

## NURSES' CLINICAL COMMUNICATION SKILLS

Daniel Silva<sup>a\*</sup>, Maria Ferreira<sup>a</sup>, João Duarte<sup>a</sup>, Ernestina Silva<sup>a</sup>, Adriana Saldanha<sup>b</sup>,  
Carolina Van 'T Hoff<sup>b</sup>, Mónica Bernardino<sup>b</sup>, Nuno Leite<sup>b</sup>

<sup>a</sup> Escola Superior de Saúde de Viseu, CI&DETS, Instituto Politécnico de Viseu,  
Portugal

<sup>b</sup> Escola Superior de Saúde de Viseu (Students)

**Corresponding author:** Daniel Silva, [dsilva.essv@gmail.com](mailto:dsilva.essv@gmail.com)

## Nurses' clinical communication skills

### Abstract

**Background:** Providing nursing care involves an interpersonal relationship between the nurse and the patient which is created through communication. The importance of clinical communication skills is a current priority when it comes to health care workers' education and training and has been attracting more and more attention. As a consequence clinical communication skills are now present in more and more academic programmes.

**Objectives:** To assess nurses' clinical communication skills; to identify the variables that might influence the clinical communication skills; to analyse nurses' perspective regarding the training in the clinical communication field.

**Methods:** Quantitative, non-experimental, descriptive and correlational and cross-sectional study. We used the questionnaire to collect socio-demographic and professional data, and the Clinical Communication Skills Scale based on the *Kalamazoo Consensus Statement (KCS)*<sup>(1,2)</sup> and which had already been used in Portugal<sup>(3)</sup>. The sample was formed by 275 practitioner nurses who have been working in health care institutions located in the center of Portugal.

**Results:** The Scale we used presents 5 factors that explain 64.33% of the total variation: *To involve the patient; To facilitate dialogue; To understand concerns; To communicate in an assertive way; To carry out the interview.* The majority of the nurses consider that the training they had in the communication skills field during their nursing course was good or very good, however we could see that 23.3% think it was mediocre. Almost all of them (98.9%) agree that there should be a better and more specific training in the field of clinical communication skills as far, as nurses as concerned. Nurses who had training in this area, older nurses, those who work directly with patients and those who have been working for a longer period of time show better communication skills.

**Conclusion:** Although they think that the training they has was good, we could confirm that there was a deficit in nurses' clinical communication skills and that nurses themselves refer they need more training in this area. Data point out to a more significant investment in clinical communication as far as nurses' training is

concerned and they suggest the promotion of lifelong learning opportunities in this area.

**Keywords:** Communicational skills; Clinical communication; Patients; Nurses.

## **Background**

The key point in health care planning is the person and communication plays a leading role in the impact this care will have on the users of health services. To be able to establish an efficient communication, health care workers should know how to mobilize properly organized and systematized knowledge in order to make it a tool with a highly therapeutic potential.

The health care professions are activities in which interpersonal relationships (not only with the users, but also with their family, the caregivers, the health care team and the institutions' managers) are very important. Communication becomes thus an invaluable instrument in the relationships that one establishes with the others. Since we are dealing with health care workers, this kind of communication goes beyond social context because it emerges in a health care providing context (health care communication), it is present in a clinical action (clinical communication) and it claims to have a therapeutic potential (therapeutic communication). In other words, communication must be planned and intentional to satisfy the users' needs. To achieve this objective, health care workers will have to learn some specific skills.

There is an urgent need to raise awareness about this field of action among nurses. "Teaching effective professional communication is critical to preparing future health care providers, minimizing or eliminating miscommunication, and delivering safe, quality care"<sup>(4)</sup>.

Interpersonal skills have, in this context, an important impact on the patient's satisfaction, on the health care outcome, as well as on the nurses' satisfaction<sup>(5-10)</sup>. The adherence to therapeutics, the treatment guidance, as well as the preventive behaviours in health care have a strong relationship with the health worker's ability to communicate<sup>(11-12)</sup>.

