attitude of Israeli nursing students toward communication skills as part of the nurses' role?

- The nursing student's attitude toward communication skills in nurses' role, as emerged from the research, is that Communication skills are a central and essential component of nurses' role.

Integrative findings emerging from **Question No 4:** Is there a connection between nursing students' socio-demographic characteristics (age, gender, country of origin, study program) and their attitude to communication skills as part of the nurse's role?

- The quantitative findings indicated that the socio-demographic characteristics found to be related to students' attitudes regarding communication skills: age, gender, country of origin and study program.

Integrative findings emerging from **Question No. 5**: To what extent is there a need to develop guidelines for a training program that focuses on nursing students' communication skills competency in light of the patient-centred approach?

- The **qualitative** findings indicated that simulations and role play are a significant practice tool for improving communication skills competency among nursing students especially, before entering the wards for clinical training. They also indicated that it is important for the students to receive a feedback and reflection from a clinical instructor during the clinical process regarding their communication skills assignment
- The **quantitative** research finding indicates that the students are interested in enriching and nurturing their communications skills competency.

4. CONCLUSIONS AND RECOMMENDATIONS

During this era of accelerated technological changes in the health professions, including nursing, and in light of the severe shortage of nurses, it is not possible to prevent the development of robots that can accurately monitor the patient on all the required biometric aspects. The only aspect of the patient where we humans have a clear advantage is the field of interpersonal communication skills.

The role of the nursing education system is to prepare students for future work in a changing reality. Many studies suggest that the nurse's role in its current form may change drastically due to the introduction of robotics and advanced technologies into the field, and it is possible that the traditional nursing profession will become obsolete Hence, it is recommended to better understand students' attitudes regarding communication skills in the nurse's role in order to rethink the training process in general and communication skills in particular, and reconsider the development of CSC among nursing students through the nursing education system in Israel.

This work presents the field of knowledge in communication skills competency (CSC).

On the conceptual level, this research shows that communication skills competency is based on three areas of knowledge: a broad knowledge base, care skills, and emotional intelligence.

The figure below describes the model that emerged from this study: developing communication skills competency (CSC) in nursing students' education process.
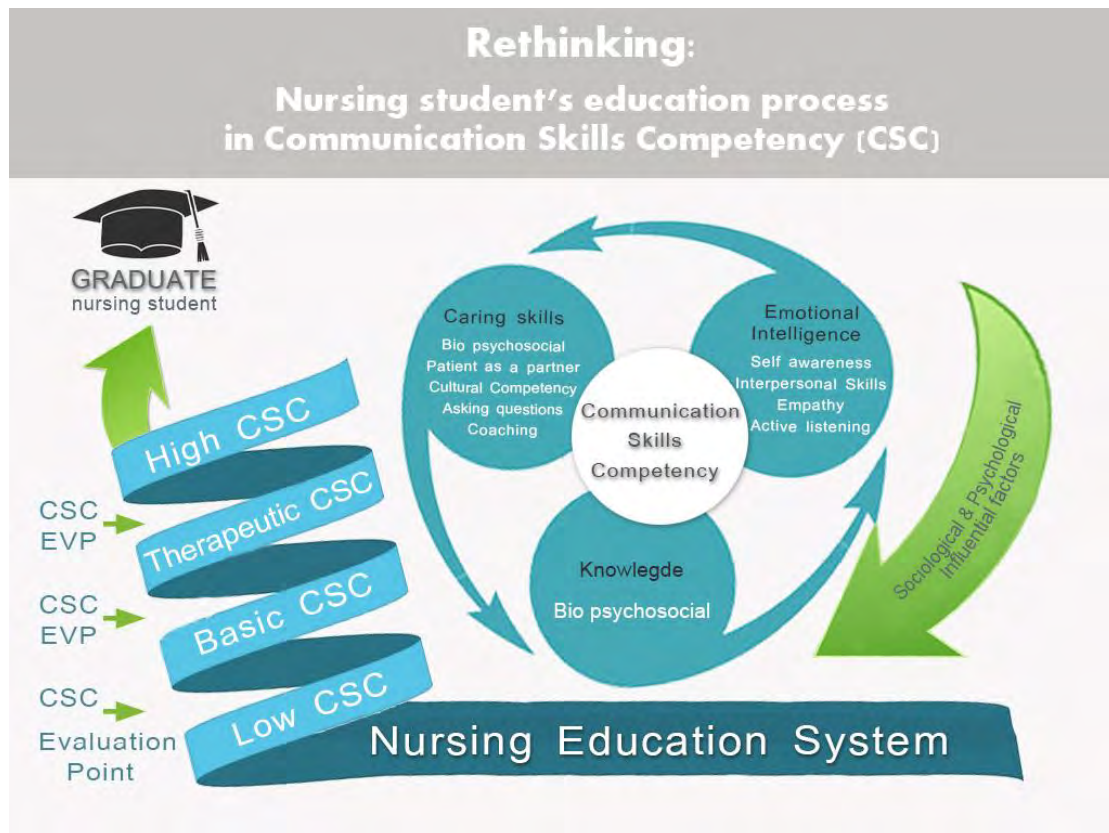

