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COMMUNICATION SKILLS OF NURSES CARING FOR PATIENTS DIAGNOSED WITH TUBERCULOSIS AT PUBLIC HEALTH FACILITIES IN THE KHOMAS REGION OF NAMIBIA

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ABSTRACT

The overarching purpose of this study was to explore and describe how nurses communicate with patients diagnosed with tuberculosis (TB) at public health facilities in the Khomas Region of Namibia. To address the purpose of the study, a research project was conducted, which was quantitative, exploratory, descriptive, and contextual in nature. The population and the sample of the study were the same (thirty nurses from all the public health facilities in the Khomas Region). The data collection method employed was observation using a checklist. The main findings established that nurses who were caring for patients diagnosed with tuberculosis exhibited inadequate communication skills in the following areas: creating a conducive environment for communication, assessing and understanding the patients' mood and level of understanding, listening, questioning, constructive feedback, understanding of non-verbal communication, respect, and empathy for patients. The researcher recommends that the TB policymakers integrate these communication skills into TB policies, guidelines, and manuals when planning to improve the health status of the patients diagnosed with TB, their families, and the community in general.

KEYWORDS: Communication Tuberculosis Caring Skills Patients.

INTRODUCTION

Tuberculosis (TB) has been a significantly major public health threat worldwide. Two billion people are infected with *Mycobacterium tuberculosis*, nine million new cases are reported every year, and two million die every year from the disease (World Health Organization.[1] The incidence of tuberculosis has increased since the mid-1980s and continues to grow by one per cent each year, despite the fact that tuberculosis is a preventable, treatable, and curable disease.[2] In 2000, Sub-Saharan Africa had the highest incidence of 290 per 100 000 population per year.[3] In 2004, Namibia reported a tuberculosis case notification rate of 822 persons per 100 000 population, and it was the highest incidence ever reported in the world.[4]

The Government of the Republic of Namibia has pursued vigorous TB programmes which aim at eliminating TB. Commitment in this regard has been shown by the following efforts: purchasing of all anti-TB medicine, paying for all sputum examinations, and providing the infrastructure and human resources for TB treatment. International and non-governmental organisations are also supporting the efforts of the government. Despite all these strategies, problems are still existing, for instance the tuberculosis case notification rate in Namibia has steadily increased from 656 per 100 000 in 1997 to 722 per 100 000 in 2007.[5] Another problem arises is the emergence of drug-resistant TB of 268, which has been reported in Namibia by the end of 2007.[5] Moreover, the country is failing to attain the global target of 85% treatment success rate, and defaulter rate of less than 5% (MoHSS, 2006, p. 3; WHO, 2004a, p. 11). The Khomas Region is attaining only a 70% treatment success rate for retreatment cases, and has had a 9% defaulter rate in 2008 (MoHSS, 2009/2010c, p. 34). This statistical information indicates that there are problems in the management of tuberculosis in the country, particularly in the Khomas Region.

Problem statement

The problem in the Khomas Region is that the region has the highest TB case notification rate of 751 per 100 000 population in Namibia, and the second highest rate of drug-resistant TB with 38 cases following the Kavango Region with 46 cases. The Khomas Region has also the lowest proportion of patients with known HIV status (59%) in 2009, which is below the country target of more than 95%. Moreover, the region fails to achieve the global target of 85% treatment success rate by obtaining

only 70%, and it has a higher defaulter rate of 9% for re-treatment cases by the end of 2008[5],[6],[1] as mentioned on page 2.

