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Knowledge, Attitude and Practice Regarding Therapeutic Communication among Nursing Students in A Selected College, Mangaluru.

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ABSTRACT:

Background of the study: Communication is an important quality of an efficient nurse. Nursing care is not only confirmed with gaining knowledge but it also includes a therapeutic attitude and practice through exchange of information, care and warmth. The base of medical care given for a patient is on the information gained by a nurse. Only through therapeutic communication techniques and skills we can give a productive care. Despite of such clinical effects, the knowledge, attitude and practice regarding therapeutic communication among nursing students are not well addressed particularly, therefore the main objective of the study was to assess this among nursing students. The other objectives included association between knowledge, attitude and practice and selected socio-demographic variables, which was based on certain hypothesis by the researchers. Simple random technique was used for sample selection and data collection was done through self structured knowledge questionnaire and other standardized tools. The results revealed that 95.6% had good knowledge, 95.1% had positive attitude and 86.9% sample were practicing therapeutic skills always.

Conclusion: The study revealed that 95.6% are having good knowledge, 3.3% are having average knowledge and 1.1% is having poor knowledge regarding therapeutic communication. It also revealed that 95.1% are having positive attitude and 86.9% practices therapeutic communication skills always. But still the practice has to be improved according to knowledge level as the students nurses are future nurses. So that we can provide service to world better.

Keywords: Knowledge, attitude, practice, therapeutic communication.

INTRODUCTION

In every nursing activity, effective communication is essential and is accomplished by using a variety of strategies. It helps in the application of particular techniques that promotes in patient's expression of emotions and ideas as well as acceptance. By demonstrating warmth, respect, and empathy during therapeutic conversation, patients can develop positive relationships with their care givers.1 Communication is the skill required in every field which helps us to communicate our feelings emotions to the other people. Communication is the activity of conveying information. The word communication

has been derived from the Latin word ‘communis’, which means ‘to share’. It basically involves a sender, a message and a receiver. Communication is usually a two-way process. It helps the patient to overcome the problems in coping with the treatment, to learn their responsibilities and helps in recovery, as well to follow the treatment plan.2 Communication is a continuous and dynamic process involving more than one person. It is a crucial component of nursing practice and plays a vital role in providing efficient and appropriate nursing care. It has become clear that the contemporary nursing philosophy holds the negotiation and communication as essential ideas for the delivery of high quality care. Communication skill training has improved its flow in healthcare. It has improved the accountability, confidentiality, trust, broad opening, also critical analysis and decision making skills too. It has also helped in gaining good feedback and providing education to patient.

Use of therapeutic communication or professional communication is directed towards the patient’s recovery. The use of therapeutic communication techniques is a form of skill that the nurses must continuously practice. They must also consider the patient with whom they will be interacting; for example, different communication strategies will be used when speaking with children, adolescents, elderly patients, patients in psychiatric settings, and patients who are at the end of their lives. Nurse’s will be able to build mutual trust with their patients It is a way to explore the patient and identify his/her needs and issues to promote health not only in physically or mentally but also in holistic manner.

Health care workers should assess the situation where they are planning to communicate, in order to attain the communication goal.6 Communication is meant to be the imparting or exchanging of information by speaking, writing or using some other medium. As part of their professional learning, student nurses must comprehend several communication styles in order to cope with a variety of situations. Clinical communication skills cover all forms of communication with patients, their families, and all other healthcare professionals. The treatment communication strategies include offering patients information, encouragement, hope, and assistance in reducing their worries. As a result, the standard of comfort and basics of care is based on point of view of health care personnel .

Need of the study

Effective communication and compassion can aid patients in recovering from serious illness. Understanding the patient’s needs and expectations is the first step in providing compassionate nursing care. The three pillars of enhancing communication with the patient are making the patient first priority, listening without interruption and assertiveness in speech. It is found that connection between the nurse, patient and communication are very crucial. Therapeutic communication is a tool for providing holistic and patient centered care through respecting boundaries and empathy. Communication between nursing student and patient helps patient to cope with problems and unchangeable conditions it considers as therapeutic communication. Effective rapport with the patient, not only reveals a person’s identity, but also their knowledge, ideas and feelings. It also involves time management, active listening, and trust. Additionally, it demonstrates empathy, verbalizes sentiments, provides a sense of care, effectively communicates concepts, and does much more. 7 Therefore our interest in this topic is very high. Because nursing students are the future nurses, who are accompanying the patients in the future. They should be able to understand the patient’s spoken and unspoken words, through therapeutic skills. Only 2.3% of studies have been conducted regarding therapeutic communication among nursing students, so we thought this study is relevant. Studies found poor communication in staff is due to less practice of therapeutic skills. These techniques will also help to convey particular things with patient parties and increase the outcome

of treatment. This makes patients to express more about their needs, as well as their welfare in terms of the body, mind, and spirit. The outcome of this study will help the students also to improve their level of wisdom, behavior and practice for better quality care and in identifying the reasons why therapeutic communication fails. Intelligent communication skills can also reduce the chances of therapeutic impasses. It helps to prevent transference, counter transference, boundary violations etc. It helps the patient to understand himself and find his blind and hidden self. This will further help in increasing self-esteem and self-acceptance.

Objectives of the study

- To assess knowledge on therapeutic communication among nursing students.
- To assess attitude on therapeutic communication among nursing students.
- To assess practice on therapeutic communication among nursing students.
- To find the association between knowledge and the selected socio- demographic variables.
- To find the association between attitude and the selected socio- demographic variables.
- To find the association between practice and the selected socio- demographic variables.

Hypothesis

H_1: There will be significant association between knowledge on therapeutic communication and selected socio-demographic variables.

H_2: There will be significant association between attitude on therapeutic communication and selected socio-demographic variables.

H_3: There will be significant association between practice on therapeutic communication and selected socio-demographic variables.

MATERIALS AND METHODS:

Methodology

Research design

Descriptive research design

Population

In this study population comprises of unregistered student nurses of 1st semester, 2nd, 3rd and 4th year Bsc nursing in a selected college in Mangaluru.