These interpersonal skills enable health care workers to deal with different situations which involve relationships with patients or within the multidisciplinary team they are

part of. This ability improves their level of satisfaction and professional motivation and contributes to promote safety and the quality of health care that are provided<sup>(13)</sup>.

In this perspective, providing nursing care requires the existence of clinical communication skills which will have to be patient-oriented in a relationship based on the quality of the therapeutic care. However, the clinical relationship doesn't begin when the clinical questions are presented to the patient. On the contrary, the clinical relationship, just like any other human relationship, begins with the first eye contact and with the first informal impressions<sup>(14)</sup>. Therefore, it is important that nurses show, from the outset, an attentive, available and understanding behaviour that will create an empathic relationship in the patient based on mutual interest, respect and trust<sup>(15,16)</sup>.

Health care communication is important if we want to provide efficient, adapted and individualized health care. Verbal aspects are very important in building rapport: initial icebreaker, rapport strengthening, showing support and concern, give priority to the patient, cooperation and commitment. Non-verbal aspects are important too: the gestures (shaking hands, etc), the interest shown, the pace and the tone of voice, the body posture and the visual contact. Facial expression, posture, gestures, visual contact, the user's body orientation and the distance between patient and nurse play an important role in the transmission of messages, in the dialogue and in the building of a safe psychological environment that will help share and solve problems<sup>(17)</sup>. In a therapeutic relationship the technical skills have to go hand in hand with an attitude based on respect and care<sup>(18)</sup>.

Evaluating clinical communication skills is a complex task since, in addition to specific health knowledge, health care workers will have to simultaneously use verbal and non-verbal behaviours to achieve individual interaction. Besides, an efficient communication will also depend on the patients' behaviours and perceptions and the variation that exists among patients makes a standardized evaluation much more difficult to obtain. "Competence is not defined solely by the presence or absence of specific behaviours but rather by the presence and timing of effective verbal and nonverbal behaviours within the context of individual interactions with patients or families"<sup>(19)</sup>.

Assessment and development of communication skills are aspects that are currently recognized as an essential element in health care workers' training. This has been a long time concern<sup>(1,19-23)</sup> and as a solution, an agreement about certain quality

standards and the way training should be planned in this field was achieved. The result is known as the *Kalamazoo Consensus Statement (KCS)* <sup>(1)</sup>. It was developed by 21 experts coming from American medical schools and its evaluation criteria included seven essential clinical communication elements. The following elements would have to become part of the training curricula: 1 - Build relationship (rapport); 2 - Open the discussion; 3 - Gather information; 4 - Understand the patient's perspective; 5 - Share information; 6 - Reach agreement on problems and plans; 7 - Provide closure.

These premises can and must be adjusted to the different medical specialties, scenarios and health problems and they are an efficient way to improve clinical communication skills<sup>(24)</sup>. Other authors define basic communication skills in six aspects<sup>(17)</sup>. Rapport building; Agenda setting; Information collection / management; Active listening; Addressing feelings; Reaching common ground.

Based on these agreements, new courses were implemented; education programs and teaching methods directed to clinical communication skills were built.

In an interview, communication skills are important because they create a sense of order that allows people to precisely and efficiently collect the information. They also help develop satisfactory sensations and a feeling of trust in the patients.

Communication skills can be learned, trained and optimized. In recent years, European countries have been seeking a certain agreement on what are the essential elements to be included in a health care workers graduation curriculum. This kind of agreement will facilitate comparability, compatibility between academic degrees and academic qualifications and mobility between countries<sup>(10,25,26)</sup>.

Three important domains were suggested as health workers' general skills: communication with patients; intra and interpersonal communication (professionalism and reflection); communication within health care teams (professional communication)<sup>(10)</sup>.