Figure 5: Rethinking the nursing education process: developing communication skills competency (CSC) as part of nurses' role

The figure shows that students' perception of the nurse's role in general and of communication skills in particular is influenced by sociological and psychological factors, such as personality, environment, social status, motivation, values and the need for self-fulfilment. These are acquired as part of the socialization processes in their society and constitute grounds for CSC. The research findings show that students attribute great importance to communication skills in the nurse's role and list many skills under this concept.

Owing to the great importance of communication skills in the nurse's role, the skills were grouped under a comprehensive definition called communication skills competency

(CSC), which has three key factors: emotional intelligence, caring, and the knowledge component that forms the basis of the professional training process.

The research shows that during the course of studies, the nursing education system has a crucial role to play in the content and knowledge of communication skills competency, including caring skills that consist of a holistic approach to patients' bio- psychosocial dimension, regarding them as partners in treatment, cultural competency, question-asking skills as part of the assessment and data collection process, and coaching skills to accomplish treatment goals. Expanding and enhancing emotional intelligence skills, the components of which are self-awareness that forms the basis for the development of a broad role perception, interpersonal communication skills, and the ability to identify and provide empathy in treatment and to actively listen so as to give patients the feeling that they are seen and heard. This work rethinks the process of imparting communication skills during the period of professional nurse training, through a variety of teaching methods and by practicing the competency components from the earliest stages of studies.

4.1 Implications and Practical Recommendations

This research sought to propose a model for the development of communication skills competency among nursing students, to create a balance between the general contents and those taught under the title of nursing skills in the nursing program. The manner in which these skills are presented in the curriculum, reflects their importance and will be reflected in the approaches of the Ministry of Health, the Nursing Administration and the nursing education institutions, beginning with the allocation of teaching hours, a budget for diversifying teaching methods, simulations and role playing. Communication skills should be presented and integrated into the nursing program early on, at the very beginning of nursing studies, as highly important for the nurse's role and as a basis for implementing the person-centred approach, which will contribute to the quality of care, patient satisfaction and safety of treatment.

The patient centred approach is one of the pillars of Israel's health care system, and it entirely relies on nurses' communication skills competency. Therefore, it is important to

develop high level communication skills, first among the system's theoretical and clinical staff, so that they can pass on their worldviews, knowledge and skills required to train students from the beginning of the training process, in order to provide quality treatment and maintain the patient centred approach in the Israeli health care system in the best possible manner. Hence, the practical implications and recommendations emerging from this research are:

4.2 Recommendations for Changing the Nursing Administration's and Education Policy

1. Budget and support for the expansion of instruction methods, and interactive visual means such as high-standard simulated training rooms in nursing education institutions and allocating funds for professional actors to play patients and pose challenges in the area of communication;

2. A change in the mix of instruction contents so that the importance of communication skills will be expressed throughout the curriculum;

3. Adding an assessment of communication skills competency at an increasing complexity level in the students' grade sheets, including evaluation parameters, at several stations during the training period.

4.3 Recommendations for Change in the Nursing Education System

1. Reducing the gap between the school way and the ward way, perceived as a barrier to teaching communication skills competency.

2. Examining perceptions and attitudes among the teaching and clinical instruction staff regarding the development of communication skills competency among nursing students.