Setting of the study

The present study was conducted in Father Muller College of Nursing, Kankanady, Mangaluru.

Sample size and sampling technique:

In this study, the sample size comprised of 183 nursing students of 1st semester, 2nd, 3rd and 4th Bsc nursing students in a selected college in Mangaluru. Probability simple random sampling was used for the study.

Sampling Criteria

Inclusion criteria

- BSc Nursing students aged between 18 to 24 years.
- Both male and female students.

Exclusion criteria

- Those who are not willing for the study.
- Students below 18 and above the age of 24 years.

- Those who were not present at the time of data collection.

Instruments

Tool 1: The baseline proforma contains 6 items.

Tool 2: Structured knowledge questionnaire.

Tool 3: Communication skill attitude scale

Tool 4: Global Interprofessional therapeutic communication scale.

Tool 1: Socio demographic proforma

It includes the details like age, gender, year of study, place of stay, place of residence and The number of training sessions attended on therapeutic communication. The subjects were instructed to select the offered applicable choice.

Tool 2: Structured knowledge questionnaire

There are 21 items in this section. The items were created as Knowledge questionnaire with three to four alternatives. Each correct answers are marked as 1 and the wrong answers are marked as 0.

Tool 3: Communication skill attitude scale

There are 26 items in this section. The items were created as rating scale with 5 alternatives that are strongly agree, agree, neutral, disagree and strongly disagree. There are 2 sub scales in CSA scale each of the two sub scales consists of 13 items, the Positive Attitude Scale (PAS) and the Negative Attitude Scale (NAS). Items are rated on a Likert-type scale ranging from 1 (strongly disagree) to5 (strongly agree). By adding scores of items 4,5,7,9,10,12,14,16,18,21,23,25 and reversed score of 22, positive attitude scale will be obtained. NAS, on the other hand, will be measured by adding the scales of items 2,3,6,8,11,13,15,17,19,20,24,26 and reverse score of item 1. Both scales range from 13 to 65, and higher scores in both represent stronger positive or negative attitudes.

Tool 4: Global Interprofessional therapeutic communication scale

There are 28 statements in this section. First 1-6 statements are regarding setting of stage, 7-9 are regarding building trust, 9-15 regarding active communication, 16 -22 regarding communication skills, 23- 25 on patient Centeredness and 26-28 on potential barriers.

The calculation for an average score is determined by adding the sum total of all the answered questions (those that are not relevant, not applicable, are worth only zero, thus not counted) and divide by the number of answered questions to get a number between 1 and 5.

1. Never: does not happen while is expected
2. Rarely: happens once while always expected (1 out of 5 times)
3. Sometimes: happens more than once but not consistently (2 out of 5 times)
4. Usually: happens most of the time (3 out of 5 times)
5. Always: Consistently dose the behavior as expected

The maximum score obtained can be 140 and minimum is 28. The reverse scored items are 26,27 and 28.

Validity and reliability of instruments

Validity

The tool wad validated by 6 experts from nursing profession. The score content validity index of socio demographic proforma was 0.92 and for self-structured knowledge questionnaire it was 0. 91. The tools were modified based on the comments of the experts.

Reliability

The reliability of the tool was checked using the Cronbach's Alpha formula. The reliability of the tools

was found above the minimum level. The reliability of self-structured knowledge questionnaire was 0.92. So it was considered to be reliable. The reliability of standardized tools like CSAS scale was 0.997 and that of GITCS was 0.993. Therefore, the tools were reliable for the study.

Data collection procedure

Data collection is process of collecting information which is required to solve the specific problem. In the present study instruments used for data collection were, self-structured questionnaire and other standardized tool. To perform the study, prior approval from the authorities was taken. Based on inclusion and exclusion criteria, the samples were chosen from selected nursing college.

Simple random method was used for selection of samples. The investigators introduced themselves and went over the goals of the study with participants. The participants of study were assured regarding confidentiality and were asked for their written agreement. During data collection, samples were given the tools like Socio demographic proforma, self-structured knowledge questionnaire, CSAS scale and GITCS scale. They took almost 25-30 minutes to fill it.

Data analysis method including statistical tests

The process of organizing and synthesizing data in order to respond to research questions and test hypothesis uses statistical techniques to give the data context. The master sheet would be filled out with data. For data analysis, descriptive and inferential statistics would be used. The data analysis is performed as indicated below.

Section 1: Descriptive statistics, including frequency and percentage, tables, and figures, are used to describe the subject's socio-demographic characteristics.

Section 2: Using the inferential statistics Chi Square test and Fisher's exact test. This section examines the association between the knowledge, attitude and practice and the chosen socio- demographic variables.

RESULT

The process of arranging and synthesizing the data so that the hypothesis can be tested and the research questions can be addressed is known as analysis. The process of analyzing data entails putting the facts gathered during research into understandable and practical words and applying statistical techniques to derive conclusions. In order to determine the level of anxiety among young people, data from 183 subjects were analyzed and interpreted in this chapter. Based on the goals and hypothesis developed for the study, the data is collated, analyzed and interpreted using descriptive and inferential statistics.

Organization of the findings:

The information gathered was arranged and presented using the following headings:

- Part 1: Socio-demographic data of samples
- Part 2: Assessment of knowledge regarding therapeutic communication
- Part 3: Assessment of attitude regarding therapeutic communication
- Part 4: Assessment of Practice regarding therapeutic communication
- Part 5: Association between knowledge and socio-demographic factors
- Part 6: Association between attitude and socio-demographic factors
- Part 7: Association between practice and socio-demographic factors

SECTION 1

Simple random technique was used to choose a sample of 183 nursing students.

Table 1 and figure 1-7, exhibits the result of analysis of socio-demographic data using descriptive statistics.

Table 1: Frequency and percentage distribution of sample characteristics- nursing student.

