

# The effect of nursing empowerment on the quality of patient care

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## ABSTRACT

**Purpose:** To examine how effect of nurses' empowerment on communication skills and professional stress and the quality of patient care in cardiac care unit. **Design:** The present clinical trial was conducted on 50 nurses divided into an intervention and control groups at the CCUs of Mazandaran Heart Center in Sari, Iran, in 2016-2017. As well as four patients per a nurses were included before and after the intervention. **Methods:** 50 nurses into an intervention and control groups at the CCUs. A 16-hour workshop on nurse empowerment was held about communication skills and professional stress management and four patients per a nurses were included. Data were collected using the Health Professional Communication Skills Scale, the Nursing Stress Scale and the Quality of care scale and were then analyzed using the independent t-test, Wilcoxon's test and Mann-Whitney's U-test. **Findings:** Significant difference were found mean scores of communication skills and professional stress between the nurses in intervention and control ( $P < 0.001$ ). The greatest change after the intervention was observed in the "social skills" of communication skills and the "uncertainty concerning treatment" domain of professional stress. A significant difference was reported in the mean scores of the quality of care after the intervention ( $P < 0.001$ ). Nurse empowerment led to the greatest change in the "communicational" subscale of the quality of patient care. **Conclusion:** The empowerment of nurses is an effective method for improving their communication skills, reducing their professional stress and increasing the quality of patient care. **Clinical Relevance:** This study highlights the psychological empowerment of nurse's role as strategies to promote and supports higher quality of patient care.

**Keywords:** Empowerment, quality of patient care, communication skills, stress, nurses, CCU.

## Introduction

Empowerment is the process of identifying and removing the conditions that cause incompetence in the personnel of an organization and promoting their self-efficacy by providing information [1]. It is described as a key Managerial practices with a substantial role in professional settings. The studies stated that empowering the personnel enhances the quality of services and increases customer satisfaction [2, 3]. The professional

empowerment of nurses can have a significant role in realizing health system's mission and is a major concern of health systems and their authorities in many different countries [4].

Nurses form a large group of the healthcare system and their activities have an impressive effect on care outcomes. Health system authorities are always concerned with ensuring the quality of services provided by nurses [5] and consider it a health system priority, especially with regard to nursing services. In most countries, the ranking and accreditation of hospitals are affected by the quality of nursing care [6]. A study stated that, nurses are legally and ethically responsible for the quality of patient care and patients have the right to desirable and high-quality nursing care [7].

Nonetheless, the quality of nursing care is faced with numerous challenges in the modern day. A study on New York hospitals showed that one per 25 patients is harmed by the care provided, with 13.6% of the interventions ending in death [8]. Leggat et al.

### Access this article online

Website: [www.japer.in](http://www.japer.in)

E-ISSN: 2249-3379

**How to cite this article:** Seyedeh Sakineh Salimi, Hamideh Azimi Lolaty, Mahmood Moosazadeh, Vida Shafipour. The effect of nursing empowerment on the quality of patient care. *J Adv Pharm Edu Res* 2018;8(S2):133-140.

**Source of Support:** Nil, Conflict of Interest: None declared.

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reported, that hospitals have failed to achieve the best standard of practice in providing health services<sup>[9]</sup> and the quality of nursing care is undesirable in most interventions<sup>[10]</sup>. A lower quality of nursing care increases the medical costs, the duration of hospitalization and the patients' death rate and level of pain and suffering<sup>[11]</sup>. The first step to promoting the quality of nursing care is to use the care standards.

Nursing activities have many dimensions that highlight the different domains of nursing care and its roles, such as care, protection, management, education and communication, and nurses often simultaneously assume different roles. Communication with the patients is an important dimension of nursing care. The main responsibilities of nurses include not only notifying the patients about illness and treatment, but also building an effective care relationship in order to identify the patients' concerns and be understanding, have empathy, provide comfort and offer support<sup>[12]</sup>. Many nursing responsibilities, such as providing physical and psychological care and the exchange of information with the patients, cannot be realized without communication<sup>[13]</sup>. The importance of communication is such that establishing an effective communication with the nurses and the care team is one of the major concerns of patients<sup>[14]</sup>. According to Coeling and Cukr, effective communication depends on communication skills, and weak in them negatively affect the nurses' performance<sup>[15]</sup>. Shafipour et al. argued that the stresses caused by heavy workload are a major barrier to patient-nurse communication<sup>[16]</sup>.

