



# Effectiveness Of Participatory Soft Skills Training On Quality Of Care, Clinical Communication Skills, Job Satisfaction And Self-Efficacy Among Nurses Working In Tertiary Care Hospitals: A Quasi-Experimental Study

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## ABSTRACT

**Background:** Influence of effective communication tool in improving quality nurse-patient relation in the health industry needs improved nursing practice, good nursing judgement, and satisfaction of the clients which exponentially influences overall patient care.

**Objective:** To assess the mean pairwise relationship between of participatory soft skills training and clinical communication skills among nurses working in tertiary care hospitals.

**Design:** A quasi experimental, two group pre-test and post-test using evaluative approach

**Setting:** Sharda Hospital at tertiary care hospitals at Greater Noida, Uttar Pradesh.

**Participants:** Nurse managers, nursing incharge and staff nurses.

**Methods:** Training the trainee program (TOT) was conducted which included 280 participants, (N=20) trainer nurses and (N=20x13=260) trainee nurses in April and May 2018. Data was analyzed using both descriptive and inferential statistics.

**Results:** The statistical findings revealed that trainer and trainee nurses clinical communication skills, job satisfaction and self-efficacy improved significantly after imparting participatory soft skill training the trainee program. Further, there was a significant improvement in level of satisfaction among patients under trainer and trainee nurses.

**Conclusion:** The study concluded that there was specific need for participatory soft skill training for the nurses. Soft skills (TOT) training had a positive impact on patient satisfaction in terms of quality of nursing care imparted by nurses to improve overall care. The enhanced job satisfaction and self-efficacy among nurses contributed to gratification.

**Key words:** Participatory soft skill training; Clinical communication; Job satisfaction; Self-efficacy; Nurses

Number: 10.14704/nq.2022.20.7.NQ33461

Neuro Quantology 2022; 20(7):3731-3740

## 1. Introduction

Nursing is a profession that has many roles and each of these roles have general and specific responsibilities (Dahnke, 2009). An important duty of professional nurses is maintaining and promoting the health care of individuals and human societies, which is done by using advanced scientific principles, benefiting from humanitarian and principle practices, establishing suitable communication with clients, and caring based on medical ethics (Khodadadi et al., 2013a). Nurses

are at forefront of healthcare (Hughes, 2006). Communication with patients and their families is the primary and main role in maintenance and promotion of health, prevention from disease, and relieving the pain of clients (Esmaeili et al., 2012). Nurse's sighted tasks and clarifying communicative lines as their purpose to help effectively establish appropriate working conditions (Esmaeili et al., 2012).



## 2. Background

Majority of the errors in the medical profession can be brought down by following simple measures that include effective communication, inter disciplinary collaboration, and reliable work culture. Effective communication plays an instrumental role throughout a patient's entire healthcare experience, and a large portion of the responsibility falls on nurses (UNM, 2016). Responsible for relaying information to a number of individuals, nurses must be able to communicate clearly, especially during periods of intense stress, a good written and verbal communication in nursing is invaluable to all involved (UNM, 2016).

Good communication between nurses and patients is essential for the successful outcome of individualized nursing care of each patient and to achieve this, however, nurses must understand and help their patients, demonstrating courtesy, kindness and sincerity; also they should devote time to the patient to communicate with the necessary confidentiality, and must not forget that this communication includes persons who surround the sick person, which is why the language of communication should be understood by all those involved in it (Lambrini, 2014).

An effective relationship with the patient in the process of treatment is essential; nurses must have the required soft skills in order to establish effective relationships with the patients i.e., grooming, communication skills which includes telephonic communication, usage of right words/phrases, etiquettes and manners, body language, group discussions, how to communicate a bad news, engaging in difficult conversation with patients, handling complaints, communication with other departments/health care professionals and customer orientation/client services in order to establish effective relationships with the patients and patient satisfaction (Khodadadi et al., 2013b).

Job satisfaction of a worker is an emotional response to different job related factors resulting in finding pleasure, comfort, confidence, rewards, personal growth and various positive opportunities, including upward mobility, recognition, and appraisal done on a merit pattern with monetary value as compensation (Temesgen et al., 2018). The emergence of issues

for busy nurse managers and clinicians trying to manage increasing workloads with responsibility for student learning is required learning soft skills, which may support nurse managers and clinicians to more effectively manage their dual roles of clinical care and student support (Perry et al., 2018). Changes in the work practice disrupt the self-efficacy or confidence that one can handle; which may be vital for the retention in jobs and changes in work environment put nurses at a higher risk for attrition turnover across all the countries (Vardaman et al., 2018).

