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Assessment of Professional Communication Skills of Healthcare Professionals toward the Patients

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Abstract
Background: Effective communication is a skill needed by all healthcare professionals, but not all are naturally good at it. **Aim:** To assess communication skills of healthcare professionals toward their patients. **Design:** An exploratory mixed-method design was utilized for the current study. **Setting:** This study was conducted at three hospitals: one general hospital in Minia city and two university hospitals in Assuit city. **Subjects:** A total of 508 participants were included: 358 nurses, 100 doctors, and 50 patients. **Study tool:** Included three tools namely: personal data sheet, HP-CSS, and semi-structured interviews (SSIs). **Results:** Quantitative data indicated that nurses and physicians have high communication skills. Both have statistically significant differences in informative communication and sympathy dimensions. Nurses have high mean scores in overall HPC-SS than physicians. Degree of satisfaction patients perceived is divers between nurses and doctors. Besides the support of qualitative result to this data. **Conclusion:** Healthcare professionals have high communication skills, but nurses showed a difference from physicians, owing to practicing the skills in different departments. **Recommendation:** All health care professionals are requires training and practice about effective communication that should be based on the approach of patient-centered.

Keywords: Communication Skills, Professionals Healthcare & Patients.

Introduction:
The need for concise, effective communication is always present in the health field. Interactive communication among nurses and doctors is defined as the shared commitment between them for the delivery of care to patients and attainment of the common goal of healing. The problems in communication among doctors and other healthcare team members lead to not only practice mistakes and trouble of patient safety but also damage of the patient's trust, dissatisfaction, and anger toward healthcare service providers **(Ghahramanian et al., 2017)**. Organizations with strong communication policies can enrich their patients' health, while those that do not have effective procedures in place can negatively affect patient well-being. HCPs and institutions need to recognize the importance of communication in healthcare to thrive **(Dempsey et al., 2018).**
Communication is a crucial component in all steps of the healthcare process. Effective communication is one of the most fundamental skills that are essential in each zone of life but of exact value for healthcare professionals (HCPs), especially nurses.If nurses can communicate more effective, good health outcomes can be easily achieved. HCPs with practiced communication skills can more efficiently handle patients' issues and help reduce healthcare costs caused by medication errors and legal penalties (**Al-Sheikh & Iqbal, 2020)**.
Professional communication skills is essential in establishing a successful and satisfactory relationship with all employees in the healthcare organization and coordinating between tasks, and cultivating these skills in new graduate nurses is crucial in developing expertise **(Sibiya, 2018).** Many HCP programs **(Denniston et al., 2017)** already have combined skills of communication in their competency-based training frameworks. The most of physicians currently learned communication skills in practice while in training, without evidence-based learning techniques or a curriculum, and communication competency for interactions with their patients and family members varies **(Back et al., 2019)**
Relationship between patients and HCPs was central for patients' ability to cope with their disease. Moreover, one of the basic characteristics of the clinical relationship between varies HCPs and a patient is that their impact can be measured. Empirical and experimental study progressed in varied contexts on the relational aspects among HCPs and patients has revealed better satisfaction of both the clinician and patient, cost restraint, adherence to cure, reduce professional turn out,

prevention of medical-legal errors, progress of quality of care indicators, and enhancement in health care outcomes **(Prip et al., 2018).**

High-quality patient–clinician communication is connected to reduce patient anxiety and boosting patients' trust, satisfaction, and involvement with treatment while bad communication is related to increased patient anxiety and depression **(Schlögl et al., 2021).** Communication skills providing respect and empathy can be taught and learned by HCPs **(Mata et al., 2021).**

It is the responsibility of all HCPs to interact effectively with patients and service users. Communication is a primary tool in gathering information to diagnose, counsel, rehabilitate, and build a therapeutic alliance with patients **(Kwame & Petrucka, 2020).**

For that, when communication is setup between the HCP and patients, it concentrated on the necessities and views of the last and present numeral of features and properties which may turned into therapeutic tool **(Butow & Hoque, 2020).** Nurses should express empathy, allow sufficient time so that patients can understand the diagnosis, receive information in a way that is fully understood by the patient, and engage the patient in treatment decision-making. Thus, communication between healthcare providers and patients is a key pillar of psychosocial support for improving the healing process of patients and improve their well-being and quality of life, which lead to good patient outcomes **(Dithole et al., 2017).**

Significance of the study:

Many HCPs miss professional communication skills and their importance for collaboration and communication among them and toward their patients. In a single day, healthcare workers can speak to people of varying educational, cultural, and social backgrounds and must do it in an effective, caring, and professional manner **(Burgener, 2020).** Despite the great important of effective communication in the literature, unfortunately, it considers the most underrated skill in Upper Egypt. One speculates whether there is available system for assessing the level of communication and its implications in healthcare services. Moreover, do we really realize the important of communication skills in our healthcare profession? What measures should take so far to ensure and demonstrate successful communication? To stay on truth of practicing professional communication skills, it is time to focus on integrating and assessing the communication skills of our HCPs to ensure safe and high-quality healthcare services. Over the past 30 years, relatively few studies that investigate the quality of the services delivered, and fewer still that study the quality of interpersonal communication. The results shows that health provider-client communication are consistently weak across developing countries, on contrary, evidence of positive health outcomes associated with effective communication from developed countries is strong **(Bérengère et al., 1995) cited in (https://pdf.usaid.gov/pdf_docs/PNACE294.pdf, 2022)**. Thus, lack of communication skills may be a hindrance to success and progress in various fields **(Sibiya, 2018).**Therefore, the researchers conducted this study to assess the professional communication skills of HCPs toward their patients.

