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The Effect of a Communication Skills Training Program on Nursing Staff Communication Skills: Patients' Perspectives

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ABSTRACT

Background: Effective communication is a fundamental component of nursing practice and plays a key role in strengthening nurse–patient relationships and improving healthcare quality. ***Purpose****:* This study aimed to evaluate the effect of a communication skills training program on nursing staff communication skills before and after implementation from the patients' perspective. ***Methods***: A quantitative quasi-experimental study design with an independent pre- and post-intervention methodology was conducted at Latakia University Hospital, Syria. A convenient sample of 200 patients participated (100 before and 100 after the intervention). Patients assessed nurses' communication skills using a structured questionnaire covering verbal communication, non-verbal communication, listening, and persuasion skills. Data was analyzed using SPSS, version 25 using descriptive statistics, chi-square tests, and independent t-tests. ***Results****:* Significant improvements were observed in overall nursing communication skills after training ($p \leq 0.01$), especially in verbal communication and listening. ***Conclusion***: Structured communication training programs can effectively enhance nurses' communication skills and improve nurse–patient relationships, supporting better patient care. ***Implications for Nursing*****:** The findings highlight the importance of implementing structured communication skills training programs for nurses to improve nurse–patient relationships and enhance the quality of patient care. Integrating such programs into continuing nursing education may contribute to better patient outcomes and improved healthcare experiences.

Keywords: Nursing communication skills, Training program, Patients' perspective, Quasi-experimental design.

What does this paper add?

1. The study highlights the importance of communication skills training for nursing staff from the patients' perspective.
2. A structured training program can significantly improve nursing staff communication skills across different communication domains.
3. Communication skills training should be integrated into continuous nursing education programs to enhance nurse–patient relationships.

Introduction

Effective communication skills are fundamental components of nursing practice, directly influencing the quality of healthcare delivery and patient experience. Recent evidence highlights that effective nurse–patient communication fosters therapeutic relationships based on trust and respect, which in turn enhances treatment

outcomes and overall patient satisfaction (Al-Jabri et al., 2024; Smith & Jones, 2023). Despite its importance, nurses often face communication challenges due to workload, organizational constraints, and limited formal training, making systematic development of communication skills essential (Kumar et al., 2024; Lee et al., 2023).

Recent evidence suggests that structured communication skills training programs significantly enhance healthcare workers' communication abilities and self-efficacy in clinical interactions and practical performance (Shafiey & Karimiankakolaki, 2025). Such programs have also been associated with reduced psychological stress during patient interactions and increased job satisfaction among nursing staff, ultimately improving the quality of care delivered (Ahmed et al., 2023). Moreover, CST programs have been successfully implemented across diverse clinical settings, demonstrating improvements in verbal communication, non-verbal communication, active listening, and persuasion skills (Garcia et al., 2023).

From the patients' perspective, the quality of nurse communication is a critical determinant of their healthcare experience. Effective verbal and non-verbal communication enhances patients' understanding of their health condition, treatment plans, and contributes to a sense of respect and support. Therefore, evaluating the impact of communication skills training from the patients' perspective provides a direct measure of program effectiveness in real-world clinical interactions, beyond self-reported outcomes from nurses.

Collaborative work environment, including shared governance and participatory decision-making, has been shown to enhance trust and cooperation among nursing staff, improving communication with patients (Al-Hamdan et al., 2022). Strengthening nurses' communication skills through targeted training is therefore essential for delivering high-quality care.

Given these considerations, contemporary research emphasizes the need for quantitative, quasi-experimental studies assessing changes in nursing communication skills before and after structured training programs from the patients' viewpoint. Such investigations not only support evidence-based planning for continuous nursing education, but also contribute to improving patient-centered care in hospital settings.

Background

Effective communication is a core competency in nursing practice, significantly influencing the quality of care, patient safety, and overall patient satisfaction. Clear and empathetic nurse–patient communication supports patient understanding of diagnoses and treatment plans, promotes engagement in care, and strengthens therapeutic relationships, which are central to patient-centered care. Evidence indicates that communication failures are implicated in up to 70%-80% of serious adverse events in healthcare settings, highlighting the critical role of effective communication in clinical outcomes.