SI.No	Variables	Frequency	Percentage(%)
1	Age in years		
	18	9	4.9
	19	22	12.0
	20	58	31.7
	21	45	24.6
	22	33	18.0
	23	13	7.1
	24	3	1.6
2	Gender		
	Female	156	85.2
	Male	27	14.8
3	Year of study		
	2nd semester	36	19.7
	2nd year	54	29.5
	3rd year	47	25.7
	4th year	46	25.1
4	Place of stay		
	Hostel/ PG	122	66.7
	Home	61	33.3
5	Place of residence		
	Rural	74	40.4
	Urban	109	59.6
6	Have you attended any sessions or training programs on therapeutic communication?		
	Yes	138	75.4
	No	45	24.6
7.	If yes, how many sessions attended?		
	0	44	24.0
	1-3	106	57.9
	More than 3	33	18.0

Figures 1 to 7 show the sample characteristics from table 1 in graphical form

AGE OF PARTICIPANTS

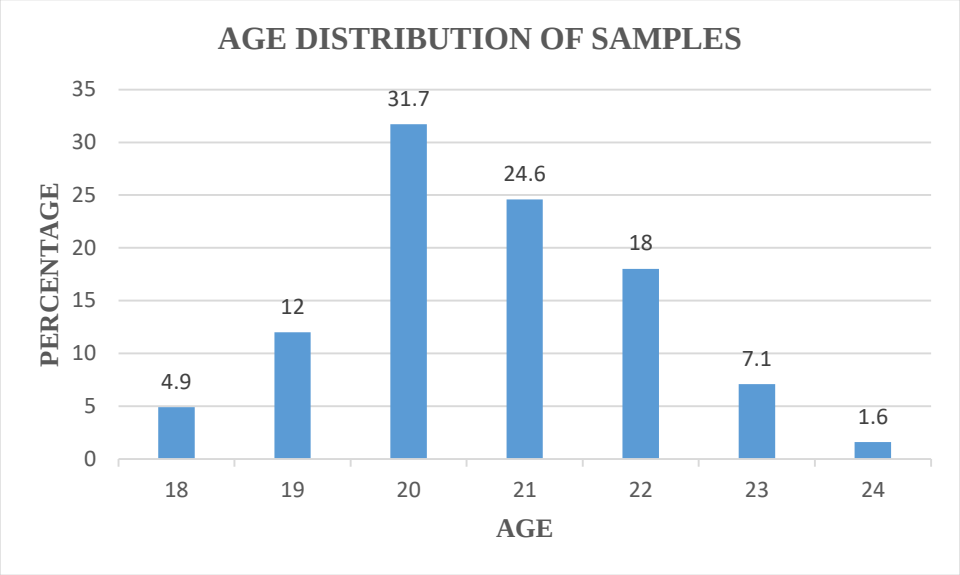

FIGURE 1: The above bar graph and table 1 displaying the samples age distribution.

According to data from Table 1 and Figure 1, 4.9% were 18 years old, 12% were 19 years old, 31.7% were 20 years old, 24.6% were 21 years old, 18% were 22 years old, 7.1% were 23 years old and 1.6% were 24 years old.

GENDER OF PARTICIPANTS

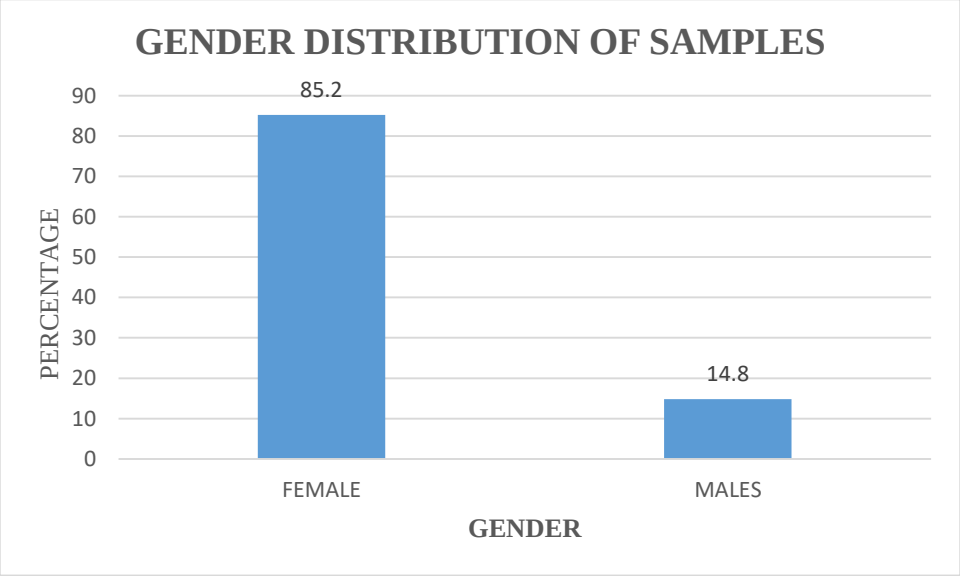

FIGURE 2: The above bar graph and table 1 displaying samples gender distribution.

According to data from Table 1 and Figure 2, 85.2% of samples were females and 14.8% were males.