Some specific evaluation instruments were built: checklists that would be used to record behaviours observed during real or simulated interactions with the patients; audio and video recordings of the interactions; surveys and questionnaires applied to the patients about their clinical interactions and the evaluation of workers' knowledge, perceptions and attitudes<sup>(2,8,17,19,27)</sup>.

We understood the importance of this topic and that it must be implemented as early as possible in nursing training and especially during clinical setting. Getting students

ready so they can be able to interact and to create constructive relationships with the patients is essential in nursing practice. Students are monitored in their ability to promote trust, show consistency, reliability and expertise. In students' training, a "patient-centered" philosophy is emphasized. Clinical nurses face different interpersonal experiences so a training that deals with the use of clinical communication techniques has to be a reality, since it provides a way to guide nurses through new and demanding challenges in their practice.

All the nurses have to possess additional and exceptional qualities in which we may include the will and the talent to create and maintain trust relationships with their patients and to achieve this kind of relationships they have to know how to use and how to master these therapeutic communication skills<sup>(28)</sup>.

## **Material and Methods**

To answer the investigation questions and achieve the objectives that we had defined, we chose a quantitative, descriptive-correlational and cross-sectional study. The data collection instrument, in a first section, included questions about socio-demographic and personal information and we applied the *Clinical Communication Skills Scale* which was formed by 30 items and built based on the *KCS*<sup>(1,2)</sup> that had already been used in Portugal<sup>(3)</sup>.

The instrument also incorporated the prioritization, in an interview, of the seven basic clinical communication elements, according to what is suggested by *KCS*. Data collection took place in June and July 2015 and the non-probabilistic sample was formed by 275 nurses who were working in health institutions in the centre of Portugal.

## **Investigation questions**

This study seeks answers to the following investigation questions: i) What kind of communication skills do nurses possess? ii) What are the variables regarding the socio-demographic and professional contexts and the specific training in communication that can influence nurses' clinical communication skills?

## **Objectives**

Based on these concerns, this study had the following objectives: i) To assess nurses' clinical communication skills; ii) To identify the socio-demographic variables

(gender, age) that can influence nurses' clinical communication skills; iii) To identify the professional variables ( training in the communications field, school/professional background, professional category, career length, professional working field) that can interfere in nurses' clinical communication skills; iv) To analyse nurses' opinion about the training in the clinical communication area.

## Results

Data gathered allowed us to outline a socio-demographic and professional profile: the sample is formed mainly by female participants. The minimum age found was 24 and the maximum was 57 with a 36.20 ( $\pm 7.539$  years) average age. We also concluded that women were on average ( $M=36.50$  years old  $7.448$  years) older than male participants ( $M=35.26$  years old  $7.799$  years).

More than half of the sample (66.9%) works in a hospital. We could also conclude that just over half of the nurses answered they had had some sort of training in communication (57.8%).

When it came to school level, there is a predominance of participants who have their baccalaureate/ college degree (57.1%), the participants who have a post-graduation course represent 27.3% of the sample and there is a lower percentage (15.6%) of nurses who got their master.

The results obtained concerning nurses career length show a minimum two years working time and a 38 years maximum working time, which corresponds to a 13.58 years ( $\pm 7.664$  years) average rate. In our scale, the overall correlation coefficient value ranges between 0.566 and 0.781. We could witness that the lowest correlational value was obtained in item 6 "Stimulating the patient to talk about his concerns" ( $r=0.566$ ) and the highest was obtained in item 12 "Understanding the patients and the perspective about the disease and problem" ( $r=0.781$ ). The Cronbach's alpha value for the entirety of the scale was  $\alpha=0.958$ .

Overall, female nurses were those who have shown more clinical communication skills in all the factors, they stood up throughout the entire set of skills ( $MO=139.96$ ).

**Table1– Relationship between clinical communication skills according to the nurses' gender.**

**TABLE 1**

Older nurses are those who had higher clinical communication skills.