3. Building an enrichment program for the teaching staff that will structure students' knowledge of the patient centred approach, influence their worldview regarding communication skills and be presented on the first day of the program as a central and meaningful part of the curriculum.

4. Employing CSC, the training system will adhere to the patient centred approach with nursing students, so that they will later apply this approach to patients and their families.

5. Varying instruction methods in the CSC training, simulating communication skills in the nurse-patient interaction – simulations, role playing, demonstration videos, real life experiences as patients in the wards (pyjamas, stickers, arm-bands, beds).

6. Developing a curriculum for nursing instructors that will serve as a platform for implementing curricula aimed at the soft areas of nursing work, such as emotional intelligence and care - self-awareness, empathy, active listening, seeing the patient as a whole, skills of asking questions - the way of experiential practice.

7. Re-examination of the way students' competency is assessed regarding communication skills. Gradually advancing from multiple-choice questions that do not reflect their competency in applying the patient centred approach to examining competency throughout the entire nursing education period by dealing with communicative situations at an increased level of complexity.

8. Developing a form (Appendix 3) for assessing students' communication skills competency throughout the nurse training period.

   The form will include a list of tasks students will carry out from the beginning of studies and throughout the training process in the various practical experience areas. The form will detail communication skills tasks on a rising level of difficulty throughout the study period under the heading Communication Skills Competency (CSC). An average student begins nursing studies with low qualifications in CS, studies and is trained in the field, increasing his/her CSC level every academic year until reaching a high CSC level. Assessment will be carried out through a number of tasks at increasing difficulty levels in a variety of clinical experiences. Tasks will include data collection and patient interviewing, admitting a patient to the ward, identifying patients' learning needs and guiding patients, performing tasks with a variety of patients such as children of different ages and elderly patients, mental health and communication in emergency situations. During the fourth year of advanced training, the student will experience and practice complex communication situations such as: team work, end of life

situations, delivering bad news, complex patients, coping with conflict and rejected patients. Only at the end of the process will the student be recognized as having high CSC and be recognized as a nursing graduate and a certified nurse.

4.4 Research Limitations

- **Research type limitations** - Qualitative research refers to a limited research population and is therefore valid but not reliable. Quantitative research, on the other hand, relates to a broad research population and is reliable but not valid. These limitations were reduced by combining the two research methods into a Mixed Methods Research (MMR).

- **Research tool limitations** - Interviews constituted the research tool in the first research part. Owing to the fact that the researcher is the participants' lecturer and nursing instructor, the research tool posed a risk of social desirability. In the second research part, the research tools were closed questionnaires distributed among a wider population of nursing students. The limitation of this tool, however, is that closed questionnaires do not allow expansion and explanation of a personal point of view. The combination of the two research tools created a balance and reduced the possibility of bias and research limitations. In addition, experts validated the two research tools.

- **Researcher's position limitation -** Experience and knowledge gained over years of the researcher's service as a nurse and nursing instructor may result in a subjective point of view that may create bias in research. However, the fact that the researcher is employed in the field of nursing education is a significant advantage in this research because knowledge and orientation in the field allow one to know what questions to ask the research participants and to better understand the data collected in the study.

- **Generalizability limitations** – This research used triangulation as a strategy for increasing the ability to be confident in the findings, and so they can be generalized.

4.5 Contribution to Theoretical and Practical Knowledge

- **Theoretical Knowledge**

This research contributes to stimulating a discussion about sociological influences on contemporary nursing students and how this affects their perception of the nurse's role, in light of the patient centred approach.

The contribution to theoretical knowledge in the field of nursing is from the sociological perspective. The contribution was made by developing a CSC model in the field of nursing education, regarding the dimension of communication skills. This model is original and innovative and was developed especially for this work, thus contributing to the body of knowledge.

Another contribution to the theoretical knowledge is the proposal for change in nursing care policy, affecting a change in the perception of the nurse's role, and creating a balance between nurses' role, which includes the technical aspects of the profession and its communication aspects.

A further contribution is the inclusion of CSC in perception of the nurse's role and acknowledging it as a skill that consists of knowledge, developing emotional intelligence and care skills in nursing.