Education acts as an key role in meeting goals of sustainable development, the emergence of issues for a busy nurse manager; trying to manage increasing workloads along with responsibility of training nurses in required soft skills, were essentially required to improve the communication competence of nurses, to satisfy the required components of self-efficacy and job satisfaction which would inherently affect quality of care patients receive (Park et al., 2015).

## 3. Aims and objectives

The aim of the study was the purpose of the study is to build the capacity of the nurses using soft skills; in order to improve clinical communication skills, job satisfaction, self-efficacy and overall quality of care, hence, improving the patient's satisfaction.

- Assess the clinical communication skills, job satisfaction, self-efficacy and quality of nursing care of trainers and trainee group of nurses working in wards of selected tertiary hospitals.
- Develop a soft skill training for trainer and trainee group of nurses
- Find out the effectiveness of soft skill training in terms of difference in quality of nursing care, job satisfaction, self-efficacy scores in trainer and trainee group of nurses and patient satisfaction.

## 4. Methods

### 4.1. Study Design

A quasi-experimental two group pre-test and post-test design was chosen as the most appropriate design for this study as it was an evaluative in nature. A two-group pre-test and post-test design is an experimental design, which differentiates the change that occurs within two

separate groups on some dependent variable and the outcome is measured by that dependent variable at two time periods, before and after setting in motion(an intervention) independent variable

#### 4.2. Study Setting

This study was carried out in Sharda Hospital, Greater Noida, Uttar Pradesh. A letter seeking permission for the study was written to medical superintendent and same was granted.

#### 4.3. Sample

Purposive sampling was used to select participants. This ensured that participants were knowledgeable, articulate and willing to give rich, descriptive information about the topic (Polit and Beck, 2014). The participants were required to meet the inclusion criteria; both male and female nurses who were working in hospital, the nurses who were present at the time of data collection, the nurses who were willing to participate in the study and nurses who are exposed to or have previous experience in soft skill training were excluded from the study due to a risk of bias and coercion.

The selection of trainer nurses included nurse managers and nursing incharge, the deputy nursing superintendent called upon the notice of recruitment into the study. Interested participants were given a consent form and information leaflet that explained all aspects of the study. Those wishing to participate returned a signed consent form.

The selection of trainee nurses, recruitment notices were displayed in each wards where trainer nurses worked in the hospital. Interested participants were given a consent form and information leaflet that explained all aspects of the study. Those wishing to participate returned a signed consent form. The final sample size of the study was 280 participants, (N=20) trainer nurses and each trainer nurses selected 13 trainee nurses, under them (N=20x13=260). The trainer nurses were trained regarding soft skills by the researcher, who further trained the trainee nurses.

#### 4.4. Ethical considerations

The study followed the principles outlined by 'schedule Y of Drugs and Cosmetic Act and ICH-GCP' and its later amendments and was approved

by the Ethical Guidelines for Biomedical Research on Human Participants by ICMR. Written information about the study was given to the participating nurses and also a written consent was obtained via informed consent and primary investigator of the study maintained the anonymity of the nurses along with the confidentiality of data throughout the study. **3733**

#### 4.5. Data collection

Data was collected using demographic proforma for trainer/trainee nurses, clinical communication were observed using check list, modified job satisfaction questionnaire, modified self-efficacy questionnaire. The patient's demographic proforma and quality of nursing care in relation with patient satisfaction was collected before and after participatory soft skill training program.

Demographic proforma comprised of 9 items they are age, gender, religion, educational status, employment designation, years of experience, do you have previous knowledge of soft skill training, and do you think soft skill training will influence you and your hospital services.

Clinical communication observation checklist consisted Yes/No observations, tool was divided into 7 sections: nurse-patient approach, telephonic conversation, etiquettes and manners, nurse in ward and lobby, communication with other health care professionals, communication with family, and disclosure of patients concerns. The scores were classified into (0,1) indicating no and yes respectively. All the questions were positive and there were no negative statements. The check list is classified into scores as follows 15=no clinical communication skills, scores ranging from 16-31=poor clinical communication skills, 32-48=moderate communication skills, 49-65=good communication skills.