The above mentioned statistics could imply that some of the contributing factors are probably being overlooked or neglected in the management of TB in the region. A possible problem could be a lack of good communication skills among the nurses who are caring for the patients diagnosed with tuberculosis. Lacking such skills, in turn, may results into poor knowledge of the tuberculosis disease among tuberculosis patients themselves which might lead to treatment non-adherence, deaths, and the emergence of drug-resistant tuberculosis. The nurses might not be good listeners, might not be aware of the effect of non-verbal communication on patients, might mostly asking closed-ended questions; use medical or difficult terms, they are not giving constructive feedback to the patients, or they are not showing respect and empathy towards the patients diagnosed with tuberculosis. Ineffective communication causes problems for example failure of good plans.[7]

The gap in the knowledge is that little is known about the communication skills of the nurses who are specifically caring for patients diagnosed with tuberculosis in Namibia. The researcher has not found any studies conducted in Namibia that are exploring the communication skills of nurses who are caring for patients diagnosed with tuberculosis. According to this background, the questions to be asked were: How do the nurses communicate with their patients who are diagnosed with tuberculosis?

Aim of the study

The main purpose of this study is to explore and describe how the nurses communicate with their patients diagnosed with. TB at public health facilities in the Khomas Region in Namibia.

Research objectives

The objectives of the study were:

- Explore and describe the communication process between the nurses caring for patients diagnosed with tuberculosis and the patients diagnosed with tuberculosis at the public health facilities in the Khomas Region;

SIGNIFICANCE OF THE STUDY

The aim of the plan is to empower people with TB and the community by means of effective advocacy and communication.[8] When nurses are communicating effectively with patients diagnosed with TB, it results in improved knowledge of patients diagnosed with tuberculosis about the tuberculosis disease, since they are receiving adequate TB health information from the nurses. Since they have adequate knowledge of TB, it is most likely that the patients will adhere to the taking of TB medicine and will practice healthy lifestyle.

3. STUDY DESIGN AND METHODS

The research design for the first phase of this study was quantitative, contextual, exploratory, and descriptive in nature. The population in this study are the nurses (registered, enrolled nurses and assistant nurses) who are directly in contact with patients diagnosed with tuberculosis at the public health facilities in the Khomas Region on a daily basis. No sampling was conducted, since all 30 nurses who are directly caring for the patients diagnosed with tuberculosis on a daily basis at the public health facilities in the Khomas Region during the data collection period have been all included in the study. The data collection methods of observation and face to face interviews were used in this study. The data collection instrument in this study is a checklist. This study was quantitative in nature; therefore, the process of data analysis included statistical analysis by using the Epi Info™ software program version 3.5.3 (http://ptf.com/epi/epi+info+3.5.3/), and statistical descriptive technique was employed.[9] With the assistance of a statistician, the researcher coded the items on the checklist in order to facilitate entering the data for analysis by the software program. The services of an independent co-coder were also used. The results were presented in format of frequency tables, graphs, and pie diagrams.

ETHICAL CONSIDERATION

The researcher had sent a research proposal to the University of Namibia Post Graduate Studies Committee**.** After careful consideration of the research proposal, the University of Namibia Post Graduate Studies Committee granted the researcher permission to conduct the study. At national level, permission to conduct the study was granted by the Permanent Secretary of the Ministry of Health and Social Services, and the Research Committee of the Ministry of Health and Social Services. At directorate level, approval was granted by the Regional Director of the Khomas Region. Informed consent is the ethical principle of voluntary participation and respect, and it is one of the foundations of research ethics.[10] In this study, a full explanation of the purposes of the study was provided to the participants in the consent form, and informed verbal consent was obtained from all the participants.

4. RESULTS

SECTION A: BIOGRAPHICAL PARTICIPANTS

Section A covered the biographical information of the nurse participants (NPs) focused on the participant's gender, ages, qualifications, years of experience in nursing, months of experience in TB service.

Gender of nurse participants (N = 30)

The data were collected from 30 (100.0%) nurses. Of the thirty nurse participants, 10.0% (n = 03) were male, and 90.0% (n = 27) were female. Figure 4.1 displays the gender distribution of the nurse participants.