Aim of the study:

To assess professional communication skills of health care professionals toward the patients

Study questions:

1. Do health care professionals have communication skills?
2. Do health care professionals practice the communication skills with the patients?
3. What are the opinions of patients regarding the communication skills of health care professionals and their satisfaction they perceived towards them?

Subjects and Methods

Design

An exploratory mixed-method design used in this study. The quantitative research method included personal data and health professionals communication skills scale (HP-CSS).

The qualitative research method included interviews with close-ended and open-ended questions.

Study setting

The study was conducted at three hospitals including, one General Hospital in Minia city, with 186-bed capacity (total 300 nurses and 300 physicians), and two University Hospitals in Assuit city, one with 200-bed capacity (220 nurses and 128 physicians) and the other with 200-bed capacity (230 nurses and 128 physicians). The selected departments include emergency, general medical, general surgery and special surgery. Inclusion criteria for selecting the study departments to be the same departments in different hospitals, because they are from two different governorates.

Study subjects

The total number of participants in this study was 508, including 358 nurses, 100 physicians, and 50 patients. A convenient sampling was used in this study. The technique for selecting the sample from the previous mentioned setting proportional according to the number in each department. The sample size was calculated using Epi.info software statistical package. The criteria used for sample size

calculation was as follow: Z = confidence level at 95%, d= error proportion (0.05). Data from the same settings for both HCPs and patients for more exactitude were collected. With inclusion criteria of nurses and physicians working at the same hospitals, same units on the same patients who included in this study.

Tools:

Three tools were used in this study namely, personal data sheet, HP-CSS, and semi-structured interviews (SSIs).

First tool:

The personal data sheet, comprising age, sex, educational level, marital status, department, and years of experience for all study participants except years of experience for patients.

Second tool: The HP-CSS developed by **Cañadas & Sanchez-Bruno (1998),** and modified by **Cañadas & Tirado (2002)**. The scale was translated into Arabic by the researchers and then retranslated to ensure correct translation. It consisted of 18 items under four dimensions: informative communication (6 items), which indicates the manner by which HCPs attain and provide information in the practical relationship that they conduct with the patients , (Cronbach's alpha coefficient, 0.78); empathy (5 items), which reveals the capacity of the HCPs to realize the feelings of the patients and make their empathy evident in the therapeutic relationship, and behavioral dimension, the empathic attitude, that is based on active listening and empathic response , (Cronbach's alpha coefficient, 0.77); respect (3 items), which evaluates the respect that is shown by HCPs in the clinical relationship they establish with patients , (Cronbach's alpha coefficient, 0.74); and social skills (4 items), which reflects the ability of the HCPs to be assertive or exhibit socially skillful behaviors in the clinical relationship they establish with patients , (Cronbach's alpha coefficient, 0.65). Each item was measured as: 1, *almost never*; 2, *once in a while*; 3, *sometimes*; 4, *normally*; 5, *very often*; and 6, *many times*.

Face validity was proven through a jury of three professors and two assistant professors from the Faculty of Nursing, Minia and Assuit University.

Third tool:

Semi-structures interviews (SSIs) for 50 patients. SSIs were utilized to enhancement and add depth to the quantitative approach. Close- and open-ended questions (agenda for the interview guide) were used; for instance. Did you like the way HCPs communicate with you? If yes, provide an example. Did the HCPs provide you with needed information? Did you find respect and empathy from HCPs? In your opinion, what is the degree of satisfaction you feel toward the manner HCPs communicate with you? These were asked until the researchers were satisfied with the quantity of questions and no other questions interrelated to this topic were found.

Procedures

Quantitative method: The real time for data gathering was 3 months, from January 1, 2021 to March 2021. The researchers met with all nurses and physicians to clarify the aim of the study, ensuring that they provided informed consent, and explain that withdrawal from the research at any time is permitted. Data were collected from all nurses and physicians using the first two study tools previously mentioned in the study topic. The results showed that the time spent in completing the survey ranged from 25 to 30 min.

Qualitative method: The SSIs for 50 patients (34 men and 16 women) and their personal data are presented in Table 1. Approximately 25-min interviews were conducted with each patient at the time of hospitalization. Each personal interview was documented, and the interview was titled "communication skills of HCPs toward patients". Guba and Lincoln's criteria have been used to make sure the stability and accuracy of data. The reliability of data has been assessed by triangulation method: member-checking, prolonged engagement techniques and external checking process (external researcher). The external researcher is a reviewer with experience in study researches and out of the study authors (one person).