The factors in which this conclusion is more evident are Factor 4- Communicating assertively (Mean=93.11, sd=9.376) and Factor 2- Facilitating dialogue (Mean=90.25, sd=10.883).

We found statistically significant differences in Factor1- Involving the patient (f=6.195: p=0.002),

Factor 3- Understanding patients' concerns (f=8.897: p=0.003), Factor 5- Conducting the interview (f=4.632: p=0.011) and in the global clinical communication skills (f=4.466: p=0.012).

**Table2 – Relationship between clinical communication skills according to the nurses' age.**

**TABLE 2**

The results also show that nurses who have a longer career in nursing are those who show higher clinical communication skills in all its dimensions and mainly in the assertive communication they know how to develop with their patients and in the way they are able to facilitate dialogue.

Keeping the *Kalamazoo Consensus Statement* in mind, we asked the participants to organize the essential skills of the clinical interview, starting with the more relevant skill (1) and ending their ranking process with the less relevant one (7). Then, as we can see in table 3, nurses stated that Building nurse-patient relationship (M=1.86) should come first; secondly we have the Gathering of information (creating a clinical history) (M=3.16); Understanding the patients' perspective about their problem/disease came third (M=3.18); in the fourth place we had Opening a consultation /clinical interview (M=3.51); sharing and talking about clinical information with the patients comes fifth (M=4.56); Reaching agreement with the patient on his

problems/diagnosis and therapeutic plan (M=4.81) comes sixth and providing closure for the consultation/interview comes last (M=6.85).

### TABLE 3

#### Discussion

Just over half of the nurses who have participated in this study (57.1%) had some sort of training in the clinical communication area. Those results emphasized the need to promote nurses' training in order to give them better clinical communication skills which are essential to create useful relationships with their patients<sup>(14,15,29)</sup>.

The majority of the nurses with interviewed (73.1%) told us that they had already felt the need to get training in the field of clinical communication to be able to meet their patients' needs. These results are in agreement with Alves<sup>(13)</sup> when he says that "the teaching of communication skills is vital to health care practice, both during nurses' college training and as lifelong learning programs". Those skills, although being essential to doctors and nurses, should also be taught to other health care workers.

All the nurses agreed that clinical communication skills are very important in health care practice and 77.0% of them referred that those communication skills got the attention they deserved in their nursing course. We realized that the majority of the nurses think that, even before they get clinical knowledge, there should be a specific School subject in which students would learn about therapeutic communication. They suggest a more practical approach with real or simulated clinical cases. These results are in agreement with other studies done with medical and nursing students in which they considered that the training they had in clinical communication was enough, but it was not the ideal preparation. That is why those students suggested a specific school subject that would deal with this domain from the beginning of their basic college formation and throughout their entire career as health care workers<sup>(3,30-32)</sup>.

A higher investment in nurses' training that will develop communication skills which will enable them to establish better relationships with the patients is necessary. This investment should begin in colleges' basic training so that stereotyped and impersonal behaviours that interfere with nurses' performance and with the way this performance could influence their relationship with the patients may be eliminated<sup>(33)</sup>.

In this study, we realized that some nurses think that we must invest in a kind of practice that will teach them how to give their patients bad news and how to help the patient become more aware of his health condition, how to help him understand what is really happening to him and give his agreement about further surgeries and/or treatments.

Nurses state that their concerns have to do with the creation of an empathic communication/relationship, with learning how to communicate assertively, how to give the patient/his family a chance to clearly express his/their doubts and emotion while giving him their full support. Nurse practitioners spend more than two thirds of patient-encounter clinical time in intrapersonal communication and the lack of time or controlled time is another nurses' concern since it can limit interpersonal relationships and prevent them from effectively listening to their patients' complains. On the other hand, nurses' profession is characterized by constant pressures, long working schedule, staff shortage in the different services, emotional and physical strain and a close relationship with suffering and terminal patients<sup>(34)</sup>.