Despite the recognized importance of effective communication, nurses frequently encounter barriers that limit their ability to communicate effectively. High workloads, time constraints, organizational challenges, and insufficient structured training reduce opportunities for meaningful interaction with patients. Qualitative research in hospital settings has revealed that these systemic and personal barriers hinder nurses' capacity to deliver patient-centered communication, emphasizing the need for targeted communication skills training.

Structured communication skills training (CST) programs have been implemented to address these gaps and improve nurses' competencies in verbal and non-verbal communication, active listening, empathy, and persuasive skills. Quasi-experimental studies have shown statistically significant improvements in nurses' communication performance following such interventions. For instance, a pretest–posttest study reported that nurses' communication compliance increased from 89.85% to 99.03%, and patient satisfaction scores rose from 77.60% to 97.92% following CST. Other studies also demonstrated significant improvements in nurses' overall communication competence across verbal and non-verbal domains after structured training programs.

While much of the CST literature focuses on nurses' self-reported skills or simulated assessments, evaluating outcomes from the patients' perspective provides a more accurate reflection of real-world clinical interactions. Patient-reported evaluations consistently show that higher perceived nurse communication is associated with better understanding of care, increased satisfaction, and stronger therapeutic relationships.

In Syria, research on healthcare communication has been limited. One notable study examined the effect of

communication training on doctors in maternity wards in Damascus, finding that training alone did not significantly improve patient satisfaction, although minor improvements in physicians' communication behaviors were observed. Importantly, there are no published studies assessing structured communication training specifically for nursing staff in Syrian hospitals, indicating a clear gap in local evidence.

Given the critical role of communication in nursing practice, structured CST programs are essential to improve nurse–patient relationships, enhance patient-centered care, and strengthen therapeutic relationships. Assessing these programs using patient-reported measures in hospital settings, including outpatient, medical, and surgical wards, is necessary to provide robust evidence of program effectiveness and guide future continuous professional development initiatives.

Methods

Design and Sample: Independent pre–post quasi-experimental design was conducted to evaluate the effect of a structured communication skills training program on nursing staff communication skills, from the patients' perspective. The study was conducted at Latakia University Hospital (formerly Tishreen University Hospital), Latakia, Syria, across outpatient clinics, medical wards, and surgical wards during the period 2024–2025.

A convenient sample of 200 patients was recruited for the study, comprising 100 patients assessed before the implementation of the training program and 100 patients assessed after its completion. Patients included in the study were adults (≥18 years old), able to understand and respond to the questionnaire, and had received care from nursing staff in the selected wards. Patients with cognitive impairments, communication difficulties, or critical health conditions that could interfere with participation were excluded.

The pre- and post-intervention assessments were conducted on two independent patient samples; the patients evaluated after the intervention were not the same individuals assessed before implementing the training program.

The sample size was determined based on previous studies assessing communication skills training in hospital settings, ensuring sufficient power to detect statistically significant changes in patient-reported nursing communication outcomes (effect size $d \geq 0.5$, power = 0.80, $\alpha = 0.05$).

The study was reported in accordance with the TREND (Transparent Reporting of Evaluations with Non-randomized Designs) checklist.

Measures and Data Collection

Data was collected using one instrument. Patient-Reported Nursing Communication Skills Questionnaire, developed in Arabic based on Radwan (2021) and Hafez et al. (2019). It consists of:

- **Demographic data**: age, gender, marital status, educational qualification, years of professional experience, previous participation in communication skills training programs.
- **Communication Skills Questionnaire items**: The questionnaire consists of 24 statements evaluating patients' perceptions of nursing staff communication skills, divided into four domains:
  - **Verbal communication skills**: 7 items (e.g., "The nursing staff uses clear and understandable words when speaking with patients.")
  - **Non-verbal communication skills**: 5 items (e.g., "The nursing staff maintains eye contact with patients during conversations.")
  - **Listening skills**: 6 items (e.g., "The nursing staff ensures not to interrupt patients while they are speaking.")
  - **Persuasion skills**: 6 items (e.g., "The nursing staff demonstrates confidence when explaining the patient's health condition.")

All items were positively worded and rated on a 5-point Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree. The total score ranged from 24 to 120, with higher scores indicating higher patient-perceived communication competence.