Pilot study

It was performed on 10% of the sample (36 nurses, 10 physicians, and 5 patients) after the study resources were developed but before the actual data collection. The aim of the pilot study was to see if the study tools were feasible and applicable. The pilot research was also used to assess the amount of time needed to fill the instruments. Based on the pilot study analysis, no modifications were conducted on the questionnaires. Thus, the number of the pilot study was included in the total number of the study sample.

Ethical considerations:

Approval to conduct this study was obtained from the Boards of Assiut University Hospitals and Minia General Hospital, and the Faculty of Nursing Ethics Committee in the two governorates. A written consent was obtained from the study participants (patients, nurses, and doctors) before the interview with patients and data gathering from nurses and doctors, study participants have the right to refuse/ participate/ withdraw from the study without any rational at any time,. Justifications were provided to contributors about privacy, concealment of data, the aims of the study, and study methods.

Statistical analysis:
Data entry and statistical examination were done using SPSS 24.0 Statistical Soft Ware Package. Frequencies, percentages, mean, standard deviation, and range had been presented using descriptive statistics. Relations among quantitative variables had been presented using Pearson correlation analysis. Statistical significance was considered at P-value ≤ 0.05, and at P-value ≤ 0.001. Figures in this study were done using Graph pad prism 5.

Results:

Quantitative data

Table (1): Frequency distribution of personal data related to studied participants (N = 508)

Personal Data	Nurses (N = 358)		Physicians (N = 100)		Total (N = 458)		Patients (N = 50)	
	No	(%)	No	(%)	No	(%)	No	(%)
Departments								
Emergency	86	24.0	15	15	101	15.0	8	16.0
General medical	108	30.2	20	20	128	60.0	8	16.0
General surgical	71	19.8	15	15	86	5.0	9	18.0
Private surgical	93	26.0	50	50	143	20.0	25	50.0
Age group								
<30 years	282	78.8	38	38.0	320	69.9	11	22.0
30–40 years	70	19.6	58	58.0	128	27.9	20	40.0
>40 years	6	1.7	4	4.0	10	2.2	19	38.0
Sex								
Male	93	26.0	58	58.0	151	33.0	34	68.0
Female	265	74.0	42	42.0	307	67.0	16	32.0
Marital status								
Single	183	51.1	24	24.0	207	45.2	6	12.0
Married	153	42.7	68	68.0	221	48.3	36	72.0
Widow	22	6.1	8	8.0	30	6.6	8	16.0
Educational qualification								
Illiterate	0	0.0	0	0.0	0	0.0	32	64.0
Diploma	66	18.4	0	0.0	66	14.4	14	28.0
Nursing institute	107	29.9	0	0.0	107	23.4	0	0.0
BSC	179	50.0	91	91.0	270	59.0	4	8.0
Master degree	6	1.7	9	9.0	15	3.3	0	0.0
Experience years								
<5 years	210	58.7	45	45.0	255	55.7	0	0.0
5–10 years	49	13.7	41	41.0	90	19.7	0	0.0
>10 years	99	27.7	14	14.0	113	24.7	0	0.0
Current job								
Farmer	0	0.0	0	0.0	0	0.0	37	74.0
Unemployed	0	0.0	0	0.0	0	0.0	6	12.0
Employed	0	0.0	0	0.0	0	0.0	7	14.0
Staff nurse	163	45.5	0	0.0	163	35.6	0	0.0
Head nurse	37	10.3	0	0.0	37	8.1	0	0.0
Bedside nurse	158	44.1	0	0.0	158	34.5	0	0.0
Resident physician	0	0.0	91	91.0	91	19.9	0	0.0
Consultant	0	0.0	9	9.0	9	2.0	0	0.0

Chi-square test for qualitative data between the two groups. ***Significance level at P-value < 0.01*

Table (2): Mean scores and differences between them for HP-CSS subscales according to nurses and physicians

Items	Group	Mean ± SD	SE	T	DF	P-value
Informative communication	Nurses	24.53 ± 6.46	0.341	4.620	456.0	0.001**
	Physicians	21.27 ± 5.31	0.531			
Sympathy	Nurses	21.53 ± 4.66	0.247	4.216	456.0	0.001**
	Physicians	19.34 ± 4.36	0.436			
Social skills	Nurses	15.89 ± 3.28	0.174	0.505	456.0	0.614
	Physicians	15.7 ± 3.33	0.333			
Respect	Nurses	14.48 ± 3.15	0.166	0.793	456.0	0.428
	Physicians	14.21 ± 2.3	0.230			
Total HP-CSS score	Nurses	76.42 ± 13.72	0.725	3.881	456.0	0.001**
	Physicians	70.52 ± 12.44	1.244			

*Independent t-test for quantitative data between the two groups. *Significance level at a P-value < 0.05, **Significance level at a P-value < 0.01*

Table (3): Correlation coefficient between HP-CSS dimensions and personal data of the studied nurses and physicians