While ordering the essential skills of clinical interviews (*KCS*) nurses have given more importance to the gathering of information than to the opening of the consultation/clinical interview, that is to say that the focus of the dialogue is set more on the physician than on the patient and on what he has to say. Health care worker are often more concerned with the results of the patients' medical exams, with the signs and the symptoms, the diagnosis and treatment (provider-centered action) than with what the patient thinks about the disease, with his bio-psychosocial concerns and expectations so he could share his opinions (patient-centered action)<sup>(34)</sup>.

Results show that older nurses and who have a longer career have better communication skills, mainly regarding assertive communication with the patient and in the way they facilitate the patients' dialogue. These results can be explained with the professional experience they have gained during all those working years. In other words, older nurses could have acquired more specific skills (empathic and communicative). The acquisition and consolidation of those clinical skills in nurses is considered as a process which is initially associated with their academic training and that grows under the influence of multiple factors, namely personal influences and each worker's own life experiences<sup>(32)</sup>.

These results may show that these nurses' longer career is a predictor for higher clinical communication skills. Nursing professional knowledge is the result of a

building process, anchored in a reflected and involved practice which gets broader and broader as the professional experience increases<sup>(35)</sup>.

Nurses agreed that the nursing school they attended paid due attention to communication skills and that they feel ready as far as clinical communication skills are concerned. Some studies<sup>(36)</sup> reveal that nurses who had received some training in clinical communication show higher skills when it comes to hold the patient responsible for the therapeutics he needs to follow and when it comes to understand their patients' concerns, integrating the consequences of their diseases and the recovery process in their lifestyle. They also possess a higher capacity of understanding the patients' problems.

Concerning the socio-demographic, professional and specific training variables that have influenced nurses' clinical communication skills during health care, we deduced that age, training they had received in communication, school and professional level and the worker's professional category will statistically interfere with those skills.

As a limitation in our study, we can refer that the non-random sampling affects the external validity if we want to generalize our conclusions. A second limitation is associated with the measurement instrument since it collects what nurses tell us, their perception, and not what really happens. On the other hand, it doesn't assess the non-verbal communication which has a very important impact on the therapeutic relationship. Further investigations will be needed to develop, test and validate objective instruments to assess and improve clinical communication. Further studies could use video footage to assess verbal and non-verbal communication<sup>(4)</sup>.

Based on these results, we could make some suggestions. So, we suggest that clinical communication should get a larger attention in nurses' basic training programs, with the introduction of training modules and curricular units that would help nursing students understand that clinical communication skills are an acquisition that must be permanently present in their professional practice and understand how indispensable those skills are.

Health care workers' training institutions have to adopt teaching instruments and structured programmes in which these skills may be developed, opportunities may be offered to the training of those skills and forms to assess communication abilities may be promoted. As an example, we refer role-playing scenarios; small groups using video footage; three-student group in which one of the students plays the patient's role, another one is the student and the third one is the observer and using simulated

cases and post-conferencing after each therapeutic relationship<sup>(28)</sup>. Nursing teachers have to enable their students to reach their full potential as communicators and future health care professionals.

We also suggest more opportunities to implement in-service training as far as clinical communication and interpersonal relationships are concerned, skill evaluation instruments (checklist of the nurses' behaviours we could observe during interactions) and regular team meetings where there would be debates about these skills and behaviours.

### **What we know about the theme**

Effective communication between health care workers and their patients is considered as one of the main clinical functions so the teaching and learning of those communication skills are essential to change patients' behaviours, reassure them and promote the quality of the health care provided.

### **What we get out of the study**

This study contributed to this field investigation and was useful to stress out the need to identify problems in health care workers' training and clinical communication and also to suggest possible solutions to improve clinical practice. The study shows that the nurses who have participated feel they need more training, shows that age, gender, the training they got in communication, their academic/professional level and their professional category interfere statistically with clinical communication skills. Data suggest a more important investment in clinical communication during the nurses' academic training and the promotion of in-service training in this field.