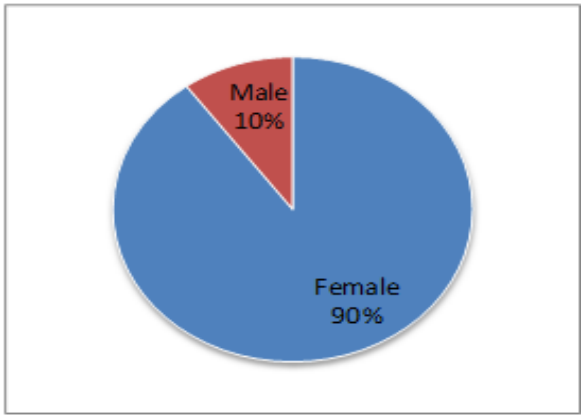

Figure 4.1: Gender distribution of the nurse participants (N = 30)

Nurse participants' ages (N = 30)

The nurse participants' ages ranged between 22 and 64, with the mode of 52. The total number of the nurse participants below the age of 50 were 53.3% (n = 16), while the nurse participants above the age of 50 were 46.7% (n = 14). Table 4.1 displays the age categories of the nurse participants.

Table: 4.1:The age of the nurse participants (N = 30)

Ages	Frequency	Percentages
Below 50	16	53.3%
Above 50	14	46.7%
Total	**30**	**100.0%**

Nurse participants' qualifications (N = 30)

Of the thirty nurse participants, 66.7% (n = 20) were enrolled nurses, 33.3% (n = 10) were registered nurses and none assistant nurse. Figure 4.2 displays the qualifications of the nurse participants.

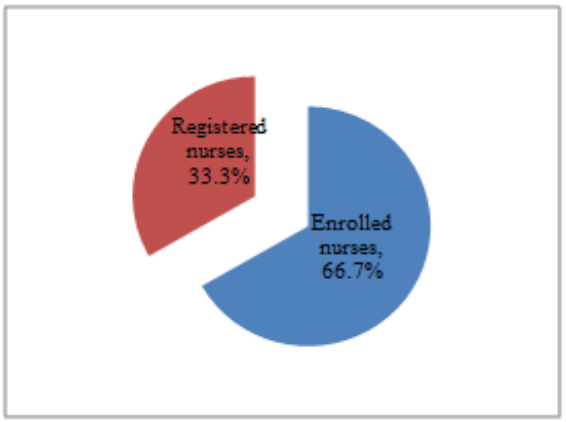

Figure 4.2 Nurse Participants' qualifications (N=30)

Of the thirty nurses participants 83.3% (n = 25) had more than 10 years' experience in the nursing services, while 16.7% (n = 5) had less than 10 years' experience in nursing services. Table 4.2 displays the years of nurse participants' experience in nursing services.

Table: 4.2: The nurse participants' years of experience in nursing services (N = 30)

Years of experiences	Frequency	Percentage
More than 10 years (> 10 years)	25	83.3%
Less than 10 years (< 10 years)	05	16.7%
Total	**30**	**100.0%**

Nurse participants' months of experience in tuberculosis services (N= 30)

The nurse participants' months of experience in TB services were as follows: 90.0% (n = 27) had more than 3 months experiences in TB services, while 10.0% (n = 3) had less than 3 months experience in TB services. Table 4.3 displays the nurse participants' months of experience in a TB department.

Table: 4.3: The nurse participants' months of experience in a tuberculosis services

Months of experiences	Frequency	Percentage
More than 3months (> 3 months)	27	90.0%
Less than 3 months (< 3 months)	03	10.0%
Total	**30**	**100.0%**

Health facilities (nurses workplaces and the patients treatment areas)

All the nurse participants 100.0% (n = 30) were practising at public health facilities in the Khomas Region. The public health facilities in the Khomas Region are: Katutura Intermediate Hospital, Katutura Health Centre; and nine clinics; namely Khomasdal, Wanaheda, Otjomuise, Hakahana, Okuryangava, Donkerhoek, Robert Mugabe, Dordabis, and Groot Aub.[11];[12]

Of the thirty nurse participants, 30.0% (n = 9) were caring for patients with tuberculosis at clinic level, 3.3% (n = 1) were caring for patients with tuberculosis at health centre level, while 66.7% (n = 20) were caring for patients with tuberculosis at hospital level. Table 4.4 displays the names of the health facilities (nurses' workplaces and the patients' treatment areas) where the interviews took place.