HP-CSS dimensions		Nurses			Physicians		
		Age	Experience	Marital status	Age	Experience	Marital status
Informative communication	R	−.402	−.418	−.374	−.278	−.234	0.050
	P	0.000**	0.000**	0.000**	0.005**	0.019*	0.623
Sympathy	R	−.215	−.238	−.158	−.198	−.175	0.014
	P	0.000**	0.000**	0.003**	0.048*	0.082	0.887
Social skills	R	−.114	−.160	−.146	−.229	−.205	0.044
	P	0.031*	0.002**	0.006**	0.022*	0.041*	0.663
Respect	R	0.079	0.080	0.091	0.178	0.144	0.021
	P	0.137	0.131	0.086	0.077	0.152	0.832
Overall HP-CSS score	R	−.272	−.298	−.244	−.216	−0.189	0.042
	P	0.000**	0.000**	0.000**	0.031**	0.059	0.678

**Statistically significant correlation at P-value < 0.05. **Statistically significant correlation at P-value < 0.01*

Table (4): Mean scores and differences between nurses and physicians for HP-CSS dimensions according to department

HP-CSS Dimensions	Health Professionals	Emergency Mean ± SD	General Medical Mean ± SD	General Surgical Mean ± SD	Private Surgical Mean ± SD	P-value
Informative communication	Nurses	23.52 ± 5.61	25.23 ± 6.04	24.92 ± 6.54	24.33 ± 7.51	0.297
	Physicians	17.2 ± 2.62	22.98 ± 5.85	20.8 ± 4.55	19.3 ± 2.18	0.001**
Sympathy	Nurses	19.49 ± 4.01	22.85 ± 4.3	21.72 ± 5.01	21.75 ± 4.8	0.001**
	Physicians	18.13 ± 2.26	20.5 ± 5.09	15.2 ± 0.84	17.8 ± 1.51	0.005**
Social skills	Nurses	15 ± 3.3	15.68 ± 2.96	16.39 ± 3.37	16.57 ± 3.39	0.006**
	Physicians	14.2 ± 2.54	16.2 ± 3.84	14.4 ± 2.7	15.65 ± 1.69	0.161
Respect	Nurses	13.72 ± 2.88	15.5 ± 2.74	13.58 ± 3.36	14.68 ± 3.31	0.001**
	Physicians	15.13 ± 1.64	14.17 ± 2.59	15.2 ± 1.1	13.4 ± 1.67	0.117
Overall HP-CSS score	Nurses	71.73 ± 10.73	79.26 ± 12.55	76.61 ± 14.5	77.33 ± 15.8	0.002**
	Physicians	64.67 ± 4.61	73.85 ± 14.74	65.6 ± 5.98	66.15 ± 4.56	0.011*

*One-way ANOVA for quantitative data between the tree groups or more **Significance level at a P-value < 0.01*

Table (5): Mean scores and differences between nurses and physicians for HP-CSS dimensions according to level of education

HP-CSS categories	Healthcare professionals	Nursing diploma	Nursing institution	BSC	Post-graduate	P-value
Informative communication	Nurses	18.74 ± 4.02	22.93 ± 6.46	27.62 ± 5.32	24.33 ± 6.09	<0.001**
	Physicians	-	-	21.46 ± 5.49	19.33 ± 2.35	0.253
Sympathy	Nurses	18.56 ± 3.13	21.59 ± 4.22	22.6 ± 4.91	21.33 ± 5.57	<0.001**
	Physicians	-	-	19.45 ± 4.55	18.22 ± 0.67	0.423
Social skills	Nurses	15.18 ± 2.86	15.35 ± 2.86	16.45 ± 3.57	16.67 ± 3.56	0.009**
	Physicians	-	-	15.74 ± 3.42	15.33 ± 2.35	0.731
Respect	Nurses	14.42 ± 2.32	14.91 ± 2.62	14.19 ± 3.67	16 ± 1.26	0.179
	Physicians	-	-	14.25 ± 2.34	13.78 ± 1.86	0.557
Total HP-CSS score	Nurses	66.91 ± 7.99	74.77 ± 12.82	80.86 ± 13.96	78.33 ± 14.71	<0.001**
	Physicians	-	-	70.9 ± 12.91	66.67 ± 4.69	0.333

Independent t-test for quantitative data between the two groups

Qualitative data

Table (6): Categories, subcategories, and open codes regarding semi-structured interviews with patient about HC-PCS of health care providers