The problems related to communication with the patients (34/1%) and interpersonal conflicts are major stressors for nurses and the long-term experience of stress can negatively affect the nurses' physical and psychological health, job satisfaction, efficiency and the quality of patient care<sup>[17]</sup>. Stress affects nurses' job satisfaction, personal and organizational performance, interpersonal communication, employment and retention<sup>[18]</sup>. Stress may negatively affect the nature of care relations and disrupt the nurses' ability to observe, listen to and understand the patients, thereby limiting the opportunity for communication, safety, support and effective care<sup>[19]</sup>.

Nurse empowerment is a fundamental action taken by nursing managers to enhance the quality of care. If based on principles and the educational needs of the personnel, empowerment improves the quality of nursing care<sup>[20]</sup>. Currently, nursing empowerment is rarely implemented, although it improves the nurses' active participation in solving the health system problems and turns them into creative and influential members of care teams<sup>[21]</sup>.

High-quality care is the right of all patients and the responsibility of all care-giving nurses. Empowering nurses is possible by promoting their communication skills and training professional stress management; acquiring these abilities helps the individual use different professional approaches for responding to the patients' wide range of needs and situations<sup>[22]</sup>. The present study was conducted to investigate the effect of

empowerment on communication skills and professional stress in nurses and the quality of patient care in Coronary Care Unit.

## Method

**Trial design:** The controlled clinical trial was conducted at the CCUs of Mazandaran Heart Center in Sari, Iran in 2016-2017. The sampling of nurses was performed in two steps. Since the hospital had two separate buildings, a simple random sampling method (flipping a coin) was used to assign one of the groups to one building and the other group to the other building. Since each building had four CCUs with an average of 13 nurses per unit (52 per building in total), simple random sampling by flipping a coin was used again to select two of the four units in each building for each group.

### Ethical Considerations:

This study was approved by the Iranian Registry of Clinical Trials (ID : IRCT2015100424342N1) and the Ethics Committee of Mazandaran University of Medical Sciences.

**Participants:** Since this study had two target groups (nurses and patients), the process of determining the sample size and the sampling method used are separately presented here.

**Nurses:** The required sample size for this target group was determined based on a relevant study<sup>[23]</sup> in which the frequency of providing desirable quality care was 98% in the control group and 46% in the intervention group. The sample size was therefore initially determined as 18 nurses per group considering the discussed findings, the confidence level of 95% and the statistical power of 90% using STATA-11. To take account of a potential attrition of 30%, this figure was raised to (25 per group) 50 in total.

**Patients:** The sample size for this target group was determined based on a relevant study<sup>[23]</sup> and four patients were included in the study per each nurse. Since the number of nurses equaled 50, the number of patients was determined as 200 before and as 200 after the intervention. A total of 400 CCU patients were thus included in the study using the census method.

The inclusion criteria for the nurses consisted of working in CCUs, having a nursing degree (bachelor's, master's or higher), a minimum of one year of work experience in CCUs and not having passed courses on communication skills and professional stress management. The exclusion criteria consisted of missing one of the two parts of the training workshop, being transferred to other (non-CCU) wards or other hospitals, taking sedative such as antidepressants, antipsychotics and anti-anxiety drugs, and having experienced psychological crises such as the death of a loved one, accidents, divorce and family conflicts over the past six months<sup>[24]</sup>.

The inclusion criteria for the patients consisted of being conscious, hospitalized at a CCU and age over 18, while the

exclusion criteria were being diagnosed with known psychiatric illnesses based on the records and deafness or blindness.

**Intervention:** The workshop's education content was prepared through a review of literature and was supervised by psychiatrists, clinical psychologists, psychiatric nurses and nursing professors and was then adapted and validated for use among CCU nurses<sup>[25-28]</sup>.

A 16-hours workshop on nurse empowerment was held over four sessions divided into two parts, including a part on professional stress management and another on communication skills training. The intervention was offered in the form of a workshop (Table 1).

Before and four weeks after the intervention, the CCU nurses' communication skills and stress were evaluated in both the intervention and control groups. The quality of patient care was also assessed before to and after the intervention in both groups

**Measurements:** The data collection tools used consisted of a demographic questionnaire, the Health Professional Communication Skills scale (HP-CSS), the Nursing Stress Scale (NSS) and the Quality of patient care (QUALPACS).