### **Conflict of interest**

The authors declare that there are no conflicts of interest

### **Acknowledgements**

To all the nurses who participated in the filling out of the questionnaires and to the Instituto Politécnico de Viseu, Escola Superior de Saúde, CIDETS.

## References

- 1 Makoul G. Essential elements of communication in medical encounters: the Kalamazoo Consensus Statement. *Acad Med.* 2001;76(4):390-393.
- 2 Duffy FD, Gordon GH, Whelan G, Cole-Kelly K, Frankel R, Buffone N, Lofton S, Wallace M, Goode L, Langdon L. Assessing competence in communication and interpersonal skills: the Kalamazoo II report. *Acad Med.* 2004;79(6):495-507.
- 3 Leite RA. Competências essenciais de comunicação clínica no curso de Medicina da UBI: avaliação e revisão curricular. Dissertação para a obtenção do grau de Mestre em Medicina. Covilhã: Universidade da Beira Interior; 2013. Available from:  
<http://ubibliorum.ubi.pt/bitstream/10400.6/1613/1/Disserta%C3%A7%C3%A3o%20Rita%20Leite.pdf>
- 4 O'Shea ER, Pagano M, Campbell SH.,Caso G. A Descriptive Analysis of Nursing Student Communication Behaviors. *Clinical Simulation in Nursing.* 2013;9(1):e5-e12
- 5 Shinitzky HE, Kub J. The art of motivating behavior change: the use of motivational interviewing to promote health. *Public Health Nurs.* 2001;18(3):178-185.
- 6 Yedidia MJ, Gillespie CC, Kachur E, Schwartz MD, Ockene J, Chepaitis AE, Snyder CW, Lazare A, Lipkin M. Effect of communications training on medical student performance. *JAMA.* 2003;290(9):1157-1165. Available from:  
<http://jama.jamanetwork.com/article.aspx?articleid=197213>
- 7 Ruiz-Moral R, Perez Rodriguez E, Perula de Torres LA, de la Torre J. Physician-patient communication: a study on the observed behaviors of specialty physicians and the ways their patients perceive them. *Patient Educ Couns.* 2006;64(1-3):242-248. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/16597495>
- 8 Rider EA, Hinrichs MM, Lown BA. A model for communication skills assessment across the undergraduate curriculum. *Teach Med.* 2006;28 (5):e127-134.
- 9 Lang, E. A better patient experience through better communication. *Radiol J Nurs.* 2012;31(4):114-119. Available from:  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587056/>

- 10 Bachmann C, Abramovitch H, Barbu CG, Cavaco AM, Elorza RD, Haak R, Loureiro E, Ratajska A, Silverman J, S Winterburn S, Rosenbaum M. A European consensus on learning objectives for a core communication curriculum in health care professions. *Patient Education and Counseling*. 2013;93(1):18-26.
- 11 Schoenthaler, A, Chaplin W F, Allegrante J P, Fernandez S, Diaz-Gloster M, Tobin JN, Ogedegbe G. Provider communication affects medication adherence in hypertensive African Americans. *Patient Educ Couns*. 2009;75(2):185-191. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2698021/>
- 12 Institute for Healthcare Communications. Impact of communication in healthcare. 2011. Available from: <http://healthcarecomm.org/about-us/impact-of-communication-in-healthcare/>
- 13 Alves AIA. Competências interpessoais em saúde: comunicar para a qualidade, com o utente e em equipa multidisciplinar. Dissertação para obtenção de mestrado em Gestão da Saúde. Lisboa: Escola Nacional de Saúde Pública; Universidade Nova de Lisboa; 2011 Available from: <http://run.unl.pt/bitstream/10362/9585/3/RUN%20-%20Disserta%C3%A7%C3%A3o%20de%20Mestrado%20Ana%20Isabel%20Alves.pdf>.
- 14 Cardoso RM (Coord.). Competências clínicas de comunicação. Porto: FMUP, Unidade de Psicologia Médica; 2012.
- 15 Phaneuf M. Comunicação, entrevista, relação de ajuda e validação. Loures: Lusociência; 2005.
- 16 Carvalho I.P, Silva RR, Pais VG, Braga MF, Vale IC, Teles A, Almeida SS, Cardoso RM. O ensino da comunicação na relação médico-doente – Uma Proposta em Prática. *Acta Med Port*. 2010;23: 527-532.
- 17 Lang F, McCor R, Harvill L, Anderson D. Communication Assessment Using the Common Ground Instrument: Psychometric Properties. *Fam Med*. 2004;36(3):189-98.
- 18 Andrade, S.M.M. Comunicação Centrada no Doente Crónico: Validação do Health Care Communication Questionnaire para a População Portuguesa. Porto: Universidade Fernando Pessoa, Faculdade de Ciências Humanas e Sociais;