Modified job satisfaction questionnaire comprised 6-point rating scale which was developed by the researcher by under taking review of literature. The developed tool contained 19 questions based on 3level of satisfaction. They are individual/managerial satisfaction; job itself, supervisors/co-workers. The scores were classified as 6-excellent, 5-very good, 4-good, 3-average, 2-poor and 1-very poor. All the questions were positive and there were no negative statements. The scale is classified into scores as

follows 19-42-dissatisfied, 43-66-neutral, 67-90-satisfied and 91-114 - highly satisfied.

Modified self-efficacy questionnaire comprised 5 point rating scale which was developed by the researcher by under taking review of literature. The developed tool contained 17 questions based on 3levels of self-efficacy. They are self-trust, self-confidence, and self-adjustment. The scores were classified as 5-strongly disagree, 4-disagree, 3-not sure, 2-agree, 1-stronglyagree. There are no positive questions; all the questions were negative in nature. The scale is classified into scores as follows 17-33-very low self-efficacy, 34-51-low self-efficacy,52-68-moderate self-efficacy, 69-85-good self-efficacy.

The patient’s demographic proforma comprised of 8 items of demographic proforma of the trainer/trainee nurses they are age, gender, religion, marital status, period of hospitalization, kind of division of bed occupancy, previous bad experience about lack of nurses’ attention and lack of communication.

Quality of nursing care in relation with patient satisfactionconsisted3 point rating scale. The developed tool contained 27 questions based on 3content areas of patient satisfaction. They are communication skill, nursing care, and nursing endeavours. The scores were classified and scored as 3-most of the time, 2-some time, 1-rarely. There were only positive questions in nature. The scale is classified into scores as follows 27-44-dissatisfied, 45-63-neutral, 64-81-satisfied

The participatory soft skill training program for teaching and learning included videos, power point presentation and demonstrations; the contents of the materials were under various headings, they are essence of welcome, basic communication process, hospital look for nursing fraternity, basic etiquettes and manners, body language and its demonstration, ISBAR (identify, situation, background, assessment, recommendation), compassionate phrases and telephonic conversation phrases. Teaching methods like small group discussion, lecture, class discussion, demonstration, role play and stimulation, practicing live skills, audio and visual activities using available resources were incorporated in this soft skill training of trainer and trainee nurses.

#### 4.6. Data analysis

The data was analyzed quantitatively; the demographics were subsequently assessed using descriptive statistics. Repeated measures ANOVA were used to explore the mean pairwise relationship between of participatory soft skills training and clinical communication skills, job satisfaction and self-efficacy of nurses along with quality of nursing care in relation with patient satisfaction. The statistical software used was IBM SPSS Statistics version 23.

### 5. Results

#### 5.1. participants characteristics

The trainer (n=20) and trainee (n=260) nurses demographics in shows that majority of trainer nurses n=9(45%) belonged to the age group of 31-35 years, majority of the trainer nurses n=16(80%) were females, majority of them were Christians, i.e., n=13(65), majority educational status was found to be, GNM, i.e., n=18(90%), majority of samples selected by researcher to be trainers were designated as nurse managers, i.e., n=15(75%) (Table 1).

**Table 1** Socio-demographic information of the trainer group of nurses (n=20).

Demographic information	n	%
<b>Age in years</b>		
21-25	-	-
26-30	5	25
31-35	9	45
Above 35	6	30
<b>Gender</b>		
Male	4	20
Female	16	80
<b>Religion</b>		
Hindu	5	25
Muslim	1	5
Christian	13	65
Others	1	5
<b>Educational status</b>		
ANM	1	5
GNM	18	90
B.Sc.	1	5
M.Sc. & above	-	-
<b>Employment Designation</b>		
Staff Nurse	2	10
Nurse Educator	-	-
Nurse Managers	15	75
Nursing Superintendent	3	15
<b>Years of Experience</b>		
0-5 years	1	5
6-10 years	6	30
11-15 years	9	45
15 years & above	4	20
<b>Do you have previous Knowledge on Soft Skill Training</b>		
Yes	-	-
No	20	100
<b>Do you think, Soft Skill Training will influence you and your hospital services</b>		
Yes	20	100
No	-	-

ANM-auxiliary nurse midwife, GNM-general nurse midwife, B.Sc.-bachelors in nursing, M.Sc.-masters in nursing.