The demographic questionnaire included items on age, gender, marital status, education, Living of place, work experience, organizational level and work shifts for the nurses, and items on age, gender, marital status, education, place of residence and employment status for the patients.

HP-CSS composed of 18 items in 4 dimensions: Informative Communication, (6 items: 6-36 score), Empathy (5 items: 5-30 score) Respect and Authenticity (3 items: 3-18 score), Social Skill (4 items: 4-24 score). The scale of response was graded into six alternatives with linguistic quantifiers of frequency: 1 = almost never, 2 = once in a while, 3 = sometimes, 4 = normally, 5 = very often and 6 = many times. Its reliability was 0.88<sup>[24]</sup> and in this study, 0/81 was calculated.

NSS developed by Gary Taft and Anderson. These 34 items were distributed into seven heterogeneous and potentially stressful situations, including Death and Dying Patients (7 items), Conflict with Physicians (5 items), Inadequate Preparation (3 items), Lack of Staff Support (3 items), Conflict with Other Nurses (5 items), Workload (6 items), and Uncertainty Concerning Treatment (5 items). A 4-point Likert scale was used to indicate the frequency of work stressors experienced by nurses from never (1), to occasionally (2), to frequently (3), to very frequently (4). The results were calculated from total scores ranging from 34 to 136. A higher score indicates a higher frequency of work stressors experienced by the participants. The reliability estimates of the Nursing Stress Scale were determined with test-retest coefficient for the total scale was 0.81<sup>[29]</sup>. In various, internal consistency reliability was assessed using Cronbach's coefficient alpha showed ( $\alpha=0.96$ ) and 0.74 in Iranian study<sup>[30]</sup>. In this study, its reliability was confirmed by Cronbach's alpha of 0.87.

QUALPAC for collecting the data of caring and nursing quality were used. It includes 3 subscales :psychosocial (32 questions), physical (23 questions) and communicational (13 questions) aspects were assessed using four possible choices of Always (4 points), Often (3 points), Sometimes (2 points) and Never (1 point). Quality care scores in this questionnaire ranged from 68 to 272. Scores of 68-136 were interpreted as undesirable, 137-204 as partly undesirable and 205-272 as desirable<sup>[31]</sup>. The validity was confirmed in many countries and its reliability was 0.74 and 0.86<sup>[32]</sup>. In Iran, the reliability of the alpha of Cronbach 0.80 was reported<sup>[31]</sup> and its reliability was confirmed by Cronbach's alpha of 0.83 in this study.

**Statistical analysis:** The data obtained were analyzed in SPSS-20. The Kolmogorov-Smirnov test was used to check the normal distribution of the data ( $P>0.05$ ), and the indices mean, standard deviation (SD) and frequency were used to describe the participants in terms of their demographic variables. The paired t-test or its non-parametric equivalent, i.e. the (Wilcoxon test), were used for the intra-group comparison in terms of the pre- and post-intervention results. The independent t-test or its non-parametric equivalent, i.e. (Mann-Whitney's U test), were used for the inter-group comparison in terms of the mean scores obtained at each stage. The level of statistical significance was set at  $P<0.05$ .

## Results

A total of 50 nurses and 400 patients were examined in this study in an intervention and control group. The mean age of the nurses was  $30\pm 1.5$  years in both groups. 88% of the nurses in the control group and 96% in the intervention groups were female. The mean clinical experience of the nurses was  $6.48\pm 5.15$  years. In both groups, 92% had bachelor's degrees and 64% were married. 92% of the nurses in the intervention group and 84% of those in the control group worked in rotating shifts and 34% had official employment. The nurses were similar demographically in both groups.

The chi-square test showed that patients in both groups were matched for age, gender, marital status, education, occupation, place of living. (Table 2)

## Nursing Communication Skill

Before intervention, the main score of communication skills was  $72.52\pm 9.60$  in the intervention group, and  $75.88\pm 11.22$  in the control group in nurses. Also, T-test showed no significant differences between two groups ( $P=0.254$ ). After the intervention, these mean scores reached  $86.12\pm 8.15$  in the intervention group and  $74.84\pm 13.07$  in the control group, and Independent T-test showed significant difference between two groups ( $P<0.001$ ). (Table 3)

Of the four dimensions of communication skills, the paired t-test showed a significant difference highest in "social skills" dimensions (24.73%), and "respect" was the lowest significant difference (17.16%).