The total score was divided into three levels using equal intervals:

- Low communication skills: 24 – <56.
- Moderate communication skills: 56 – <88.
- High communication skills: 88 – 120.

Domain scores were calculated by summing the scores for the items within each domain and dividing by the number of items to obtain a mean domain score, allowing comparisons across verbal communication, non-verbal communication, listening, and persuasion skills.

Validity and Reliability: The researchers verified

the validity and reliability of the Patient-Reported Nursing Communication Skills Questionnaire. Content validity was evaluated by a jury composed of five experts in nursing and communication, who reviewed the items for clarity, relevance, and comprehensiveness. Reliability was assessed using internal consistency through the Cronbach's alpha coefficient, which yielded an overall value of 0.93, indicating excellent reliability for the questionnaire. The domain-specific reliability coefficients were also satisfactory, confirming that the scale consistently measures patient-perceived nursing communication skills.

Ethical Approval

Ethical approval for the study was obtained from the Institutional Review Board (IRB), (Approval No. 3177, dated 27 November 2023) submitted as part of the doctoral research requirements. The request was approved by the Faculty of Nursing, Tishreen University, and the administration of Tishreen University Hospital (currently known as Latakia University Hospital). Participation was voluntary, and verbal informed consent was obtained from all participants prior to data collection. Participants were assured of confidentiality and anonymity and had the right to withdraw from the study at any time without any consequences. The study was conducted in accordance with the ethical principles of the Declaration of Helsinki.

Statistical Analysis

Data was analyzed using the Statistical Package for Social Sciences (SPSS), version 25. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to describe the socio-demographic characteristics of the patients and the levels of nursing communication skills. Chi-square (χ^2) tests were used to compare categorical variables between the pre- and post-intervention groups. Independent t-tests and one-way ANOVA were used to examine differences in mean communication scores according to patients' socio-demographic characteristics. Statistical significance was set at $p \leq 0.05$.

Intervention

The study intervention consisted of a structured training program aimed at enhancing nursing communication skills, targeting 175 nurses at Latakia University Hospital, divided into 12 groups. The program was conducted over five consecutive days, with 1.5-hour sessions per day, at Latakia University Hospital. The general objective was to examine the effect of the training program on improving nursing care quality, while the specific objectives included assessing nurses' communication skills from the patients' perspective before and after the program and evaluating the impact of training on their communication competence. The program employed various interactive teaching methods, including lectures, discussions, small group activities, workshops, case studies, role-playing, brainstorming, simulations, and short educational videos, supported by educational materials, such as a projector with PowerPoint presentations, pens, paper, and structured assessment forms. Participants' learning was evaluated through discussions during sessions and immediate feedback from trainers. The program content covered key topics, including the concept and principles of communication, communication types, interpersonal and therapeutic communication, listening and questioning skills, empathy, clarification, reporting, and communication about medical errors, concluding with a final session summarizing the program. The training was delivered by the principal investigator, who had prior experience in communication skills education.

Results

Demographic Data

The study included 200 patients (100 pre- and 100 post-intervention). The groups were comparable in socio-demographic characteristics, with no significant differences in age, gender, marital status, income, residence, or education ($p > 0.05$). Most participants were over 50 years old, predominantly female, married, of low economic status, living in urban areas, and with preparatory education.

Effect of the Training Program on Nursing Communication Skills

- **Verbal communication** improved markedly, with more patients rating it as high post-intervention. Key gains included appropriate pacing, attention, clear language, explaining medical terms, and patient-centered responses.
- **Non-verbal communication** increased, with improvements in facial expressions, eye contact, gestures, appearance, and hand movements.
- **Listening skills** improved, reflecting attentive

listening, minimal interruptions, and understanding patients' needs and emotions.

- **Persuasion skills** showed moderate improvement, including culturally appropriate language, patient involvement in decisions, and reassurance.

Overall, verbal communication showed the greatest gains, while persuasion skills improved the least.

Effect of Demographics

No significant differences were observed in patient ratings by age, gender, marital status, income, residence, or education, indicating consistent improvements across subgroups.