YEAR OF STUDY OF PARTICIPANTS

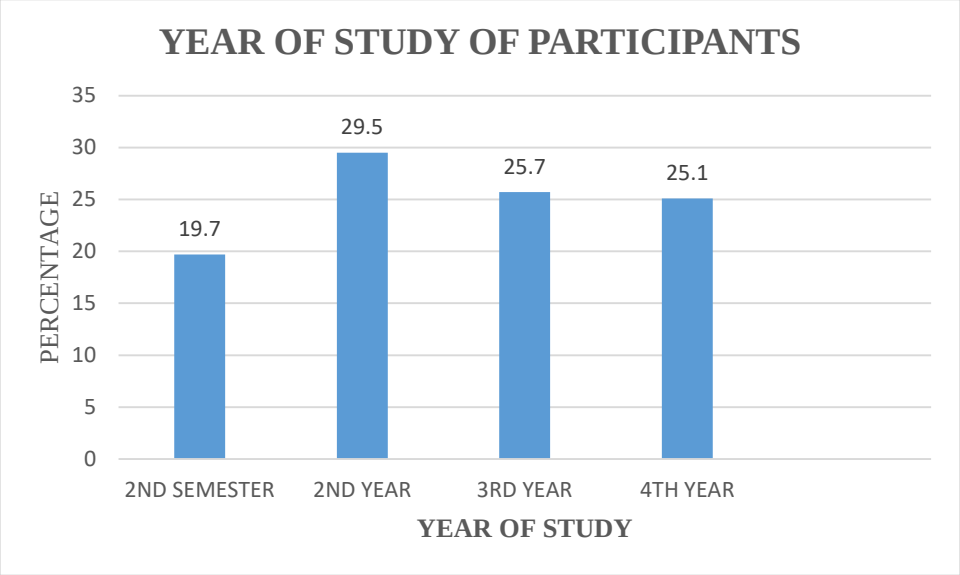

FIGURE 3: The above bar graph displaying distribution of samples year of study

According to data from Table 1 and Figure 3, 19.7% were 2nd semester students, 29.5% were 2nd year students, 25.7% were 3rd year students and 25.1% were 4th year students.

PLACE OF STAY OF PARTICIPANTS

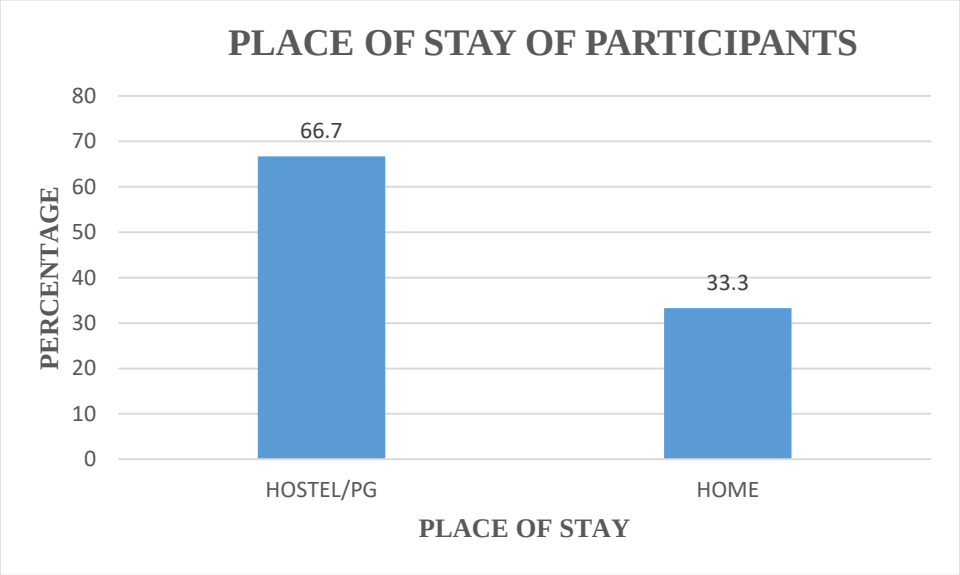

FIGURE 4: The above bar graph and table 1 displaying distribution of place of stay of samples.

According to data from Table 1 and figure 4, 66.7% of samples are staying at hostel and 33.3% at their home.

PLACE OF RESIDENCE OF PARTICIPANTS

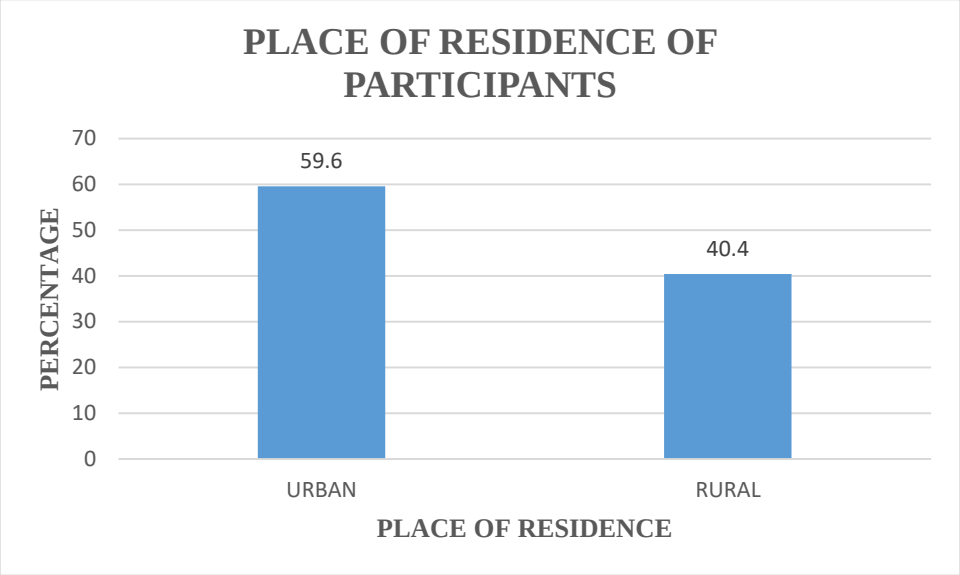

FIGURE 5: The above bar graph and table 1 showing the distribution of place of residence of participants. According to data from Table 1 and figure 5, 59.6% are from urban areas and 40.4% are from rural areas.

HAVE YOU ATTENDED ANY SESSIONS REGARDING THERAPEUTIC COMMUNICATION?