Main categories	Subcategories	Open codes
Manner of communication	Establishment of relationships (engagement)	Greeting the patient Introducing yourself for rapport-building Listening to patient history without bias Taking the time to hear from patients Acknowledging patient information by nodding the head
	Information/education	Giving patient as much information as he wants Simplifying the information Checking that the patient understands everything. Encouraging patient to ask questions Trying to understand patient needs Providing feedback
	Social skills	Treating the patient with respect Paying attention and interest to the patient Letting patient talk without interruption Treating patients fairly Being tolerant to different cultures Spending the right amount of time with the patient
	Factors affecting interaction	Healthcare literacy of patients Excessive use of terminologies of healthcare providers Illiteracy or poor education Religious and cultural beliefs How much the nurse and patient listen to each other Level of interest display
Professional communication skills	More than words	Use of body language and gesture Active listening, eye contact, and facial expression
	Respect and empathy	Respecting attitudes and opinions of others Showing proper respect and good treatment Responding to requests. Trying to determine what patients are feeling Showing patient care and concern Striving to understand other people and being empathetic
Potential outcomes of communication	Issues related to poor communication	Dissatisfaction and anger Patient distrust and demotivation Poor treatment compliance for patients Escape from the hospital Disappointment and depression Refusal of medication
	Issues related to successful communication	Patient satisfaction Decision-making Alleviation of anxiety and depression

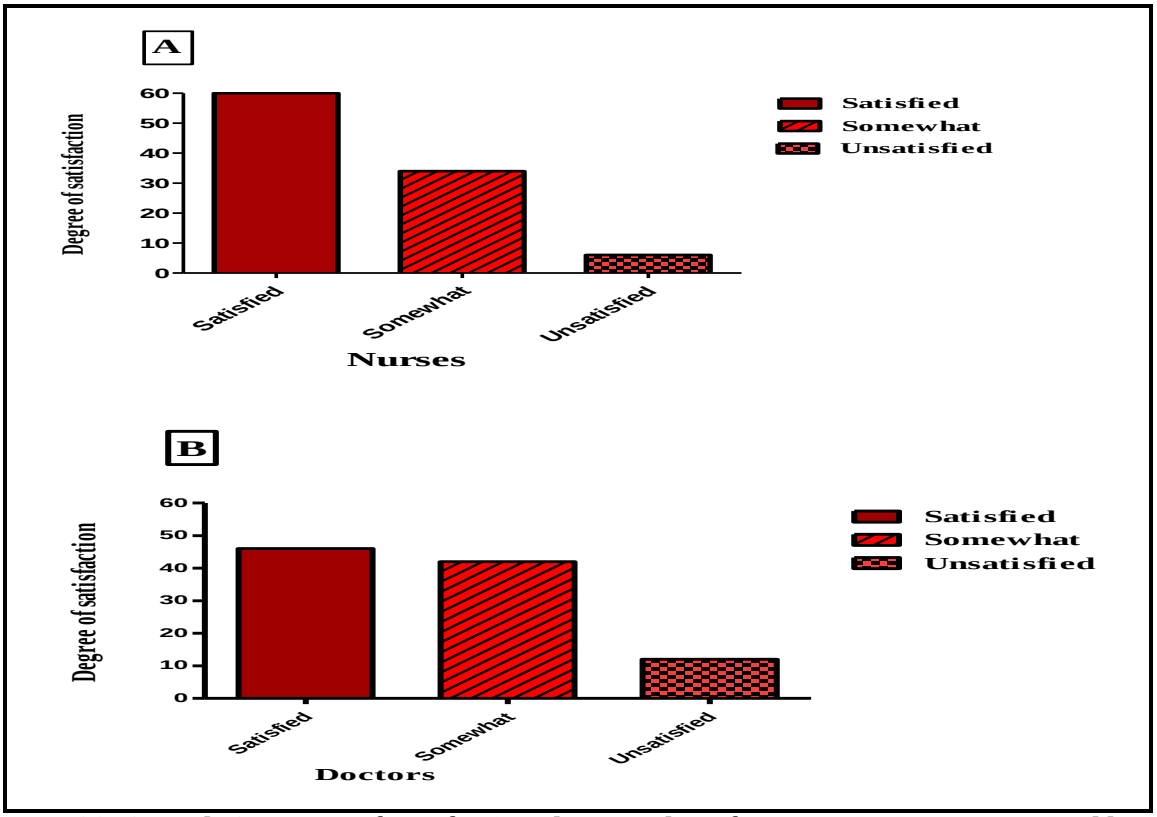

Figure (1): (A and B). Degree of satisfaction about quality of communication as perceived by patients from nurses and doctors.

Table (1): Shows that more than three-quarters of the studied nurses (78.8%) were aged <30 years. More than half of the physicians (58.0%) were aged between 30 and 40 years. Moreover, approximately three-quarters (74.0%) of the studied nurses were female, and more than half (58.0%) of physicians were male. More than half (51.1%) of nurses are single, and more than two-thirds (68.0%) of physicians are married. Half (50.0%) of the studied nurses had BSC, while the majority (91.0%) of physicians had BSC. About two-thirds (58.7%) of nurses and less than half (45.0%) of physicians had experience of <5 years. More than two-fifths (45.5%) of nurses are staff nurses; the majority (91.0%) of physicians are resident physicians.

Regarding patients, half (50%) of patients are in private surgical department, more than one-third (40%) are aged between 30 and 40 years, less than three-quarters (68%) are male, less than three-quarters (72%) are married, about two-thirds (64.0%) are illiterate, and the majority (74.0%) of patients are farmers.