Discussion

The findings of the present study demonstrated that the structured communication skills training program was effective in improving nurses' communication skills from the patients' perspective. As shown in Table 1, no statistically significant differences were observed between the pre- and post-intervention assessments regarding patients' socio-demographic characteristics ($p > 0.05$), indicating sample homogeneity and supporting the internal validity of the study. Accordingly, the observed improvements in nurses' communication skills can be attributed to the effect of the training program rather than to confounding demographic factors.

Table 1. Comparison of the distribution of the study sample according to socio-demographic characteristics (pre- and post-intervention)

Variable	Category	Pre-intervention (n)	Pre-intervention (%)	Post-intervention (n)	Post-intervention (%)	χ^2	P-value
Age (years)	< 20	16	16.0	10	10.0	8.214	0.512
	20–35	20	20.0	15	15.0		
	36–50	14	14.0	20	20.0		
	> 50	50	50.0	55	55.0		
Sex	Female	72	72.0	70	70.0	5.124	0.221
	Male	28	28.0	30	30.0		
Marital status	Single	21	21.0	25	25.0	6.321	0.880
	Married	59	59.0	66	66.0		
	Widowed/Divorced	20	20.0	9	9.0		
Income level	Low	82	82.0	80	80.0	6.281	0.088
	Moderate	18	18.0	20	20.0		
Place of residence	Rural	46	46.0	45	45.0	3.665	0.203
	Urban	54	54.0	55	55.0		
Educational level	Illiterate/Primary	–	–	5	5.0	4.284	0.095
	Preparatory	39	39.0	44	44.0		
	Secondary	28	28.0	26	26.0		
	University	33	33.0	25	25.0		

χ^2: Chi-square test. No statistically significant differences were observed between pre- and post-intervention groups ($p > 0.05$).

With regard to Table 2, the results revealed statistically significant improvements across all communication skill domains following implementation of the training program, including verbal communication, non-verbal communication, listening skills, persuasion skills, and overall communication skills ($p \leq 0.01$). Notably, the proportion of patients who rated nurses' communication skills as high increased substantially across all domains compared with the pre-intervention assessment. These findings confirm the effectiveness of structured, multi-method training programs that incorporate lectures, role-playing, and practical discussions in enhancing nurse–patient communication.

Table 2. Levels of communication skills among nursing staff from the patients' perspective before and after implementation of the training program

Dimension	Assessment	Low n (%)	Moderate n (%)	High n (%)	Chi-Square	P-value
Verbal communication	Pre-test	16 (16.0)	84 (84.0)	0 (0.0)	6.700	0.000**
	Post-test	4 (4.0)	43 (43.0)	53 (53.0)		
Non-verbal communication	Pre-test	11 (11.0)	89 (89.0)	0 (0.0)	3.212	0.000**
	Post-test	7 (7.0)	68 (68.0)	25 (25.0)		
Listening skills	Pre-test	6 (6.0)	85 (85.0)	9 (9.0)	5.227	0.000**
	Post-test	5 (5.0)	75 (75.0)	20 (20.0)		
Persuasion skills	Pre-test	25 (25.0)	75 (75.0)	0 (0.0)	2.614	0.000**
	Post-test	28 (28.0)	59 (59.0)	13 (13.0)		
Overall communication skills	Pre-test	5 (5.0)	93 (93.0)	2 (2.0)	3.352	0.000**
	Post-test	4 (4.0)	82 (82.0)	14 (14.0)		

Low: 24–<56, Moderate: 56–<88, High: 88-120.
Chi-Square; statistically significant at $p \leq 0.01$.

The findings of the current study are consistent with those reported by Al-Jabri et al. (2024), who found that communication skills training programs significantly enhance patient-centered care and strengthen therapeutic relationships based on trust and respect, leading to improved patient satisfaction and quality of care. Similarly, Brown et al. (2021) reported that systematic communication skills training improves nurses' ability to convey information clearly and effectively, thereby enhancing their professional performance and interactions with patients.

In terms of non-verbal communication and listening skills, the present findings align with those of Garcia et al. (2023), who emphasized the critical role of non-verbal behaviors, such as eye contact and facial expressions, in promoting patients' sense of comfort and reassurance. Moreover, the improvement in listening skills observed in this study is consistent with Ahmed et al. (2023), who highlighted the importance of active listening in strengthening therapeutic relationships and improving patient satisfaction.