Majority of trainee nurses n=156 belonged to the age group of 21-25 years, majority were found to be females, i.e., n=162(62.3%), educational status which stood out was GNM leading n=199(76.5%), all of the 260 trainees were staff nurses, majority of the trainee nurses had 0-5 years of experience, which was n=239(91.9%) (Table 2).

**Table 2** Socio-demographic information of the trainee group of nurses (n=260).

Demographic information	n	%
<b>Age in years</b>		
21-25	156	60
26-30	83	31.9
31-35	17	6.5
Above 35	4	1.5
<b>Gender</b>		
Male	98	37.7
Female	162	62.3
<b>Religion</b>		
Hindu	213	81.9
Muslim	21	8.1
Christian	25	9.6
Others	1	0.4
<b>Educational status</b>		
ANM	-	-
GNM	199	76.5
B.Sc.	60	23.1
M.Sc. & above	1	0.4
<b>Employment Designation</b>		
Staff Nurse	260	100
Nurse Educator	-	-
Nurse Managers	-	-
Nursing Superintendent	-	-
<b>Years of Experience</b>		
0-5 years	239	91.9
6-10 years	16	6.2
11-15 years	4	1.5
15 years & above	1	0.4
<b>Do you have previous Knowledge on Soft Skill Training</b>		
Yes	-	-
No	260	100
<b>Do you think, Soft Skill Training will influence you and your hospital services</b>		
Yes	260	100
No	-	-

ANM-auxiliary nurse midwife, GNM-general nurse midwife, B.Sc.-bachelors in nursing, M.Sc.-masters in nursing.

## 5.2. Mean and standard deviation of clinical communication, job satisfaction, and self-efficacy of trainer and trainee nurses

The statistical results showed gradual increase in mean of trainer nurse's clinical communication, job satisfaction and self-efficacy variables before and after implementation of intervention (participatory soft skill training program) by the researcher i.e. pre-test, post-test-I, post-test-II and post-test-III. An overall Mean  $\pm$  SD of clinical communication, pre-test was  $18.20 \pm 2.44$ , post-test-I  $50.85 \pm 6.84$ , post-test-II  $55.65 \pm 6.49$  and post-test-III  $60.15 \pm 4.30$  (Table 3).

**Table 3** Shows all the Mean  $\pm$  Sd of clinical communication scores among trainer nurses

Clinical Communication	N	Mean	Std. Deviation
Pre-Test	20	18.20	2.441
Post-Test-I	20	50.85	6.84
Post-Test-II	20	55.65	6.49
Post-Test-III	20	60.15	4.30

Mean  $\pm$  SD of job satisfaction, pre-test was  $45 \pm 7.72$ , post-test-I  $60.90 \pm 11.67$ , post-test-II  $63.6 \pm 5.548$ , and in post-test-III  $85.20 \pm 6.049$  (Table 4).

**Table 4** Shows all Mean  $\pm$  SD of job satisfaction among trainer nurses

Job satisfaction	N	Mean	Std. Deviation
Pre-Test	20	45.30	7.719
Post-Test-I	20	60.90	11.67
Post-Test-II	20	63.6	5.548
Post-Test-III	20	85.20	6.049

Further, Mean  $\pm$  SD of self-efficacy among trainer nurses was  $36.35 \pm 5.081$  in pre-test,  $55.30 \pm 7.212$  in post-test-I,  $56.05 \pm 5.276$  in post-test-II and  $66.6 \pm 6.931$  in post-test-III (Table 5).

**Table 5** Shows all Mean  $\pm$  SD of self-efficacy among trainer nurses

Self-Efficacy	N	Mean	Std. Deviation
Pre-Test	20	36.35	5.081
Post-Test-I	20	55.30	7.212
Post-Test-II	20	56.05	5.276
Post-Test-III	20	66.6	6.931



The statistical results showed gradual increase in mean of trainee nurse’s clinical communication, job satisfaction and self-efficacy variables before and after implementation of intervention (participatory soft skill training program) in pre-test and post-test, Mean ± SD of clinical communication among trainee nurses was 26.83±3.268 in pre-test and 55.26±4.310 in post-test (Table 6).