Table (2): Presents that, generally, there are highly statistical significant differences ($P \leq 0.001^{**}$) in overall HPC-SS score of nurses and physicians. There were highly statistical significant differences in informative communication and sympathy for both nurses and physicians, and the mean scores of nurses was higher than in physicians (24.53 ± 6.46 ,21.27 ± 5.31 , 21.53 ± 4.66 and 19.34 ± 4.36) respectively. There was no statistical significant difference in social skills and respect in both nurses and physicians, and the mean scores are equal in nurses and physicians (15.89 ± 3.28 , 15.7 ± 3.33 ,14.48 ± 3.15 and 14.21 ± 2.3) respectively. The mean scores of professional communication skills for nurses are higher than those for physicians (76.42 ± 13.72 and 70.52 ± 12.44) respectively with statistical significant difference ($P \leq 0.001^{**}$).

In **Table (3),** regarding to nurses, data revealed that there is a negative highly statistical significant correlation between all personal data and all dimensions of HP-CSS in general. Moreover, there was a negative significant correlation between age, experience, or marital status and informative communication, sympathy, or social skills (0.000^{**}, 0.000^{**}, 0.000^{**}, 0.000^{**}, 0.000^{**}, and 0.006^{**}, 0.002^{**}, and 0.031^{**}) respectively. However, no statistical significant correlation was present with respect.

Regarding to physicians, data revealed that there are negative statistical significant correlation between age and total HP-CSS score (0.031^{*}) in general. Moreover, age had a negative significant correlation

with informative communication, sympathy, and social skills (0.005**, 0.048*, and 0.022*) respectively, while experience had a negative significant correlation with informative communication and social skills only (0.019* and 0.041*) respectively.

Table (4): Shows that there was highly statistical significant difference (P ≤ 0.002**) in professional communication skills of nurses toward their patients according to the department, and mean scores were from high to low (79.26 ± 12.55, 77.33 ± 15.8, 76.61 ± 14.5, and 71.73 ± 10.73) for general medical, private surgical, general surgical, and emergency nurses, respectively. Regarding physicians, there was a highly statistical significant difference (P ≤ 0.0011**) in professional communication skills of physicians toward their patients according to the department, and mean scores were from high to low (73.85 ± 14.74, 66.15 ± 4.56, 65.6 ± 5.98, and 64.67 ± 4.61) for general medical, private surgical, general surgical, and emergency physicians, respectively.

Table (5): Shows that there was highly statistical significant difference (P ≤ 0.001**) in professional communication skills of nurses toward their patients according to level of education, and mean scores were from high to low (80.86 ± 13.96, 78.33 ± 14.71, 74.77 ± 12.82, and 66.91 ± 7.99) for BSC, post-graduate, nursing institutions, and nursing diploma, respectively.

Regarding physicians, there was no statistical significance difference(P = 0.333) in professional communication skills for physicians toward their patients according to the education level, and mean scores were higher for physicians with BSC than those with post-graduate degrees (70.9 ± 12.91 and 66.67 ± 4.69) respectively.

Table (6): Based on the results of the interview, the following themes of "manner of communication process", "professional communication skills", and "potential outcomes of communication process" were identified as the main themes perceived by patients about the communication of HCPs toward patients.

As a result of SSIs, **Figure (1)** show that 60% of patients in this study were satisfied with the quality of communication from nurses than that from doctors (46%). Moreover, more than one third of patients perceived the communication of HCPs were at moderate level. While, 12% of patients unsatisfied with quality of communication from doctors than that from nurses (6%).

Manner of communication process

The manner in which the nursing staff communicates with and cares for patients is influenced by the satisfaction level of patients and affects the healthcare outcomes **(Kaur, 2020)** Most patients confirm that HCPs (nurses and physicians) are responsible for initiating the communication process, and the manner of communication they establish affects the farther process of communication. The following factors are associated with this theme.

Establishment of relationships (engagement)

Establishment of a relationship with patients is the start point to establish rapport, such as greeting the patient and introducing oneself. Subsequently, engagement can be established by listening to patient's history without bias, taking the time to hear from patients, and acknowledging patient information by nodding the head.

One patient stated that "when a nurse or doctor greets me and introduces herself /himself to me, I feel comfortable to speak with them and start to answer the questions about my condition and medical history."

Information/education

After engagement, HCPs provide patients the needed information; 26% of patients confirm that they received instructions and advices, 28% receive information about treatment and its side effects, and 26% of them receive health education. Moreover, 66% of patients confirm that physicians and nurses simplify the information for understanding, and 78% of them confirm that they make sure that the patient understands all information, in addition to encouraging them to ask question.

One patient stated that "when I ask the nurse about my condition, she answers me promptly and provides health education about my disease and how to use the medication." Another patient stated that "no information given to me until I ask the physician or nurse."

Social skills

Communication with patients requires social skills of healthcare providers, according to **(Hossny & Sabra, 2021)** healthy collaborative relationship between nurses and physicians need civility climate, such as treating patients with respect, paying attention and interest to them, letting the patient talk without interruption, treating patients fairly, being tolerant to different cultures, and spending the right amount of time with the patient.