Table: 4.2: Names of the health facilities (nurses' workplaces and the patients' treatment areas)

Name of the health facility	Frequency	Percentage
Donkerhoek Clinic	1	3.3%
Dordabis Clinic	1	3.3%
Groot Aub Clinic	1	3.3%
Hakahana Clinic	1	3.3%
Katutura Health Centre	1	3.3%
Katutura Intermediate Hospital	20	66.7%
Khomasdal Clinic	1	3.3%
Okuryangava Clinic	1	3.3%
Otjomuise Clinic	1	3.3%
Robert Mugabe Clinic	1	3.3%
Wanaheda Clinic	1	3.3%
Total	**30**	**100.0%**

Tuberculosis treatment areas at the health facilities where interview took place

At clinic and health centre level, the study was conducted in the TB Rooms 33, 3% (n = 10), while at hospital level 13, 3% (n = 4) at the TB OPD, and 53, 3% (n = 16) in the TB wards.

SECTION C: COMMUNICATION OBSERVATION CHECKLIST RESULTS

In this section, the researcher analysed the data of the observation done while the nurses were communicating with patients at the public health facilities in the Khomas Region. The total number of 30 (100.0%) nurse participants was observed while communicating with 30 (100.0%) patient participants with tuberculosis. Each nurse participant was observed individually while she was communicating with her/ his patient participant. The items observed and the analysed results are presented in the context of communication skills as indicated on the communication observation checklist.

Communication Skills

The researcher wanted to find out whether the nurse participants were creating a conducive environment (atmosphere) that encouraged the patient participants to communicate effectively during their interaction. Table 4.5 presents the items that the researcher was observing while the nurse participants were communicating with the patient participants.

Table: 4.5 Creating a conducive environment (atmosphere) for communication N = 30)

Items observed	Yes	No	N/A	Total
Arranging the room / area in a way that facilitates good communication	86.7% (n =26)	13.3% (n = 4)	0% (n = 0)	100.0% (N=30)
Arranging seats in an appropriate	63.3% (n =19)	36.7% (n =11)	0% (n = 0)	100.0% (N=30)
Windows are open for ventilation.	40.0% (n =12)	60.0% (n =18)	0% (n = 0)	100.0% (N=30)
Welcoming the patient (verbally)	6.7% (n=2)	50.0% (n=15)	43.3% (n =13)	100.0% (N=30)
Offering a chair to the patient.	7% (n = 2)	73% (n=22)	20% (n = 6)	100% (N=30)
Greeting the patient.	36.7% (n=11)	63.3% (n=19)	0% (n = 0)	100.0% N=30)
Introducing self to the patient.	0% (n = 0)	40.0% (n=12)	60.0% (n=18)	100.0% (N=30)
Showing appropriate body language when talking to the patient	83.3% (n=25)	16.7% (n = 5)	0% (n = 0)	100.0% (N=30)
Ensuring privacy	30.0% (n = 9)	70'0% (n=21)	0% (n = 0)	100.0% (N=30)
Ensuring a quite environment	30.0% (n = 9)	70.0% (n=21)	0% (n = 0)	100.0% (N=30)
All obstacles between the nurse and the patient during conversation are removed;	43.3% (n=13)	56.7% (n=17)	0% (n = 0)	100.0% (N=30)
Negotiating with the patient the appropriate language to be used during conversation	0% (n = 0)	36.7% (n=11)	63.3% (n=19)	100.0% (N=30)