**Table 6** Shows Mean ± SD of clinical communication among trainee nurses

Clinical Communication	N	Mean	Std. Deviation
Pre-Test	260	26.83	3.268
Post-Test	260	55.26	4.310

Mean ± SD of job satisfaction among trainee nurses, i.e., 49.77±10.99 in pre-test and 75.57±5.791 in post-test (Table 7).

**Table 7** Shows Mean ± SD of job satisfaction among trainee nurses

Job satisfaction	N	Mean	Std. Deviation
Pre-Test	260	49.77	10.99
Post-Test	260	75.57	5.791

Mean±SD of self-efficacy among trainee nurses, i.e., 41.85±9.123 in pre-test and 64.18±5.847 in post-test (Table 8).

**Table 8** Shows Mean ± SD of self-efficacy among trainee nurses

Self-Efficacy	N	Mean	Std. Deviation
Pre-test	260	41.85	9.123
Post-Test	260	64.18	5.847

**5.3. Hypothesis testing-1: there will be significant difference between mean pre-test, post-test I, post-test II and mean post-test III scores of clinical communication, job satisfaction and self-efficacy scores of trainer and trainee group of nurses.**

Trainer nurses clinical communication findings of within-subjects effects, ANOVA with lower bound test and eta squared value revealed that there were significant differences between the four times of measurement,  $f(1,19)=4307.249$ ,  $p=0.001$ , and this was a relatively significant effect size (eta-squared=0.996)(Table9).

**Table 9** Trainer nurses clinical communication findings of within-subjects effects, ANOVA with lower bound test and eta squared value  
n=20

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Intercept	170847.613	1	170847.613	4307.249	0.001	.996

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Job satisfaction findings revealed,  $f(1,19)=3942.167$ ,  $p=0.001$ , and this was a relatively significant effect size (Eta-squared=0.995) (Table 10).

**Table 10** Trainer nurses job satisfaction findings of within-subjects effects, ANOVA with lower bound test and eta squared value  
n=20

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Intercept	325125.000	1	325125.000	3942.167	0.001	.995

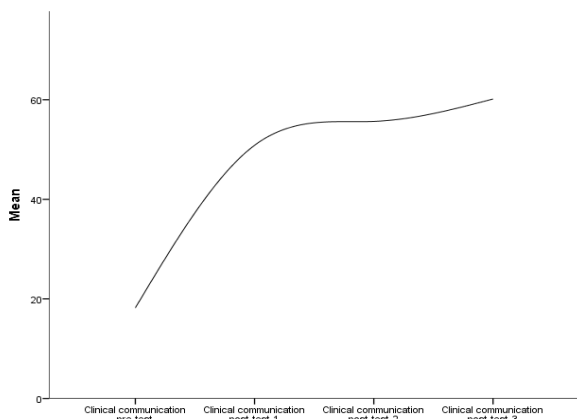
Self-efficacy findings revealed,  $f(1,19)=4164.791$ ,  $p=0.001$ , and this was a relatively significant effect size (Eta-squared=0.995)(Table 11).

**Table 11** Trainer nurses self-efficacy findings of within-subjects effects, ANOVA with lower bound test and eta squared value  
n=20

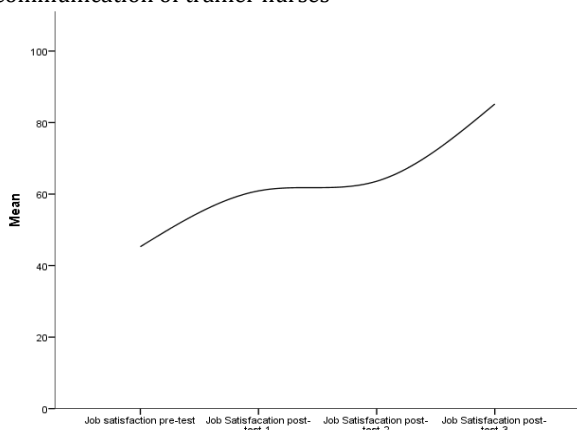
Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Intercept	229622.450	1	229622.450	4164.791	0.001	.995

Over all post Hoc LSD comparisons revealed that all four means were significantly different from each other and significant at 0.05 levels, clearly indicating that the level of clinical communication(Figure 1), job satisfaction (Figure 2) and self-efficacy (Figure 3) improved as the intervention was practiced by the participant trainer nurses signifying the TOT programs efficacy.