## Nursing Stress

Before intervention, the mean of nursing stress scale score was  $99.8 \pm 10.97$  (moderate stress) in the intervention group and  $83.92 \pm 12.20$  (moderate stress) in the control group. The results of the Independent T-test showed a significant difference between the two groups ( $P=0.000$ ), so the intervention group showing a higher degree of stress. After the intervention, the mean score of stress reached  $68.28 \pm 7.71$  (low stress) in the intervention group and  $86.16 \pm 13.54$  (moderate stress) in the control group. Independent T-test showed significant difference between two groups ( $P<0.001$ ). (Table 4)

Of the seven situations of professional stress scale, "uncertainty concerning the treatment" showed more stressful factor of change (66.23%) and "conflicts with other nurses" was the least stressful factors of change.

## Quality of patient care

Before the intervention, the mean score of the QUALPACS was 176.29 (relatively desirable) in the intervention group and 174.91 (relatively desirable) in the control group. The results of the Mann-Whitney U-test showed no significant intergroup differences and homogeneity between the two groups ( $P=0.476$ ). After the intervention, however, this mean score reached 229.28 (desirable) in the intervention group and 173.16 (relatively desirable) in the control group. Mann-Whitney U-test showed a significant post-intervention difference between the two groups ( $P<0.001$ ). (Table 5)

Of the three subscales of the scale, "communicational" subscale showed the highest degree of change (32.56%) caused by the empowerment program change, and "psychological" was the lowest degree of change (28.31%) change.

## Discussion

The present study was conducted to investigate the effect of empowerment on communication skills and professional stress nurses and the quality of patient care in coronary care units.

The results of this study showed that nurses' communication skills before the educational intervention did not difference between two groups. Four weeks after the intervention, however, communication skills were enhanced in the intervention group.

Roter et al. studied the relationship between healthcare providers' communication skills and patients' satisfaction in various hospitals and reported that training communication skills promotes relation between healthcare providers and the patients and ultimately enhances the patients' satisfaction [33]. Mehmet et al. reported an improvement in emergency nurses' communication skills following training [34]. In contrast, Rask et al. concluded that there is no significant difference in the scores of communication skills and patient satisfaction before and after the intervention [35]. Randall Curtis et al. showed that training communication skills to nursing assistants and nurses has no effects on the quality of communication with critically-ill

patients and their families [36]. The type of communication with the patients appears to differ according to the type of disease and the nursing services offered.

In the present study, the highest degree of change score in communication skills was showed in the "social skills" dimension. It is clear that training communication skills to nurses enhances their interaction with the patients for receiving information on the disease and expressing opinions to them. The lowest degree of change score was showed in the "respect" domain of communication skills. According to Faulkner et al., simultaneous structural and psychological empowerment have a positive effect on the respect given to nurses [37].

In the present study, the two groups did not differ significantly in terms of professional stress before the intervention. Four weeks after the intervention, however, professional stress reduced impressive in the intervention group. Sailaxmi and Lalitha reported a significant reduction in stress perception after training stress management in nurses working with psychiatric patients [38]. In this study, after educational intervention, the highest degree of change score was showed in the "uncertainty concerning the treatment" situation. While some studies have found workload, death and dying as the most important stressors in nursing [39, 40]. Pines et al. reported a direct relationship between psychological empowerment and stress control. According to them, the psychological empowerment of the personnel is one way for coping workplace stress [41]. Pahlavanzadeh et al. showed that professional stress management in nursing enhances the quality of patient care [42].

In this study, before the intervention, there were no significant differences between the two groups in the quality of patient care. Four weeks after the intervention, quality of patient care increased in the intervention group. This shows the effect of the nurse empowerment program on patient care. Similarly, Heather et al., found that structural empowerment increases nurses' job satisfaction and the quality of patient care [2]. Nantsupawat et al., nurses' workplace empowerment increased the quality of patient care by 27% [43]. Hasson and Arnetz also found that offering educational interventions to nurses increases the quality of nursing care provided to the patients [44]. Another study showed that empowerment is an important variable that affects nurses' performance and has a positive correlation with job satisfaction and organizational commitment [45]. Leggat et al. also reported a significant positive correlation between nurse empowerment and the quality of patient care [9], which is consistent with the study by Jalali and Shaemi on the effect of nurse empowerment on the quality of patient care [46].