Of the thirty nurse participants, 13.3% (n = 4) did not arrange the room/area in a way that facilitated good communication; for example tidy room, tidy table. However, 86.7% (n = 26) of the participant nurses did arrange the communication venue properly. Of the thirty nurse participants, 36.7% (n = 11) did not arrange the seats in an appropriate way, for example chairs arranged at an angle; 63.3% (n = 19) arranged the seats. The majority of the nurse participants 60.0% (n = 18) did not open the windows while communicating with patients with tuberculosis, and only 40.0% (n = 12) opened the windows. Half of the nurse participants 50.0% (n = 15) did not welcome the patients with tuberculosis to the treatment areas, while 6.7% (n = 2) did. Welcoming patient participants did not apply to 43.3% (n = 13) of the nurse participants, since their patients had been admitted to the hospital a few times already, i.e. the nurse and the patient knew each other. Very few of the nurse participants 6.7% (n = 2) offered the patient participants a chair, the majority of 73.3% (n = 22) did not. Few of the nurse participants 20.0% (n = 6) did not offer patients chairs, since they were all admitted and were lying in the hospital beds during observation.

More than half of the nurses participants 63.3% (n = 19) did not greet the patients at the beginning, and 36.7% (n = 11) greet the patients. Of the thirty nurse participants, 40.0% (n = 12) did not introduce themselves to the patient participants, and 60.0% (n = 18) of the nurse participants did not need to introduce themselves, since the nurses and the patients knew each other already.

Seventeen per cent (n = 5) of the nurse participants did not demonstrate appropriate body language during conversation, while 83.3% (n = 25) demonstrated appropriate body language.

Less than a third of the nurse participants 30.0% (n = 9) ensured privacy; the majority of 70.0% (n = 21) did not ensure privacy. The majority of the participants 70.0% (n = 21) did not ensure a quiet environment; for example no noise like radio, to and fro movement of people, no cell phone ringing; 30.0% (n = 9) ensure a quite environment.

Almost half of the nurse participants 43.3% (n = 13) were communicating without any obstacles between them and the patient participants, e.g. obstacles like bundles of books, or another person; 56.7 % (n = 17) did not. Of the thirty nurse participants, 36.7% (n = 11) did not negotiate with the patients which language they preferred to communicate in (especially in the case of new patients) with the aim of preventing misunderstanding. For 63.3% (n = 19) of the nurse participants it was not applicable, since the nurses and the patients knew one another already.

Assessment and understanding the patients' mood and level of understanding of the tuberculosis situation (N = 30)

In this instance, the researcher sought to establish whether the nurse participants did assess the patients' mood and level of understanding (knowledge) of the disease, before the TB health information were provided to the patient participants. Table 4.6 depicts the items the researcher observed while the nurse participants were communicating with the patient participants.

Table: 4.6: Assessment and understanding of patients' mood and level of understanding of the TB situation

Items observed	Yes	No	N / A	Total
Assessing if ice breaker is used	6.7% (n =2)	93.3% (n =28)	0% (n =0)	100.0% (N = 30)
patient's previous knowledge about the tuberculosis disease	3.3% (n =1)	96.7% (n =29)	0% (n =0)	100.0% (N = 30)
Exploring the patient's beliefs about the Tuberculosis disease	3.3% (n =1)	96.7% (n =29)	0% (n =0)	100.0% (N = 30)
Exploring the patient's practices in	0% (n=0)	100.0% (n=30)	0% (n=0)	100.0% (N = 30)

Very few of the nurse participants 6.7% (n = 2) had assessed the patient participants' mood by taking care of feelings first during an ice breaker before information was provided, while the majority 93.3% (n = 28) did not assess the patients mood.

Almost all of the nurse participants 96.7% (n = 29), except one (3.3%), did not assess the patients' previous knowledge about the tuberculosis disease before correct information was provided.

Only one of the nurse participants 3.3% (n = 1) had explored the patients' beliefs about the disease before correct information was provided, 96.7% (n = 29) did not explore the patients' beliefs. None of the nurse participants had explored the patient participants' practices in relation to the disease before correct information was provided.

Providing tuberculosis health information with regard to tuberculosis

The researcher sought to assess whether the nurse participants were providing all the basic medical

information about tuberculosis to the patient participants. The researcher observed the types of basic medical information that the nurse participants were providing to the patient participants during their discussions. Table 4.7 displays the basic medical information that the researcher has observed.