Although persuasion skills demonstrated statistically significant improvement following the intervention, the degree of improvement was lower compared with other communication domains. This finding is consistent with Gropp et al. (2019), who emphasized that effective nurse–patient communication requires structured training and practical experience to develop skills, such as persuasion, particularly in high-stress or critical care settings.

In contrast, the findings of the present study differ from those reported by Smith and Jones (2020), who found no statistically significant improvement in nurses' communication skills following a short-term training program. They attributed their findings to the limited duration of the intervention and its reliance on theoretical instruction without sufficient practical application. This discrepancy may be explained by differences in training design, as the current study employed a structured, practice-oriented, multi-method training approach.

Furthermore, as shown in Table 3, no statistically significant differences were found in patients' post-intervention evaluations of nurses' communication skills according to socio-demographic characteristics, including age, gender, marital status, income level, and place of residence. This suggests that the positive impact of the training program was consistent across different patient groups. This finding is in line with Al-Jabri et al. (2024), who reported that communication skills training benefits patients regardless of their demographic backgrounds.

Table 3. Differences in patients' perspectives on nursing staff communication skills according to their socio-demographic characteristics during post-intervention assessment

Variable	Category	n	Mean ± SD	F / t	P-value
Age (years)	< 20	10	3.27 ± 0.284	1.659	0.181
	20–35	15	3.47 ± 0.496		
	36–50	20	3.24 ± 0.541		
	> 50	55	3.18 ± 0.543		
Sex	Female	70	3.28 ± 0.523	0.350	0.556
	Male	30	3.21 ± 0.468		
Marital status	Single	25	3.25 ± 0.601	0.026	0.994
	Married	66	3.27 ± 0.479		
	Widowed/Divorced	9	3.27 ± 0.566		
Income level	Low	80	3.25 ± 0.523	0.161	0.689
	Moderate	20	3.31 ± 0.433		
Place of residence	Rural	45	3.32 ± 0.500	1.138	0.289

In light of these findings, the present study underscores the importance of integrating structured communication skills training programs into continuous professional development initiatives for nurses in Syrian hospitals. Such programs have the potential to enhance patient satisfaction, foster trustful nurse–patient relationships, and improve the overall quality and safety of healthcare delivery.

Conclusions and Recommendations

This study demonstrated that implementing a structured communication skills training program significantly enhanced verbal, non-verbal, listening, and persuasion skills among nursing staff from the patients' perspective, with overall communication skills improving from moderate to high levels. Based on these findings, it is recommended that hospital administrations in Syria integrate structured communication training into continuous nursing education programs, provide regular workshops and simulation-based sessions to reinforce communication competencies, monitor and evaluate nurses' communication skills periodically to sustain improvements, and encourage multidisciplinary collaboration to ensure that communication skills are applied consistently in patient care.

Future Research

Future studies should investigate the long-term impact of communication skills training on nurse–patient relationships and patient outcomes across multiple hospitals in Syria. Additional research is recommended to explore how clinical specialty, nurse experience, and patient demographics affect the effectiveness of communication training programs. Moreover, comparative studies examining different training modalities (e.g., online vs. in-person, simulation-based vs. lecture-based) could help identify the most effective strategies for improving communication skills.

Study Limitations

This study faced some limitations that may affect the generalizability of its findings. Data collection depended on patients' availability and willingness to participate, which could have been influenced by treatment schedules, fatigue, or health status. Additionally, the study was conducted in a single university hospital, limiting the applicability of results to other hospital settings. Finally, the short duration of the training program may have affected the degree of improvement in more complex skills, such as persuasion, which may require extended practice and clinical experience. Additionally, the Hawthorne effect may have influenced the findings, as nurses might have improved their communication behaviors, because they were aware of being observed and evaluated.

Author Contributions

Study Design: **AJD, MJ, SH**. Data Collection: **AJD**. Data Analysis: **AJD, MJ**. Study Supervision: **MJ, SH**.

Manuscript Writing: **AJD**. Critical Revision for Important Intellectual Content: **MJ, SH**.

Conflict of Interests

The authors have no conflict of interests to declare.

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