This study showed, after intervention "communicational" and "physical" subscales remarkably perceived and reported by the patients as high. According to a study by Vahidi et al study physical care desirable subscale of nurse care for patient [31]. In additional Latif Rastian et, al's study found the communicational subscale after nursing process training had an important subscale by patients [47]. Generally, patients are not aware of the nurses' activities in this domain of care. Wichowski et al. found that patients and nurses differ in their

perceptions of the nurses' psychological care services and activities<sup>[48]</sup>.

## Conclusion

The nurses' knowledge and skills in establishing communication and managing their stress Improves professional care power. This study showed implementing empowerment programs to train communication skills and stress management help improve interpersonal relationships, decrease professional stress and enhance the quality of patient care.

## Clinical Resources

American Holistic Nurses Association (AHNA). <http://www.ahna.org>.

A Causal Model of the Empowerment Process. <https://pdfs.semanticscholar.org>.

Nursing care quality: a concept analysis. [www.ejmanager.com/mnstemps/93/93\\_1432741856.pdf](http://www.ejmanager.com/mnstemps/93/93_1432741856.pdf).

## Acknowledgments

The researchers would like to express their gratitude to all those who assisted in conducting this study, including the participating patients and nurses and the officials at Mazandaran University of Medical Sciences.

## References

- Jay A. Conger, R. N. K. (Jul, 1988). The Empowerment Process: Integrating Theory and Practice. *The Academy of Management Review*, 13(3), 471-482.
- Laschinger, H. K. S. (2007). Effect of Empowerment on Professional Practice Environments, Work Satisfaction, and Patient Care Quality. *Journal of nursing care quality*, 23(4), 322-330.
- Zahra Jalali, A. S. (2015a). The impact of nurses' empowerment and decision-making on the care quality of patients in healthcare reform plan. *International Academic Journal of Organizational Behavior and Human Resource Management*, 2(9), 33-39.
- Organization, W. H. (2016). Global strategic directions for strengthening nursing and midwifery 2016-2020. World Health Organization.
- Zagheri Tafreshi, M, A. S. F., Pazargadi, M, Barbaz, AH. (31 Jul, 2012). Quality of nursing care: nurses', physicians', patients' and patients' family's perspectives: A qualitative study. *Journal of Urmia Nurs Midwifery Fac*, 10(5), 648-665.
- Haghighi Khoshkho, N, Z. V., Moqadasian, S, Valizadeh, L. (2004). The quality of nursing care from nurses and patients' viewpoints in the Teaching hospitals of Tabriz university of Medical Sciences. *Journal of Caring Sciences*, 2, 4-12
- Mohammadnia, M, D. B., Tofighi, Sh, Riahi, L, Omrani, A. (2010). Survey on Nursing Service Quality by SERVQUAL at Tehran Social Security Organization Hospitals. *Journal of Hospital*, 8(3 and 4), 68-73
- J, Ø. (2001). Quality evaluation and indicator comparison in health care. *The International Journal of Health Planning and Management*, 16(3), 229-241. doi:10.1002/hpm.629
- Sandra G. Leggat, T. B., Gian Casimir, Pauline Stanton. (2010). Nurse perceptions of the quality of patient care: Confirming the importance of empowerment and job satisfaction. *Health Care Management Review*, 35(4), 355-364. doi:10.1097/HMR.0b013e3181e4ec55
- Akbari Kaji M, F. F. B. (2011). The effect of nursing process education on nursing care quality of schizophrenic patients. *Feyz, Journal of Kashan University of Medical Sciences*, 15(1), 34-40.
- Dabirian, A, Z. H., Abed Saidi, J, Alavi Majd, H. (2008). Nursing care quality from the perspective of AIDS patients in healthcare centers affiliated to Shaheed Beheshti and Tehran Universitis of Mesical Sciences. *Journal of Nursing and Midwifery Faculty Shahid Beheshti university of Medical Sciences*, 18(61), 1-6.
- Vanaki, Z. (2002). Support in Nursing and Effect on the Satisfaction of Cancer Patients Undergoing Chemotherapy [dissertation]. Tehran: Tarbiat Modares University
- Fakhr-Movahedi, A, S. M., Negarandeh, R, Rahnavard, Z. (2011). Exploring contextual factors of the nurse-patient relationship: A qualitative study. *Koomesh*, 13(1), 23-34.
- Barbara A. Mullan, E. J. K. (2010). Evaluating a nursing communication skills training course: The relationships between self-rated ability, satisfaction, and actual performance. *Nurse Education in Practice*, 10, 374e378. doi: 10.1016/j.nepr.2010.05.007
- Coeling, H. L. C., Penelope. (2000). Communication Styles that Promote Perceptions of Collaboration, Quality, and Nurse Satisfaction (Vol. 14).
- Shafipour, V, M. E., Ahmadi, F. (2014). Barriers to Nurse-Patient Communication in Cardiac Surgery Wards: A Qualitative Study. *Global Journal of Health Science*, 6(6), 234-244. doi:10.5539/gjhs.v6n6p234
- Hirokawa, K, T. T., Tsuchiya, M, Kawakami, N. (2012). Effects of a stress management program for hospital staffs on their coping strategies and interpersonal behaviors. *Industrial Health*, 50(6), 487-498
- Shirey, M. R. (August 2006). Stress and Coping in Nurse Managers: Two Decades of Research. *Nursing Economic*, 24(4), 193-203.
- Teri Britt Pipe, J. J. B., Amylou Dueck, Debra Pendergast, Vicki Buchda, Jay Summers. (2009). Nurse Leader Mindfulness Meditation Program for Stress Management: A Randomized Controlled Trial. *The Journal of Nursing Administration*, 39(3), 130-137
- Emamzadeh Ghasemi H, V. Z., Dehghan nayeri N, Salehi T, Salsali M, Faghihzadeh S (2007). Management by