Table: 4.7: Basic medical information with regard to tuberculosis (N = 30)

Items observed	Yes	No	N/A	Total
Meaning of tuberculosis	23.3% (n = 7)	76.7% (n = 23)	0% (n = 0)	100.0% (N=30)
Diagnosis of the patient	43.3% (n = 13)	56.7% (n = 17)	0% (n = 0)	100.0% (N=30)
Cause of tuberculosis	40.0% (n = 12)	60.0% (n = 18)	0% (n = 0)	100.0% (N=30)
Contributing factors to tuberculosis	63.3% (n = 19)	36.7% (n = 11)	0% (n = 0)	100.0% (N=30)
Prevention of tuberculosis	66.7% (n = 20)	33.3% (n = 10)	0% (n = 0)	100.0% (N=30)
Treatment of tuberculosis	90.0% (n = 27)	10.0% (n = 3)	0% (n = 0)	100.0% (N=30)
Importance of knowing one's HIV status	73.3% (n = 22)	26.7% (n = 8)	0% (n = 0)	100.0% (N=30)
Dangers of non-compliance to tuberculosis treatment	30.0% (n = 9)	70.0% (n = 21)	0% (n = 0)	100 % (N=30)

Of the thirty nurse participants, only 23.3% (n = 7) explained the meaning of tuberculosis to the patients, while the majority 76.7% (n = 23) did not. The majority of the nurse participants 56.7% (n = 17) did not inform the patient participants about the type of tuberculosis (their diagnosis) that the patient had; only 43.3% (n = 13) did.

The majority 60.0% (n = 18) of the nurse participants explained the cause of tuberculosis to the patients, while 40.0% (n = 12) did not. Nearly two third of the nurse participants 63.3% (n = 19) informed the patients about the contributing factors to tuberculosis, and 36.7% (n = 11) did not.

The majority of the nurse participants 66.7% (n = 20) explained to the patients how someone could prevent tuberculosis, while 33.3% (n = 10) did not. Ninety per cent (n = 27) explained to the patients what type of tuberculosis treatment the patient should be given, while 10.0% (n = 3) did not. Marginally more than a quarter of the nurse participants 26.7% (n = 8) did not informed the patient participants about the importance of knowing their HIV status, but the majority 73.3% (n = 22) did. Nearly a third of nurse participants 30.0% (n = 9) explained the dangers of non-compliance of tuberculosis treatment to the patients; the majority 70.0% (n = 21) did not.

Listening skills (N = 30)

The researcher wanted to establish in which way the nurse participants listened while they were communicating with the patient participants. Therefore, the researcher was observing the items about listening skills (Table 4.11).

Table: 4.8: Listening skills

Reinforce attentive listening by using non-verbal movement;	23.3% (n = 7)	76.7% (n = 23)	0% (n = 0)	100.0% (N = 30)
Listening until the patient has completed expressing his/ her thoughts	30.0% (n = 9)	70.0% (n=21)	0% (n = 0)	100.0% (N=30)
Encourage the patient to talk.	16.7% (n=5)	83.3% (n=25)	0% (n = 0)	100.0% (N=30)

The majority of the nurse participants, namely 76.7% (n = 23) were not listening attentively by using non-verbal movement, for example nodding of the head, or keeping eye contact to show interest and concern, but 23.3% (n = 7) did.

Most of the nurse participants 70.0% (n = 21) did not listen until the patients completed expressing their thoughts, and only 30.0% (n = 9) did. Of the thirty nurse participants, 16.7% (n = 5) did nothing else except listening, but the majority of the nurse participants, namely 83.3% (n = 25) did something else while listening to the patient participants.

Questioning skills (N = 30)

The researcher wanted to find out how the nurse participants were asking questions to the patient participants during communication. The researcher checklist results about questioning skills are shown in the table (Table 4.12).