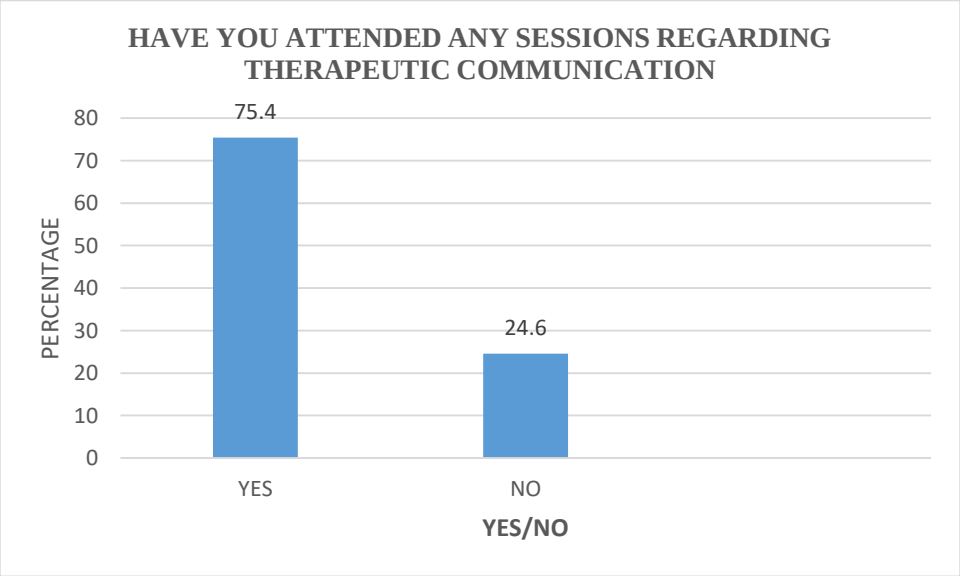

FIGURE 6: The above bar graph and table 1 displaying number of people who have attended sessions previously regarding therapeutic communication and not.
According to data from Table 1 and figure 6, 75.4% have responded as yes and 24.6% as No.

IF YES, HOW MANY SESSIONS ATTENDED?

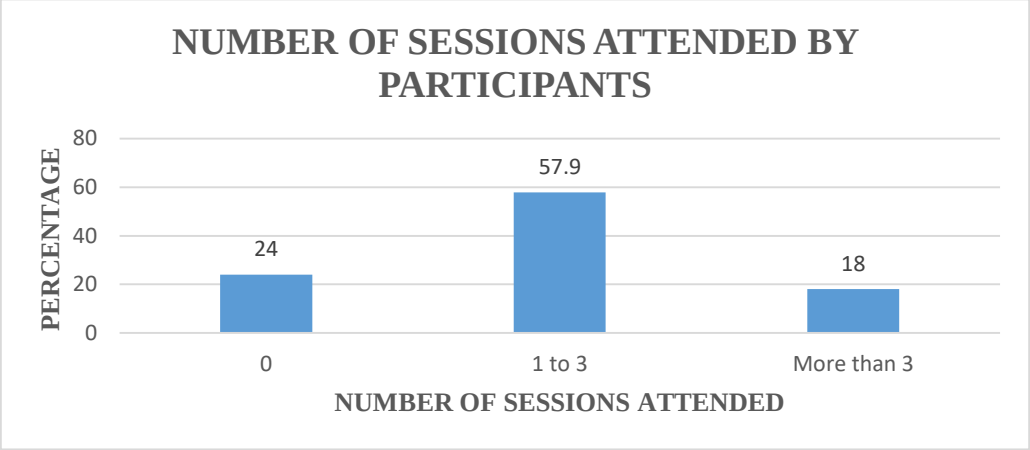

FIGURE 7: The above bar graph and table 1 displaying number of sessions attended by samples regarding therapeutic communication.

According to data from Table no 1 and figure 7, 24%have attended 0 sessions, 57.9% have attended 1-3 sessions and 18% have attended more than 3 sessions.

SECTION 2

The knowledge of nursing students regarding therapeutic communication was assessed by self-structured knowledge questionnaire.

Descriptive Statistics were applied for the data analysis.

The knowledge of nursing students is assessed and are shown in table 2 and figure 8.

Table 2: Frequency and percentage distribution of knowledge

Level of knowledge	Range	Frequency	Percentage
Good	15-21	175	95.6
Average	8-14	6	3.3
Poor	0-7	2	1.1

ASSESSMENT OF KNOWLEDGE USING SELF STRUCTURED KNOWLEDGE QUESTIONNAIRE

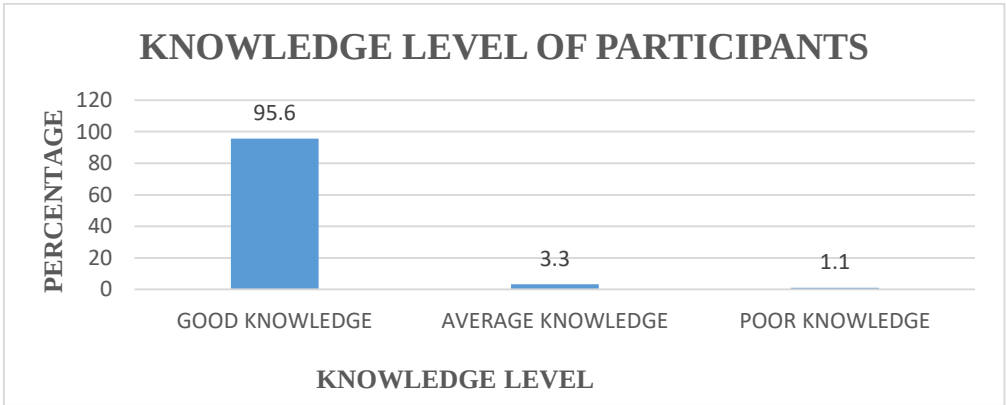

FIGURE 8: The above bar graph and table 2 showing the knowledge level of nursing student, regarding therapeutic communication.

According to data from table 2 and figure 8, 95.6% is having good knowledge, 3.3%is having average knowledge and 1.1% is having poor knowledge regarding therapeutic communication among nursing students.

SECTION 3

The attitude of nursing students regarding therapeutic communication was assessed by CSAS scale. (Communication Skill Attitude Scale)

Descriptive Statistics were applied for data analysis.

The attitude of nursing students is shown in table 3 and figure 9.