- **Practical Knowledge**

The research provides insights to guide nursing educators to develop training programs that develop and evaluate nursing students communication skills competency (CSC) in light of the patient centred approach

The model in Figure 12, developed through this research, constitutes a contribution to practical knowledge: The model is modular and allows re-positioning of the elements of competency and adding to the competency components according to unique emphases. In other words, through the components offered in the model each nursing education institution can create a CSC curriculum in accordance with its context and needs.

Another contribution to practical knowledge is in the field of nursing education. Teachers and clinical instructors will be capable to teach and train students both theoretically and practically the components of in communication skills competency using the model Figure 12 and the form That proposed in Appendix 3.

An additional contribution to practical knowledge is the development of an assessment tool for evaluating communication skills throughout the training and practical experience period Appendix 3. This tool may constitute a condition for obtaining a license to engage in nursing.

4.5.1 Recommendations for Future Research

Based on these research findings, further research is recommended as followed:

- Research that will engage in the perception of theory teachers and clinical instructors regarding the importance of nursing students' CSC.
- A study of patients', families' and role partners' satisfaction with nurses' communication skills.
- Examination of the need to develop assessment tools for communication skills among nursing students, both by clinical instructors (training system) and by patients and family members (service).
- A study that tracks the CS development from the beginning of studies to the end of the program, while creating assessment points during the period of study.
- Examination of the effectiveness of changing tools for assessing nursing students' communication skills competency from a multiple-choice test and written work to assessing students' competency through simulations, and a skills assessment form that will accompany students from the beginning of the clinical experience and will constitute a condition for obtaining a license to engage in nursing, similar to the requirement to implement clinical skills.

REFERENCES

Abdellah, F. G. (1960). *Patient-Centered Approaches to Nursing*. New York: Macmillan Publishing Co., Inc., pp. 24-25.

Abdellah, F. G., & Bailey, J. T. (1973). *New Directions in Patient-Centered Nursing: Guidelines for Systems of Service, Education, and Research*. New York: Macmillan Publishing Co., Inc., p. 19.

American Nurses Association (2004). *Nursing: Scope and Standards of Practice*. Washington, DC. Nursesbooks.org.

American Nurses Association (2010). *Nursing: Scope and Standards of Practice*. Maryland, USA: American Nurses Association.

Berger, P. L., & Luckmann, T. (1972). *The Social Construction of Reality.* London: Penguin Books.

Biddle, B. J., & Thomas, E. J. (1966*). Role Theory: Concept and Research*. New York :Wiley and Sons.

Billson, J. M., & Huber, B. J. (1993). *Embarking upon a Career with an Undergraduate Degree in Sociology*. American Sociological Association.

Birnbaum, M. (1993). *Who Is Afraid of Research? Planning and Writing a Research Proposal and Research Report in Behavioral Science*. Tel Aviv: Mofet Institute (In Hebrew)

Brereton, M. L. (1995). Communication in nursing: the theory-practice relationship. *Journal of Advanced Nursing*, 21(2), 314-324.

Broom, L. T., Selznick, P., & Broom, D. (1984). *Principles of Sociology*. Tel Aviv: Cherikover (In Hebrew)

Cooley, C. H. (1902). The looking-glass self. In *The Production of Reality: Essays and Readings on Social Interaction* (pp. 179-185). New York: Scribner.

Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and Conducting Mixed Methods Research* (2nd ed.). Thousand Oaks, CA: Sage.

Creswell, J. W. (2014). *Research Design: Qualitative Quantitative and Mixed Methods Approaches.* Los Angeles, CA: Sage.

Crotty, M. (1998). *The Foundations of Social Research: Meaning and Perspective in the Research Process*. Sage.

El-Sayed, A. S. Z., & Mousa, M. A. E. G. A. (2015). *The Impact of Cooperative Learning in Teaching Communication Skills for Psychiatric Nursing Students*. ISRIS Publishing, retrieved from: http://dergipark.gov.tr/download/article-file/331356

Engel, G. L. (1980). The clinical application of the biopsychosocial model. *American Journal of Psychiatry*, 137(5), 535-544.

Folta, J. R., & Deck, E. S. (Eds.) (1966). *A Sociological Framework for Patient Care*. New York: Wiley.
Georgi, A. (2009). *The Descriptive Phenomenological Method in Psychology: A Modified Husserlian Approach.* Pittsburg, PA: Duquesne University Press.