2014. Available from:  
[http://bdigital.ufp.pt/bitstream/10284/4216/3/Disserta%C3%A7%C3%A3o\\_Sofia%20Andrade.pdf](http://bdigital.ufp.pt/bitstream/10284/4216/3/Disserta%C3%A7%C3%A3o_Sofia%20Andrade.pdf)

- 19 Schrimmer JM, Mauksch L, Lang F, Marvel MK, Zoppi K, Epstein RM, Brock D, Pryzbylski M. Assessing Communication Competence: A Review of Current Tools. *Fam Med*. 2005;37(3):184-192.
- 20 Zoppi K, Epstein RM. Is communication a skill? Communication behaviors and being in relation. *Fam Med*. 2002;34(5):319-324.
- 21 Epstein RM, Hundert EM. Defining and assessing professional competence. *JAMA* 2002;287(2):226-235.
- 22 Boyle D, Dwinnell B, Platt F. Invite, Listen, and Summarize: A Patient-Centered Communication Technique. *Acad Med*. 2005;80(1):29-32.
- 23 Johnston J, Fidelie L, Robinson K, Killion J Behrens P. An instrument for assessing communication skills of health care and human services students. *The internet Journal of Allied Health Sciences and Practice*. 2012;(10)4:Article 6.
- 24 Joyce BL, Scher E, Steenbergh T, Voutt-Goos MJ. Development of an Institutional Resident Curriculum in Communication Skills. *Journal of Graduate Medical Education*. 2011;3(4):524-528. Available from:  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3244319/>
- 25 Von Fragstein M, Silverman J, Cushing A, Quilligan S, Salisbury H, Wiskin C. UK consensus statement on the content of communication curricula in undergraduate medical education. *Medical Education*. 2008;42(11):1100-1107.
- 26 Kiessling C, Dieterich A, Fabry G, Holzer H, Langewitz W, Muhlinghaus I, Pruskil S, Scheffer S, Schubert S. Communication and social competencies in medical education in German-speaking countries: The Basel Consensus Statement. Results of a Delphi Survey. *Patient Education Counseling*. 2010;81(2):259-266.
- 27 Joyce BL, Scher E, Steenbergh T, Voutt-Goos MJ. Development of an Institutional Resident Curriculum in Communication Skills. *Journal of Graduate Medical Education*. 2011; 3(4):524-528.
- 28 Rosenberg S, Gallo-Silver L. Therapeutic communication skills and student nurses in the clinical setting. *Teaching and Learning in Nursing*. 2011;6: 2-8.