Table 3: Frequency and percentage distribution of attitude

Attitude	Range	Frequency	Percentage
Positive	66-130	174	95.1
Negative	0-65	9	4.9

ASSESSMENT OF ATTITUDE USING COMMUNICATION SKILL ATTITUDE SCALE

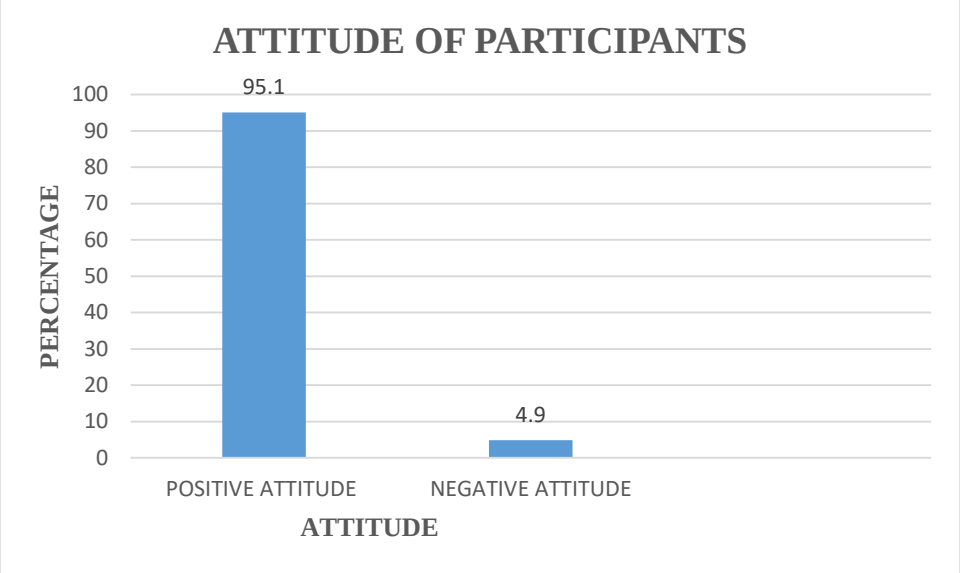

FIGURE 9: The above bar graph and table 3 showing the attitude of nursing students regarding therapeutic communication.

According to data from table 3 and figure 9, 95.1% have positive attitude towards therapeutic communication and 4.9% have a negative attitude.

SECTION 4

The practice of nursing students regarding therapeutic communication was assessed by GITCS scale. (Global Inter-Professional Therapeutic Communication Scale) Descriptive Statistics were applied for data analysis. The attitude of nursing students is shown in table 4 and figure 10.

Table 4: Frequency and percentage distribution of practice

Practice	Range	Frequency	Percentage
Always	113-140	159	86.9
Usually	85-112	5	2.7
Sometimes	57-84	13	7.1
Rarely	27-56	6	3.3
Never	0-28	0	0

ASSESSMENT OF PRACTICE USING GLOBAL INTER-PROFESSIONAL THERAPEUTIC COMMUNICATION SCALE

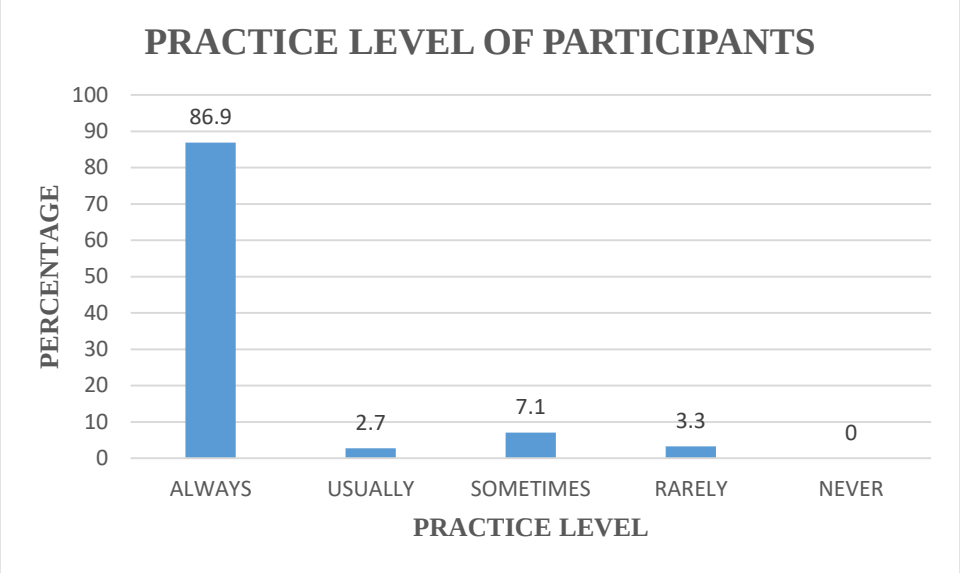

FIGURE 10: The above bar graph and table 4 showing the level of practice of nursing students regarding therapeutic communication.

According to data from table 4 and figure 10, 86.9% are practicing it always, 2.7%practice usually, 7.1% practices sometimes and 3.3 practices rarely. There is no response for the option 'never'

SECTION 5

THE ASSOCIATION BETWEEN KNOWLEDGE AND SOCIO-DEMOGRAPHIC DATA

This section deals with the association between knowledge regarding therapeutic communication with the selected socio demographic variables.

To test the association between the knowledge of therapeutic communication with the selected demographic variables of nursing students the following hypothesis was formulated.

H_1: There will be significant association between knowledge on therapeutic communication and selected socio demographic variables.

Table 5: Association between knowledge and socio-demographic variables

SI.No	Variables	P value
1	Age	0.681
2	Gender	0.306
3	Year of study	0.027

4	Place of stay	0.58
5	Place of residence	1
6	Whether attended sessions	0.625
7	Number of sessions attended	0.625

Fisher's exact test was done and values were computed and presented in table 5. The mean was 20.30, the median was 21.00 and standard deviation was 2.382.

The data presented in table 5 reveals that the Fisher's exact P value of age in years is 0.681, gender is 0.306, year of study is 0.027, place of stay is 0.58, place of residence is 1, whether attended sessions is 0.625 and of number of sessions attended is 0.625. Hence, there is significant association of knowledge with year of study. There is no association of knowledge regarding therapeutic communication between age and gender of participants, their place of stay and residence and the number of sessions they have attended previously regarding therapeutic communication.