- Objective Approach in Nursing Performance Appraisal and its Impact on Quality of Nursing Care. *Hayat, Journal of Faculty of Nursing and Midwifery, Tehran University of Medical Sciences*, 13(3), 5-15.
21. Eskandari. F, P. M., Zaghari Tafreshi. M, Rabie Siahkali. S, Shoghli.A. (2013-2014). Relationship between Psychological Empowerment with Affective Commitment among Nurses in Zanjan, 2010. *Preventive Care in Nursing & Midwifery Journal (PCNM)*, 3(2), 47-60.
  22. Managheb. S E, J. J., firouzi. H. (Fall & Winter 2008). The effect of communication skills training based on Calgary-Cambridge guideline on knowledge, attitude and practice of family physician of Jahrom University of medical sciences 2007. *Journal of Jahrom University of Medical Sciences*, 6(3 and 4), 74-84.
  23. Karimi Moonaghi H, T. N., Behnam Voshani H, Vaghee S, Yavari M. (2012). The Effect of Communication Skills Training on the Quality of Nursing Care of Patients. *Journal of Evidence-based Care*, 2(5), 37-46.
  24. César Leal-Costa, S. T.-G., Jesús Rodríguez-Marín, Carlos Javier vander-Hofstadt-Román (2016). Psychometric properties of the Health Professionals Communication Skills Scale (HP-CSS). *International Journal of Clinical and Health Psychology*, 16, 76-86. doi: 10.1016/j.ijchp.2015.04.001.
  25. Lebel, G. (March 10th, 2011). *Self Help Guide for Stress Management*.
  26. Maria Bryson, K. F., Douglas Gill, Stephen Hodges, Anthony Holland. (October 2009). *Work-related stress: A good practice guide for RCN representatives*. London: Royal College of Nursing.
  27. Murray, R. (April 2005). *Managing your stress: A guide for nurses* (1 ed.). London: Royal College of Nursing.
  28. Scott Brunero, D. C., Alan Grochulski, Angela Garvey. (August 2006). *Stress Management for Nurses* (B. Holmes Ed.). Australia: New South Wales Nurses' Association.
  29. Mei-Hua Lee, W. L. H., Julia Faucett. (2007). Psychometric Evaluation of the Nursing Stress Scale (NSS) Among Chinese Nurses in Taiwan. *Journal of Nursing Measurement*, 15(2), 133-144.
  30. F. Peiman Pak, L. M., M. Sadeghi, T. Purebrahim. (2012). The Relationship of Job Stress with Marital Satisfaction and Mental Health in Nurses of Tehran Hospitals. *Quarterly Journal of Career & Organizational Counseling*, 4(13), 27- 54.
  31. Hossein Ebrahimi, H. N., Maryam Vahidi. (2012). Quality of Nursing Care in Psychiatric Wards of University Hospitals in Northwest of Iran from the Perceptions of Nurses. *Journal of Caring Sciences*, 1(2), 79- 84. doi:10.5681/jcs.2012.012.
  32. Irurita, V. (1999). Factors affecting the quality of nursing care: the patient's perspective. *International Journal of Nursing Practice*, 5(2), 86-94. doi:10.1046/j.1440-172x.1999.00156.x.
  33. Debra Roter, J. R., Berengere de Negri, Diane Renaud, Lori DiPrete-Brown, Orlando Hernandez. (1998). The effects of a continuing medical education programme in interpersonal communication skills on doctor practice and patient satisfaction in Trinidad and Tobago. *Medical Education* (32), 181-189.
  34. Mehmet Ak, O. C., Levent Sutcuigil, Emel Dovyap Congologlu, Bikem Haciomeroglu, Hayri Canbaz, Hulya Yaprak, Loni Jay, Kamil Nahit Ozmenler. (2011). Communication Skills Training for Emergency Nurses. *International Journal of Medical Sciences*, 8(5), 397-401.
  35. Mette Trøllund Rask, M. L. J., Jørn Andersen, Robert Zachariae. (2009). Effects of an Intervention Aimed at Improving Nurse-Patient Communication in an Oncology Outpatient Clinic. *Cancer NursingTM*, 32(1).
  36. J. Randall Curtis, A. L. B., Dee W. Ford, Lois Downey, Sarah E. Shannon, Ardith Z. Doorenbos, Erin K. Kross, Lynn F. Reinke, Laura C. Feemster, Barbara Edlund, Richard W. Arnold, Kim O'Connor, Ruth A. Engelberg. (2013). Effect of Communication Skills Training for Residents and Nurse Practitioners on Quality of Communication with Patients with Serious Illness: A Randomized Trial. *Journal of American Medical Association*, 310(21), 2271-2281. doi:10.1001/jama.2013.282081.
  37. J. Faulkner, H. L. (2008). The effects of structural and psychological empowerment on perceived respect in acute care nurses. *Journal of Nursing Management*, 16(214-221). doi:10.1111/j.1365-2934.2007.00781.x.
  38. Gandhi Sailaxmi, K. L. (2015). Impact of a stress management program on stress perception of nursesworking with psychiatric patients. *Asian Journal of Psychiatry*, 14, 42-45. doi: 10.1016/j.ajp.2015.01.002.
  39. Bianchi, E. R. F. (2004). Stress and coping among cardiovascular nurses: A survey in Brazil. *Issues in Mental Health Nursing*, 25, 737-745. doi:10.1080/01612840490486818.
  40. Milutinović.D, G. B., Brkić. N, Prokeš. B. (2012). Professional Stress and Health among Critical Care Nurses in Serbia. *Arh Hig Rada Toksikol*, 66(2), 171-180. doi:10.2478/10004-1254-63-2012-2140.
  41. Eula W. Pines, M. L. R., Gary H. Norgan, Jennifer D. Cook, Leticia Canchola, Cynthia Richardson, Mary Elaine Jones. (2011). Stress resiliency, psychological empowerment and conflict management styles among baccalaureate nursing students. *Journal of Advanced Nursing*. doi:10.1111/j.1365-2648.
  42. Pahlavanzadeh.S, A. Z., Alimohammadi. N. (2016). Effects of stress management program on the quality of nursing care and intensive care unit nurses. *Iranian Journal of Nursing and Midwifery Research*, 21, 213-218. doi:10.4103/1735-9066.180376.
  43. Apiradee Nantsupawat, W. S., Wipada Kunaviktikul, Orn-Anong Wichaikhum, Yupin Aunguroch, Linda H. Aiken. (2011). Impact of Nurse Work Environment and