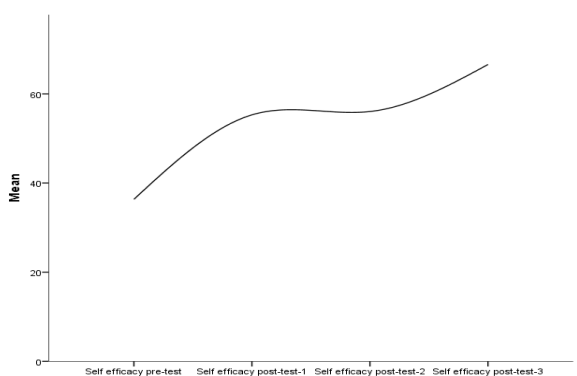




**Figure 1:** Line diagram showing comparison of pre-test and post-test-I, post-test-II, post-test-III means for clinical communication of trainer nurses



**Figure 2:** Line diagram showing comparison of pre-test and post-test-I, post-test-II, post-test-III means for job satisfaction of trainer nurses



**Figure 3:** Line diagram showing comparison of pre-test and post-test-I, post-test-II, post-test-III means for self-efficacy of trainer nurses

Trainee nurses clinical communication findings of within-subjects effects, ANOVA with lower bound test and eta squared value revealed that there were significant differences between the two times of measurement,  $f(1,259)=64536.150$ ,  $p=0.001$ , and this was a relatively significant effect size (Eta-squared = 0.996) (Table 12).

**Table 12** Trainee nurses clinical communication findings of within-subjects effects; ANOVA with lower bound test and eta squared value  $n=260$

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Intercept	876171.202	1	876171.202	64536.150	0.001	0.996

Job satisfaction findings revealed,  $f(1,259)=24890.477$ ,  $p=0.001$ , and this was a relatively significant effect size (Eta-squared=0.990) (Table 13).

**Table 13** Trainee nurses job satisfaction findings of within-subjects effects, ANOVA with lower bound test and eta squared value  $n=260$

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Intercept	2042390.233	1	2042390.233	24890.477	0.001	0.990

Self-efficacy findings revealed,  $f(1,259)=21396.791$ ,  $p=0.001$ , and this was a relatively significant effect size (Eta-squared=0.988) (Table 14).

**Table 14** Trainee nurses self-efficacy findings of within-subjects effects ANOVA with lower bound test and eta squared value was computed  $n=260$

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Intercept	1461740.192	1	1461740.192	21396.791	0.001	0.988

Over all post Hoc LSD comparisons revealed that two means were significantly different from each other and significant at 0.05 levels, clearly indicating the level of clinical communication, job satisfaction and self-efficacy improved as the intervention was practiced by the participant trainee nurses signifying the TOT programs efficacy.

**5.4. Hypothesis testing-2: There will be a significant difference between mean pre-test and mean post-test scores of quality of nursing care in relation with patient satisfaction of patients under trainer and trainee group of nurses who have undergone the participatory soft skills training program.**



The statistical results showed increase in mean of quality of nursing care in relation with patient satisfaction of patients under trainer and trainee group of nurses (n=280) who have undergone the participatory soft skill training program i.e. in pre-test M=49.13 and post-test M= 66.42. A repeated measures one-way ANOVA revealed that there were significant differences in quality of nursing care of trainer and trainee nurses between the two times of measurement,  $f(1,279)=23926.677$ ,  $p=0.001$ , and this was a relatively significant effect size (Eta-squared=0.988)(Table 15).

**Table 15** Trainer and trainee nurses' quality of nursing care findings of within-subjects' effects, ANOVA with lower bound test and eta squared value was computed n=280

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Intercept	1869252.350	1	1869252.350	23926.677	0.001	0.988

The computed Mauchly's  $W=1.00$  and the probability (0.001) is less than .05, hence it is concluded that that the variances between the two sets of scores are not equal. Hence, it was concluded that participatory soft skill training program improved the overall quality of nursing care provided by trainer and trainee nurses.