One patient stated that "nurses and doctors are grateful personnel and treat me with respect and listen to me, although they sometimes do not understand my words as different cultures."

Factors affecting interaction

There are many factors affecting the interaction between HCPs and their patients that is considered a barrier for effective communication, such as patients' healthcare literacy, excessive use of terminologies by HCPs, illiteracy or poor education, religious and cultural beliefs, how much they listen to each other,

interest level, and respect, as well as the COVID-19 pandemic.

One patient stated that "I do not ask the nurse again. Each time I ask her, she answers with medical terminology and I am illiterate. Also, some patients are educated, but also they do not understand what she said when they ask her."

Another patient stated that "COVID-19 pandemic make doctors wear masks and speak to us from a distance, and they provide rapid and concise information, as we feel they have fear of infection if we are carrying the virus."

Professional communication skills

Patient centric is the most vital interpersonal relationship in healthcare and is a therapeutic interaction that ensures that patient needs are always on top priority irrespective of patient's attitude, thereby putting the entire responsibility on nurse **(Kaur, 2020)**. The following factors are related to this them.

More than words

Of the patients, 66% confirmed that both nurses and physicians are proficient in dealing with patients. They use words and body language, which assist in understanding. Moreover, they use active listening, eye contact, facial expression, and gesture. Approximately 34% of patients assured that nurses and physicians listened well to them. According to **(Klein, 2014)**, effective communication consisted of 10% words, 40% how words are said, and 50% nonverbal features, including body language.

One patient stated that "when a nurse or doctor looks at me when I speak and nods her head, I know she hears and understands me."

Respect and empathy

Respect and empathy is the core of communication skills, especially with patients. Of the studied patients, 28% confirmed that HCPs treat them good, respect their attitudes and opinions, show proper respect, and respond to their requests. Moreover, patients perceived HCPs as empathic by striving to determine and understand patients' feelings and showing care and concern.

One patient stated that "when I feel the nurse respects me and I am accepted. My worries decreased."

Potential outcomes of communication

Communication is a double-edged weapon that, when effectively employed and skilled by HCPs, will provide benefits to patients, HCPs, and their health organizations. However, if it is poorly employed, there are consequences. The following factors are related to this.

Issues related to poor communication

Dissatisfaction and anger, patient distrust and inhibition, poor compliance with treatment, disappointment and depression, refusal of medications, and even hospital escapes can occur as a result of poor communication between patients and HCPs. The Joint Commission on Accreditation of Healthcare Institutions brought out that poor communication can affect patient safety, satisfaction, and quality of care and badly effect on patient compliance with suggested treatment programs **(McLuhan, 2008).**

One patient stated that "one day, bad communication of doctors in a hospital made me angry, leave the hospital without official discharge, and decide to go to another hospital"

Issues related to successful communication:

Patient satisfaction, decision-making, and relief from anxiety and depression are the result of a successful communication process. Successful recovery requires that HCPs, especially nurses, sense and practice a good therapeutic relationship with their patients. The effective patient communication is at the heart of all aspects of patient care. Patient satisfaction is an indication of how effective their communication skills are.

One patient stated that "I am happy to be admitted to this hospital due to grateful and smiling nurses and doctors."

Discussion

Based on the outcomes of the quantitative and qualitative data in the current study, advancement in the quality of healthcare services needs the improvement of communication skills of HCPs within the organization. This study aimed to assess the HCPs' communication skills toward their patients.

The results in **Table 2** showed general nurses and doctors have high communication skills in their relationship with patients. Moreover, they have statistically significant differences in two dimensions of HP-CSS: informative communication and sympathy among nurses and physicians at a P-value < 0.01 (0.001**). Also, most of studied patients confirm that nurses and physicians simplify the information for understanding. This indicates that HCPs established a significant way to take and provide information in their clinical relationship with patients and reflect skills to understand the feelings of the patients and make their empathy evident in their therapeutic relationship with patients.

Generally, nurses have high communication skills compared to physicians and have higher mean score. Moreover, it is noticed that nurses have high mean score in all dimensions of HP-CSS. From researchers' viewpoint, interactive skills are one of the most important aspects of our profession. This finding is consistent with the results of **(Zangeneh et**

al., 2021) who revealed that nurses are considered the most vital human resources in hospitals and closest therapeutic workforce during admission. Communication is the core of taking care of patients.

Generally, data in **Table 3** demonstrate neither age nor experience and marital status is positively correlated with overall HP-CSS score, except with marital status for physicians. From researchers' viewpoints, the negative correlation might be as confirmed by data in Table 1 due to young age and little experience of the studied contributors although they demonstrated high communication skills in informative communication and sympathy in Table 3. Moreover, data was collected during the COVID-19 pandemic, which had a bad impact on the quality of communication between HCPs and their patients. According to **Rushton & Edvardsson, (2020)** the COVID-19 outbreak has created a global health crisis that has had a deep effect on the way HCPs communicate with patients in all care settings. This exposes HCPs to big challenges related to communication with their inpatients.