- Staffing on Hospital Nurse and Quality of Care in Thailand. *Journal of Nursing Scholarship*, 43(4), 426-433. doi:10.1111/j.1547-5069.2011.01419.x.
44. Henna. Hasson, J. E. A. (2009). The impact of an educational intervention on nursing staff ratings of quality of older people care: A prospective, controlled intervention study. *International Journal of Nursing Studies*, 46, 470-478. doi: 10.1016/j.ijnurstu.2008.04.007.
45. Oh. Eun Hee, C. B. Y. (2011). The Effect of Empowerment on Nursing Performance, Job Satisfaction, Organizational Commitment, and Turnover Intention in Hospital Nurses. *Journal of Korean Academy Nursing Administration*, 17(4), 391-401.
46. Zahra Jalali, A. S. (2015b). The impact of nurses' empowerment and decision-making on the care quality of patients in healthcare reform plan. *International Academic Journal of Organizational Behavior and Human Resource Management*, 2(9), 33-39.
47. Latif Rastian.M, S. F., Sadeghi. N. (2016). Effect of Implementing Nursing Process on the Quality of Patient Care in Surgical Wards. *International Journal of Advanced Biotechnology and Research (IJBR)*, 7(4), 327-332.
48. Harriet Conley Wichowski, S. M. K., Jennifer Ladwig, Carmen Torres. (2003). Patients' and nurses' perceptions of quality nursing activities. *British Journal of Nursing*, 12(19), 1122-1129.