## 6. Discussion

The researcher found that there was no documented training program available for the nurses in improving the clinical communication, job satisfaction, self-efficacy and quality of care in terms of patients' satisfaction. This evaluative study explored effects of participatory soft skill training program. The findings of this study revealed that the planned soft skill training program imparted via TOT was captivating, enhancing and empowering. Similar findings were evident in a study to assess communication skills training on quality of nursing care, self-efficacy, job satisfaction and communication skills rate of nurses in hospitals of Tabriz, Iran; the mean results of post-test communication skills score in control and experimental groups were 81.06 (2.98) and 86.80 (11.35), respectively, and that their difference is statistically significant; the study concluded that the training of communication skills can increase the nurse's rate of communication skills and cause elevation

in quality of nursing care, self-efficacy and job satisfaction(Khodadadi et al., 2013b).

The current study participants identified teaching methods like small group discussion, lecture, class discussion, demonstration, role play, and stimulation, practicing live skills, audio and visual activities to be engaging and novel in nature, in their view incorporated soft skill components like essence of welcome, basic communication process, hospital look for nursing fraternity, basic etiquettes and manners, body language and its demonstration, ISBAR, compassionate phrases, telephonic conversation phrases provided liberal, interactive and appealing educational context that supported learning by doing methodology.

Consistent with current research (Zaçe et al., 2021), this study highlighted hospital management and nursing managers play an important role for the mental health of healthcare workers during infectious diseases outbreaks. In keeping with earlier research (Ndebele et al., 2012), study participants showed a significant increase in the level of information, motivation and behavioural skills by undergoing three-session intervention program using a skill model. Current study participants believed that participatory soft skill training program could help them increase their confidence by providing them a conducive environment and special preference upon others. The present study also highlighted that participatory soft skill training (TOT) could accommodate varied learning techniques and furnish personalized teaching and learning experience.

The train the trainer module based on "Kirkpatrick's Four-Level Training Evaluation Model - analysing training effectiveness"(Grice, 2010) advocated the educational approach adapted. The four steps of evaluation consisted reaction, learning, behaviour, results. The tangible results of the learning process in terms of improved quality of care, increased production, efficacy of participant nurses, overall acceptance of the training program, and increased competency were targeted. In the view of (Hall et al., 2004) the career planning and development program for registered nurses, ultimately contributed to better job satisfaction and self-efficacy. (Yang Qing, n.d.) endorsed a survey on nursing soft skills among nurses in Chongqing, which stated organization and management skills



and self-management skills increased with working years and administrative posts also the survey suggested that nursing soft skills could be enhanced by training.

The researcher has in this study recommends that the study may be replicated with a larger sample. Another consideration would be to conduct a comparative study with control group with a view to compare the practice on soft skills among nurses. Further, a follow up of the study can be conducted to evaluate the long term effect of the participatory training program and to find out the necessity of the reinforcement. Moreover, a study of qualitative nature can be conducted to assess the actual benefits of different approaches of the education program.

### 7. Study limitations

The present study was undertaken in one site; a small study population was selected there were limited number of nurses employed in the hospital, they were evaluated for clinical communication skills, job satisfaction, self-efficacy and quality of care in relation to patient satisfaction. Further, participatory soft skill training program as intervention was used. The nurses were selected by purposive sampling by there searcher and as per their willingness to participate in the study; findings cannot be generalized and limited only to the population under study. Participant's responses to self-reports would be biased including to exaggeration and selective experience and observation.

### 8. Conclusion

This study provided prolific and useful findings regarding role of soft skills, which are vital aspects of any industry. Soft-skills have become a subject of increasing interest in lifelong learning. Soft skills development is intended to enable and enhance personal development, participation in learning and success in employment (Gibb, 2014). Although there are different strategies to improve the practices of communication, job satisfaction, self-efficacy and quality of nursing care in relation with patient satisfaction, among nurses, the researchers in the current study has chosen to impart participatory soft skill training program. The findings provided an important insight into the challenges the nurses experience during bed side care, also it helped identify the source of support and needs the nurses needed.

However, nurses face many challenges such as burnout, communication barriers, etc...the findings further indicated soft skills (TOT) training had a positive impact on patient satisfaction in terms of quality of nursing care imparted by nurses to improve overall care. The enhanced job satisfaction and self-efficacy among nurses contributed to gratification. The practice first and replicate after to explore and learning by doing methods enabled the nurses to get transformation, nurses as a support system to the health industry when trained would deliver the best quality of care.