According to **Gholami et al., (2015)** communication skills had effect with age, level of education, and position. Another study conducted by **Safavi et al., (2016)** described that communication skills were positively and significantly correlated with age, marital status, and work experience. In contrast, **Baghiyani Moghadam et al., (2012)** revealed that there was no significant relationship between communication skills and age, sex, and work experience.

Table 4 shows statistically significant differences in different departments of nurses and doctors ($p > 0.05$ = 0.002* and 0.011*) respectively. Moreover, it shows that there were high statistical significant differences in all departments related to sympathy, social skills, and respect of nurses. This is logically because these skills are needed between nurses and patients to communicate effectively for the successful outcome of individualized nursing care of each patient. Moreover, patients needed educational aspects related to their diseases and emotional support and there are high statistical significant differences in all departments related to informative communication and sympathy of physicians. This might be caused by the narrow time of physicians and their purely scientific role. The result was also consistent with (**Nicholas et al., 1995):** who mention that the effective communication can be achieved when nurses and doctor acquire communication skills and, more importantly apply these skills in work area and the communication context is shaped by the socio-demographic characteristics of the patient and provider, as well as by the environment in which the communication takes place. While many of these socio-demographic and environmental factors are beyond their control, providers can improve IPC practices in their own clinics by adopting specific behaviors and techniques which lead to distinct positive outcomes.

The present study shows that the highest mean scores of total professional communication skills for BSC for both nurses and doctor towards their patients according to level of education **(Table 5).** This might be according to need for education on communication skills that improves the patients' care. The result was also consistent with (**Bérengère et al., 1995)** who mention that the educational background of providers and clients affect how they communicate with each other. Other factors such as degree of privacy, time allotted for encounters, comfort and cleanliness of the clinic, and treatment of clients from the time they enter the clinic until they are seen by a provider, can also inhibit or enhance client-provider interaction.

Moreover, according to interview with patients, in **Figure 1** approximately two-thirds of patients in this study were satisfied with the quality of communication from nurses than that from doctors. This result diverted our attention that communication skills need commitment from HCPs toward their patients to do what they should do, especially the greatest persons are authorized for patient care. This result was consistent with those of another study **(Ak et al., 2011)** who stated that high level of the communication skills could affect the patient's satisfaction with nurses and boost the mutual respect and trust between patients and nurses. **Kim (2014)** reported that good and effective communication can encourage patients to express feeling about their problems and conditions with nurses and nurses can provide hospitals with accurate information that can be used in promoting patient care.

On the other hand, our results revealed that no statistical significant differences related to social skills and respect for nurses and doctors. This is in line with patients' opinion, which small number of studied patients confirms that HCPs treat them good and show proper respect. Research evidence has proved that positive and open communication between the nurses and the doctors is totally essential for quality of collaboration **(Ebrahim, 2020)** which results in improving workplace civility climate **(Hossny & Sabra, 2021)** That consequently reflects on patient, HCPs and all organization.

Moreover, SSIs with patients **table 6** revealed that communication is a double-edged weapon that, when effectively employed and skilled by HCPs, through overcome the factors affecting interaction with patients like; patients' healthcare literacy, excessive use of terminologies by HCPs, illiteracy or poor

education, religious and cultural beliefs, how much they listen to each other, interest level, and respect, as well as the COVID-19 pandemic will provide benefits to patients, HCPs, and their health organizations. However, if it is poorly employed, there are consequences; dissatisfaction and anger, patient distrust and inhibition, poor compliance with treatment, disappointment and depression, refusal of medications, and even hospital escapes.

In the last Jordanian study, it has been revealed that nurses and patients were varied in their perception about effective communication skills, the analysis displayed that patients had high level of satisfaction about nurses' communication skills. This showed that poor communication and lack of use of therapeutic communication skills may affect patients' participation in treatment plans that will adversely affect nurses' ability to effectively meet patients' needs **(Marmash et al., 2011).**

Study Limitation

There were some limitations in present study, which are related to the few sample of patients and physicians compared with the large number of nurses. Also, for more generality and to be representative of the targeted population, future researches should be conducted in more departments. In addition to, more samples from various hospitals in different Upper Egypt cities can be studied in the future.

Conclusions

The result of the current study concluded that HCPs have high communication skills, and nurses were different from physicians in practicing these skills with patients in different departments. Patients were satisfied with the quality of communication perceived from HCPs, although the low score indicates diversity in their opinions.

Recommendations

1. Based on the previous results, in the context of healthcare practices, effective communication is highly technical and requires training and practice, which should ideally be based on the principles of patient-centered approach.
2. The researchers recommended to managers in managerial positions to conduct professional development workshops for nurses and doctors on communication skills and techniques, and the benefits of communication for effective work flow in health care settings, enhances collaboration among nurses, physicians, and patients, greater satisfaction and reduce conflict between them…etc.
3. Physicians and nurses should aim to achieve a shared understanding with patients (concordance); involve them in decision-making; and encourage them to accept responsibility.
4. Nurses and Doctors should respect and empathy all patients especially patients who diagnosed or suspected COVID-19.

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