**Table 1: A summary of the contents of the workshop**

Parts	Sessions	Content	Time
Communication Skill	First	Definition and types of communication (verbal and non-verbal); the elements and factors affecting communication; the outcomes of effective vs. ineffective communication	4 hours
	Second	Identification of the barriers and facilitators of communication with operational steps to establishing communication (initiating, maintaining and follow-up); providing practical examples for problems in patient-nurse communication in	4 hours
Stress Management	Third	Definition of stress and stressors; types of stress and stress stimuli; signs and consequences of stress	4 hours
	Fourth	Stress management techniques and methods for facing various types of stress at the patients' bedside; skills for enhancing the internal locus of control; participant cooperation in enacting objective examples	4 hours

**Table 2: Baseline Patient Characteristics (N = 400)**

		Before		P- value*	After		P- value*
		Intervention (N=100)	Control (N=100)		Intervention (N=100)	Control (N=100)	
age	Mean $\pm$ SD	59.19 $\pm$ 13.2	60.8 $\pm$ 11.4	P=0.339	61.3 $\pm$ 11.8	59.8 $\pm$ 13.4	P=0.426
Gender	Male	56	52	P=0.335	47	53	P=0.240
	Female	44	48		53	47	
Married	Single	1	2	P=0.796	0	1	P=0.478
	Married	81	82		79	82	
Education	Widowed	18	16	P= 0.165	21	17	P=0.686
	Illiterate	37	47		39	41	
	Read and write	28	32		30	31	
	High school	25	16		25	19	
Living of place	University	10	5	P=0.75	6	9	P=0.441
	Urban	65	54		65	63	
Job	Rural	35	46	P=233	35	37	P=0.233
	Employee	35	41		41	35	
	Unemployed	65	59		59	65	

\*P &lt; 0.05

**Table 3: Mean and standard deviation values before-after intervention and control score on Nursing Communication Skill**

Group	Communication Skill		P- Value *
	Before (mean $\pm$ SD)	After (mean $\pm$ SD)	
Control	75.88 $\pm$ 11.22	75.84 $\pm$ 13.07	P = 0.245
Intervention	72.52 $\pm$ 9.60	86.12 $\pm$ 81.15	P < 0.001
P- Value *	P = 0.261	P = 0.001	

\*P &lt; 0.050

**Table 4: Mean and standard deviation values before-after intervention and control score on Nursing Stress**

Group	Nursing Stress		P- Value *
	Before (mean±SD)	After (mean±SD)	
Control	83.92±12.20	86.16±13.54	P = 0.126
Intervention	99.80±10.97	68.28±7.71	P <0.001
P- Value *	P < 0.001	P < 0.001	

\*P &lt; 0.05

**Table 5: Mean and standard deviation values before-after intervention and control score on quality of patient care**

Group	Quality of patient care		P- Value *
	Before (mean±SD)	After (mean±SD)	
Control	174.91±14.37	173.16±18.44	P = 0.476
Intervention	176.29±17.70	229.28±6.22	P < 0.001
P- Value *	P = 0.719	P < 0.001	

\*P &lt; 0.05