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### REFERENCES

- Dahnke, M. (2009). The Role of the American Nurses Association Code in Ethical Decision Making. *Holistic Nursing Practice*, 23, 112–119.
- Esmaeili, A., Mohajjel Aghdam, A., Sohrabi, M., Malekpoor, P., Dadkhah, D., & Alinejad, H. (2012). *Employed nurse's awareness about nursing sighted tasks* (Vol. 9).
- Gibb, S. (2014). Soft skills assessment: Theory development and the research agenda. *International Journal of Lifelong Education*, 33(4), 455–471.
- Grice, R. (2010, September). How to measure training effectiveness: Goal-based evaluation. *SCRIBD*, 1–4.
- Hall, L. M., Waddell, J., Donner, G., & Wheeler, M. M. (2004). Outcomes of a Career Planning And Development Program For Registered Nurses. *Nursing Economics; Pitman*, 22(5), 231–238, 227.
- Hughes, F. (2006). Nurses at the forefront of innovation. *International Nursing Review*, 53, 94–101. <https://doi.org/10.1111/j.1466-7657.2006.00463.x>
- Khodadadi, E., Ebrahimi, H., Moghaddasian, S., & Babapour, J. (2013a). The Effect of Communication Skills Training on Quality of Care, Self-Efficacy, Job Satisfaction and Communication Skills Rate of Nurses in Hospitals of Tabriz, Iran. *Journal of Caring Sciences; Tabriz*, 2(1), 27–37.
- Khodadadi, E., Ebrahimi, H., Moghaddasian, S., & Babapour, J. (2013b). The effect of communication skills training on quality of care, self-efficacy, job satisfaction and communication skills rate of nurses in hospitals of tabriz, iran. *Journal of Caring Sciences*, 2(1), 27–37. <https://doi.org/10.5681/jcs.2013.004>
- Lambrini, K. (2014). Communication in Nursing Practice. *Materia Socio-Medica*, 26(1), 65–67. <https://doi.org/10.5455/msm.2014.26.65-67>
- Ndebele, M., Kasese-Hara, M., & Greyling, M. (2012). Application of the information, motivation and behavioural skills model for targeting HIV risk behaviour amongst adolescent learners in South Africa. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 9(sup1), S37–S47. <https://doi.org/10.1080/17290376.2012.744903>
- Park, M. S., Jeoung, Y., Lee, H. K., & Sok, S. R. (2015). Relationships among communication competence, self-efficacy, and job satisfaction in Korean nurses working in the emergency medical center setting. *The Journal of Nursing Research: JNR*, 23(2), 101–108. <https://doi.org/10.1097/JNR.0000000000000059>
- Perry, C., Henderson, A., & Grealish, L. (2018). The behaviours of nurses that increase student accountability for learning in clinical practice: An integrative review. *Nurse*



*Education Today*, 65, 177–186.

<https://doi.org/10.1016/j.nedt.2018.02.029>

Temesgen, K., Aycheh, M. W., & Leshargie, C. T. (2018). Job satisfaction and associated factors among health professionals working at Western Amhara Region, Ethiopia. *Health and Quality of Life Outcomes*, 16(1), 65.

<https://doi.org/10.1186/s12955-018-0898-7>

UNM. (2016, September 23). *Importance of Communication in Nursing | UNM Online*. University of New Mexico.

<https://rnbsnonline.unm.edu/articles/importance-of-communication-in-nursing.aspx>

Vardaman, J. M., Rogers, B. L., & Marler, L. E. (2018). Retaining nurses in a changing health care environment: The role of job embeddedness and self-efficacy. *Health Care Management Review*.

<https://doi.org/10.1097/HMR.0000000000000202>

Yang Qing, L. P. (n.d.). *Survey on nursing soft skills among nurses in Chongqing—《Journal of Chongqing Medical University》 2009 -08*. Retrieved June 3, 2018, from

[http://en.cnki.com.cn/Article\\_en/CJFDTotal-](http://en.cnki.com.cn/Article_en/CJFDTotal-ZQYK200908039.htm)

[ZQYK200908039.htm](http://en.cnki.com.cn/Article_en/CJFDTotal-ZQYK200908039.htm)

Zaçe, D., Hoxhaj, I., Orfino, A., Viteritti, A. M., Janiri, L., & Di Pietro, M. L. (2021). Interventions to address mental health issues in healthcare workers during infectious disease outbreaks: A systematic review. *Journal of Psychiatric Research*, 136, 319–333.

<https://doi.org/10.1016/j.jpsychires.2021.02.019>

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