SECTION 6

THE ASSOCIATION BETWEEN ATTITUDE AND SOCIO-DEMOGRAPHIC DATA

This section deals with the association between attitude towards therapeutic communication with the selected socio demographic variables.

To test the association between the attitude towards therapeutic communication with the selected demographic variables of nursing students the following hypothesis was formulated.

H_2: There will be significant association between attitude towards therapeutic communication and selected socio demographic variables.

Fisher's exact test was done and values were computed and presented in table 6. The mean was 126.33, the median was 130.00 and standard deviation was 16.203.

Table 6: Association between attitude and socio-demographic variables

SI.No	Variables	P value
1	Age	0
2	Gender	0.360
3	Year of study	0
4	Place of stay	0
5	Place of residence	0.86
6	Whether attended sessions	0.008
7	Number of sessions attended	0.007

The data presented in table 6 reveals that the fisher's exact P value of age in years is 0.001, gender is 0.360, year of study is 0.001, place of stay is 0.001, place of residence is 0.86, whether attended sessions is 0.008 and of number of sessions attended is 0.007. Hence, there is significant association between attitude and age of participants, their year of study and place of stay. It was inferred that there was no significant association between the attitude towards therapeutic communication and demographic variables like, gender of participants, their place of residence, whether attended sessions and number of sessions attended.

SECTION 7

THE ASSOCIATION BETWEEN PRACTICE AND SOCIO-DEMOGRAPHIC DATA

This section deals with the association between practice regarding therapeutic communication with the selected socio demographic variables.

To test the association between the practice of therapeutic communication with the selected demographic variables of nursing students the following hypothesis was formulated.

H_3: There will be significant association between practice on therapeutic communication and selected socio demographic variables.

Fisher's exact test was done and values were computed and presented in table 7. The mean was 130.91, the median was 140.00 and standard deviation was 24.297.

Table 7: Association between practice and socio-demographic variables

SI.No	Variables	P value
1	Age	0.005
2	Gender	0.137
3	Year of study	0
4	Place of stay	0
5	Place of residence	0
6	Whether attended sessions	0.001
7	Number of sessions attended	0.010

The data presented in table 7 reveals that the fisher's exact P value of age in years is 0.005, gender is 0.137, year of study is 0.001, place of stay is 0.001, place of residence is 0.001, whether attended sessions is 0.001 and of number of sessions attended is 0.010. It was inferred that there was significant association between the practice regarding therapeutic communication and selected demographic variables like age of participants, their year of study, their place of stay and residence, whether attended sessions previously and number of sessions attended. There is no association of practice regarding therapeutic communication with gender of participants.

DISCUSSION

This chapter deals with the major findings of this study and compares the same with the other studies. The aim of the study is to assess knowledge, attitude and practice regarding therapeutic communication among the nursing students. The findings of the study are discussed with reference to its objective and hypothesis.

Section 1: Socio-demographic characteristics of the participants

- **Age of the nursing students**

The present study shows majority 31.7% of the subjects belong to the age group of 20 years, 4.9% belong to the age group 18 years, 12.0% belong to age group 19, 24.6% belong to age group 21, 18.0% belong to age group 22, 7.9% belong to the age group 23 and 1.6% belong to the age group 24.

- **Gender of the participants**

The present study shows that the majority 85.2% represents female category and 14.8% belongs to the male category.

- **Year of the study**

The present study shows that the majority 29.5% belongs to 2nd year, 19.7% belongs to 2nd semester, 25.7% belongs to 3rd year and 25.1% belongs to 4th year.

- **Place of stay**

The present study shows that 66.7% of the participants are from hostel and 33.3% are from home.

- **Place of residence**

The present study depicts that 59.6% are belonging to urban area and 40.4% belongs to rural area.

- **Sessions attended**

The present study reveals that majority 75.4% has attended sessions regarding therapeutic communication and 24.6% shows that they have not attended any sessions prior.

- **If yes, how many sessions**

The present study reveals that majority 57.9% have attended sessions which vary between 1-3, 18.0% shows that the number of sessions attended more than 3 and 24.0% shows that they have not attended any sessions.

Section 2: Assessment of the knowledge regarding therapeutic communication

A self-structured knowledge questionnaire was used to assess the knowledge of therapeutic communication among nursing students. The data was analyzed using descriptive statistics. The study consists of 183 samples from selected college in Mangaluru.

The descriptive study was conducted to assess the knowledge regarding therapeutic communication among nursing students in a selected college in Mangaluru. The study revealed that 95.6% are having good knowledge, 3.3% are having average knowledge and 1.1% is having poor knowledge regarding therapeutic communication.

In the previous study which was conducted in 2021 at Chennai, there was only 19% had good knowledge out of 100 samples.[6] A cross sectional study conducted at Oromia in 2016 revealed that only 83.3% had very good knowledge.[4]

Section 3: Assessment of the attitude regarding therapeutic communication

A standardized likert scale (CSAS- Communication skill attitude scale) was used to assess the attitude of the nursing students regarding therapeutic communication. It consists of 26 items with 5 options: strongly disagree, disagree, neutral, agree and strongly agree. The study depicts that 95.1% are having positive attitude and 4.9% are having negative attitude.

In previous study conducted at Oromia in 2016 only 70% had positive attitude.[4] Another cross sectional study conducted at Esfahan University in 2016, only 72.2% we're having positive attitude.[15]

Section 4: Assessment of the practice regarding therapeutic communication

A standardized tool (GITCS- Global inter-professional therapeutic communication scale) was used to assess the practice of nursing students regarding therapeutic communication. It consists of 28 questions with 5 options: Always, usually, sometimes, rarely and never. This study reveals that 86.9% practices always, 2.7% practices usually, 7.1% practices sometimes, 3.3% practices rarely and there are no responses for never.