Hall, L. (1964). Nursing - what is it? *The Canadian Nurse*, 60(1), 150-154.

Halter, M. J., Varcarolis, E. M., & Shoemaker, N. C. (2010). Anxiety and anxiety disorders. In: *Foundations of Psychiatric Mental Health Nursing: A Clinical Approach* (pp. 212-245).
Henderson, V. (1966). *The Nature of Nursing*. Tel Aviv: Am Oved (In Hebrew)

Ito, M., & Lambert, V. A. (2002). Communication effectiveness of nurses working in a variety of settings within one large university teaching hospital in western Japan. *Nursing & Health Sciences*, 4(4), 149-153.

Kutzin, J. M. (2010). *Communication and Teamwork Focused Simulation-Based Education for Nursing Students*. Doctor of Nursing Practice (DNP) Capstone Projects, School of Nursing, University of Massachusetts Amherst. Retrieved January 3, 2015, from http://scholarworks.umass.edu/cgi/viewcontent.cgi/article=1003&context=nursing_dnp_capstone.pdf.

Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. *The Sage Handbook of Qualitative Research*, 4, 97-128.

Lortie, D. (1975). *School Teacher: A Sociological Perspective*. Chicago, IL: University of Chicago.

Mason, T., & Mason-Whitehead, E. (2003). *Thinking Nursing: A Common Foundation Text*. UK: McGraw-Hill Education.

MacLeod-Clark, J. C., & Hockey, L. (1979). *Research for Nursing: a Guide for the Enquiring Nurse*. Wiley Heyden.

Mead, N., & Bower, P. (2000). Patient centeredness: a conceptual framework and review of the empirical literature. *Social Science & Medicine*, 51(7), 1087-1110.

Mertens, D. M. (2014). *Research and Evaluation in Education and Psychology: Integrating Diversity with Quantitative, Qualitative, and Mixed Methods*. London: Sage Publications.

Meyer, J. (1986). The self and the life course: institutionalization and its effects. In: A. B. Sorensen, F. E. Weinert & L. R. Sherrod (Eds.), *Human Development and the Life Course: Multidisciplinary Perspectives* (pp. 199-216). Hillsdale, NJ: Lawrence Erlbaum.

Ministry of Health (2017). *Nursing Administration Work Plan*. Jerusalem.

Moustakas, C. (1994). *Phenomenological Research Methods*. Thousand Oaks, CA: Sage.

Moran, A., McClune, B., Kilpatrick, R., Dallat, J., & Abbott, L. (2001). Training to teach: motivating factors and implications for recruitment. *Evaluation & Research in Education*, 15(1), 17-32.

Nightingale, F. (1860). *Notes on Nursing: What It Is and What It Is Not*. New York: Appleton and Company (First American Edition).

Peplau, H. (1952). *Interpersonal Relations in Nursing*. New York: G.P. Putnam & Sons.

Potter, P. A, Perry, A. G, Stockert, P. A., & Hall (2013). *Fundamentals of Nursing*. St. Louis: Mosby, Elsevier Health Sciences.

Rogers, C. (1946). Significant aspects of patient-centered therapy. *American Psychology*, 1, 415-422.

Serow, R. C. (1993). Why teach? Altruism and career choice among nontraditional recruits to teaching. *Journal of Research and Development in Education*, 26(4), 197-204.

Shlasky, S., & Alpert, B. (2007). *Ways of Writing a Qualitative Research - Dismantling Reality Structuring Text*. Tel Aviv: Mofet.

Spittle, M., Jackson, K., & Meghan, C. (2009). Applying self-determination theory to understand the motivat,ion for becoming a physical education teacher. *Teaching and Teacher Education: An International Journal of Research and Studies*, 25(1), 190-197.

Watts, R., & Gardner, H. (2005). Nurses' perceptions of discharge planning. *Nursing & Health Sciences*, 7(3), 175-183.

Wilson, A., & Startup, R. (1991). Nurse socialization: issues and problems. *Journal of Advanced Nursing*, 16(12), 1478-1486.

Wloszczak-Szubzda, A., & Jarosz, M. J. (2012). Professional communication competences of nurses. *Annals of Agricultural and Environmental Medicine*, 19(3), 601–607.