- 29 Riley JB. Comunicação em Enfermagem. 4ª Edição. Loures: Lusociência; 2004.
- 30 Santos AR, Pessoa T. Aprender a comunicar em enfermagem. In Actas do X Congresso Internacional Galego-Português de Psicopedagogia. Braga: Universidade do Minho; 2009. P. 2679-2688. Available from: <http://www.educacion.udc.es/grupos/gipdae/documentos/congreso/xcongreso/pdfs/t7/t7c196.pdf>
- 31 Martins JC, Baptista RC, Coutinho VR, Mazzo A, Rodrigues MA, Mendes IC. Self-confidence for emergency intervention: adaptation and cultural validation of the Self-confidence Scale in nursing students. Rev. Latino-Am. Enfermagem. 2014;22(4):554-61.
- 32 Zangão MO, Mendes FRP. Relational skills and preserving patient privacy in the caring process. Rev Bras Enferm. 2015;68(2):191-197. Available from: <http://www.scielo.br/pdf/reben/v68n2/0034-7167-reben-68-02-0191.pdf>.
- 33 Briga SCP. A comunicação terapêutica enfermeiro/doente: perspectivas de doentes oncológicos entubados endotraquealmente. Dissertação de Mestrado em Ciências de Enfermagem. Porto: Instituto de Ciências Biomédicas de Abel Salazar da Universidade do Porto; 2010. Available from: <https://repositorio-aberto.up.pt/bitstream/10216/26914/2/Dissertao%20Mestrado%20Snia%20Briga.pdf>
- 34 Berry JA. Nurse Practitioner/Patient Communication Styles in Clinical Practice The Journal for Nurse Practitioners – JNP 2009;5(7):508-515.
- 35 Correia, MCB. Processo de Construção de Competências nos Enfermeiros em UCI. Tese de Doutoramento em Enfermagem. Lisboa: Universidade de Lisboa, Escola Superior de Enfermagem de Lisboa; 2012. Available from: <http://repositorio.ul.pt/handle/10451/7992>
- 36 Aued, GK. Competência clínica na prática assistencial de enfermeiros de um hospital privado. Dissertação de Mestrado em Enfermagem. Curitiba: Universidade Federal do Paraná; 2013. Available from: <http://acervodigital.ufpr.br/bitstream/handle/1884/35065/R%20-%20D%20-%20GISELE%20KNOP%20AUED.pdf?sequence=1>

**Table1– Relationship between clinical communication skills according to the nurses' gender.**

Clinical communication skills	Gender	Male	Female	UMW	p
		MO	MO		
F1 – Involving the patient		135,46	138,82	6798,000	0,763
F2 – Facilitating dialogue		139,54	137,50	6865,000	0,854
F3 – Understanding patients' concerns		127,37	141,42	6256,000	0,204
F4 – Communicating assertively		134,40	139,16	6726,500	0,643
F5 – Conducting the interview		133,40	139,48	6659,500	0,582
Global Clinical Communication Skills		131,90	139,96	6559,500	0,470

**Table2 – Relationship between clinical communication skills according to the nurses' age.**

Clinical communicatio skills	=<31 years old		32-39 years old		=>40 years old		f	p
	Mean	SD	Mean	SD	Mean	SD		
F1 – Involving the patient	80,09	11,965	79,97	14,440	86,02	13,359	6,195	0,002
F2 – Facilitating dialogue	87,39	11,103	88,89	10,325	90,25	10,883	1,592	0,205
F3 – Understanding patients' concerns	81,88	12,689	85,85	10,587	87,77	11,942	5,897	0,003
F4 – Communicating assertively	92,04	10,653	90,07	11,675	93,11	9,376	1,969	0,142
F5 – Conducting the interview	80,67	11,875	83,77	12,924	86,41	13,204	4,632	0,011
Global Clinical communication skills	83,81	9,985	85,35	10,512	88,35	10,705	4,466	0,012

**Table 3**

Ranking	Statement	Mean
1st	A1- Building relationship (rapport);.	1,86
2nd	A3- Gathering information	3,16
3th	A4- Understanding the patient's perspective.	3,18
4th	A2- Opening the discussion.	3,51
5th	A5- Sharing Information.	4,56
6th	A6- Reaching Agreement on problems and plans.	4,81
7th	A7- Providing Closure.	6,85