In previous study conducted at Oromia in 2016 it was only 75.8% we're utilizing therapeutic communication skills.[4] A descriptive study conducted on 2013 with 68 samples at 98.5% are applying

high level therapeutic communication.[16]

Section 5: Association between knowledge and socio-demographic variable

This section deals with the association between knowledge regarding therapeutic communication and selected socio-demographic variables. To test the association a hypothesis was formulated-

H_1: There will be significant association between knowledge regarding therapeutic communication and selected socio-demographic variables.

Fisher's exact test depicted the P value of the socio-demographic variables. There was significant association of knowledge with year of study. There was no association of knowledge regarding therapeutic communication with socio- demographic variables like age and gender of participants, their place of stay and residence and number of sessions they have attended previously regarding therapeutic communication.

According to the previous study conducted at Oromia in 2016, there were association of factors like number of sessions attended previously regarding therapeutic communication and work overload of the subjects taken for study.[4]

Section 6: Association between attitude and socio-demographic variable

This section deals with the association between attitude towards therapeutic communication and selected socio-demographic variables. To test the association a hypothesis was formulated-

H_2: There will be significant association between attitude towards therapeutic communication and selected socio-demographic variables.

Fisher's exact test depicted the P value of the socio-demographic variables. There was significant association of attitude with age of participants, their year of study and place of stay. There was no association of attitude towards therapeutic communication with socio-demographic variables like gender of participants, their place of residence and number of sessions they have attended previously regarding therapeutic communication.

According to the previous study conducted at Oromia in 2016 there were association of factors like lack of experience and lack of knowledge of subjects and number of sessions attended previously regarding therapeutic communication and work overload of participants.[4]

Section 7: Association between practice and socio-demographic variable

This section deals with the association between practice regarding therapeutic communication and selected socio-demographic variables. To test the association a hypothesis was formulated-

H_3: There will be significant association between practice regarding therapeutic communication and selected socio-demographic variables.

Fisher's exact test depicted the P value of the socio-demographic variables. There was no association of practice with gender of participants. There is significant association of practice regarding therapeutic communication with socio-demographic variables like age of participants, year of study, their place of stay and residence, whether they have attended sessions and number of sessions they have attended previously regarding therapeutic communication.

According to the previous study conducted at Oromia in 2016 there were association of factors like lack of experience, lack of knowledge and work load of subjects, number of sessions attended previously regarding therapeutic communication.[4]

CONCLUSION

Effective communication is one of the factor contributing to the base of nursing care. Special training and knowledge to practice the therapeutic communication skills have created a great impact on the health status of patients. This chapter deals with the conclusions drawn based on the study. The main purpose of the study was to assess the knowledge, attitude and practice regarding therapeutic communication among nursing students and to find its association with selected socio-demographic variables. A self-structured knowledge questionnaire, Standardized CSAS and GITCS scales were used for data collection. The investigators found that 95.6% of subjects had good knowledge, 95.1 had positive attitude towards therapeutic communication. 86.9%of subjects have been practicing the therapeutic communication skills always. There is significant association between knowledge attitude and practice regarding therapeutic communication and some of selected socio-demographic variables like age and gender of participants, their year of study, place of stay and residence and number if sessions they have attended previously regarding therapeutic communication.

The conclusion drawn from findings are:

The present study shows that the majority 85.2% of subjects were females and 14.8% were males.

The data shows that majority 31.7% we're 20 years, 24.6% we're 21 years, 18% we're 22 years, 12% we're years 19 years, 7.1%23 years, 4.9% we're 18 years and 1.6% we're 24 years old.

29.5% of subjects are from 2nd years, 25.7%of subjects from 3rd years, 25.1% of subjects belongs to 4th year and 19.7 of subjects belonging to 2nd semester

Majority 66.7% belonging to hostel and remaining 33.3% we're belonging to home.

The study depicts that 59.6% belonging to urban area and 40.4% subjects are belonging to rural areas.

Majority 75.4% of the samples have attended sessions previously regarding therapeutic communication and 24.6% have not attended. Among them 57.9% have attended 1-3 sessions, 18% have attended more than 3 sessions and 24% have not attended any sessions prior.

The data reveals that there is significant association between knowledge attitude and practice regarding therapeutic communication and some of selected socio-demographic variables like gender, age, year of study, place of stay and residence, and number of sessions they attended prior.

Implication

The main aim of the study emphasized the assessment of knowledge, attitude and practice regarding therapeutic communication among nursing students. Nursing implication of the study are discussed below under nursing education, nursing practice, administration and nursing research.

Nursing practice

Nurses are key person of a health team, who plays a major role in the health promotion and maintenance. Nurses are expected to become good health promoters in the future, communication skills are therefore extremely helpful for career development and health promotions in community settings and in hospital settings by giving health education to the patient and family members and providing campaigns in community.

Nursing research

Researcher can help to improve therapeutic communication knowledge attitude and practice and enhances the confidence to nurse for providing health education to patient and community. The findings of this study provide a benchmark for the future researchers. Nurse researchers should acquire a depth information that can improve use of therapeutic techniques in communication skills and thus improve the patient care.

Nursing education

Education in nursing has a vital role to play because the students who are learners today are going to deal with tomorrow's patients and their family. Nurses need to plan, educate, organize the topics which is essential for the patients need and to provide knowledge regarding basic care needed for the patients.

Nursing administration

Nurse administrators should enable the personnel to develop confidence through giving tasks to improve the communication skills and attitude and knowledge regarding it. Regular opportunities should be provided to nurses to conduct programs and awareness to improve rapport with patients, to provide a hostile care and to reduce therapeutic impasses.

Limitations

The Socio-demographic data didn't include, the lack of experience and time and workload of participants. The study was only limited to nursing students.

Suggestion

Keeping in view the findings of the present study, the following suggestions are listed,

Nurse should be provided with mass health education and awareness programs regarding therapeutic communication along with practice.

Nurses can perform conferences and classes to nursing faculties.

Can include any health care personnel like nurses, doctors and allied health workers in the study.

Recommendations

Same study can be conducted among staff nurses also.

The same study can be done after conducting some sessions on therapeutic communication to assess the effectiveness.

It can be conducted based on simulated situations and scenarios.

Study can be conducted among personnel who are involved in patient care.

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