Table: 4.9: Questioning skills

Items observed	Yes	No	N / A	Total
Use of descriptive questioning	50.0% (n =15)	50.0% (n =15)	0% (n = 0)	100.0% (N = 30)
Using of close-ended questions	100.0% (n=30)	0% (n = 0)	0% (n = 0)	100.0% (N = 30)
Asking the patient's opinions.	20.0% (n = 6)	80.0% (n =24)	0% (n = 0)	100.0% (N = 30)
Asking questions to find the reasons for patients behaviour;	13.3% (n = 4)	86.7% (n=26)	0% (n = 0)	100.0% (N = 30)

Half of the nurse participants, namely 50.0% (n = 15) asked descriptive questions, while the other half 50.0% (n = 15) did not. All the nurse participants 100.0% (n = 30) used close-ended questions appropriately, and only a fifth of the nurse participants 20.0% (n = 6) asked the patients to express their opinions, the majority 80.0% (n = 24) did not. The majority of the nurse participants, 86.7% (n = 26) did not ask the patient participants questions to establish the reasons for patient participants' behaviour (for instance, patients who always arrived late at the health facility, patients who were interrupting medicine more often, or patients who were not interesting in communicating), 13.3% (n = 4) did.

Verbal and non-verbal communication (N = 30)

The researcher wanted to determine whether the nurse participants were aware of their verbal expressions and non-verbal communication behaviour by observing the items about verbal and non-verbal communication as displayed in Table 4.13.

Table. 4.10: Verbal and non-verbal communication

Items observed	Yes	No	N / A	Total
Using short, simple words	90.0% (n=27)	10.0% (n = 3)	0% (n = 0)	100.0% (N=30)
Using an appropriate non-verbal communication method to welcome the patient;	60.0% (n=18)	40.0% (n =12)	0% (n = 0)	100.0% (N=30)
Being approachable and friendly.	66.7% (n =20)	33.3% (n =10)	0% (n = 0)	100.0% (N=30)
Speaking loudly to facilitate hearing	100.0% (n =30)	0% (n = 0)	0% (n = 0)	100.0% (N = 0)

Ten per cent (n = 3) did not use short, simple, and clear sentences, while 90.0% (n = 27) did. The majority of the nurse participants 60.0% (n = 18) used appropriate non-verbal communication to welcome the patient participants, while 40.0% (n = 12) of them did not. Most of the nurse participants, namely 66.7% (n = 20), were approachable and friendly, 33.3% (n = 10) were not. All the nurse participants 100.0% (n = 30) spoke loudly enough for patient to hear.

Constructive feedback skills (N = 30)

The researcher sought to establish whether the nurse participants complimented the patient participants when they did something good, and also whether they were providing constructive feedback to the patient participants. The researcher was observing the items displayed in Table 4.14.

Table:4.11: Constructive feedback skills

Items observed	Yes	No	N / A	Total
Complementing the patient for things he/she has done well;	13.3% (n = 4)	86.7% (n=26)	0% (n = 0)	100.0% (N=30)
Providing specific constructive feedback to the patient.	13.3% (n=4)	86.7% (n=26)	0% (n= 0)	100.0% (N=30)

Only 13.3% (n = 4) of the nurse participants complimented the patients for things that he / she had done well, while the majority 86.7% (n = 26) did not. With regard to feedback to patients, only13.3% (n = 4) gave specific constructive feedback to the patients, while most of the nurse participants 86.7% (n = 26) did not.

Respect and empathy

The researcher assessed whether the nurse participants showed respect and empathy to the patient participants while providing health information. The results of the checklist are shown in the table below.

Table: 4.12: Respect and empathy

Items observed	Yes	No	N / A	Total
Showing empathy	50.0% (n=15)	50.0% (n=15)	0% (n = 0)	100.0% (N=30)
Showing respect ignoring the fact.	50.0% (n=15)	50.0% (n=15)	0% (n=30)	100.0% (N=30)

Half of the nurse participants 50.0% (n = 15) expressed empathy by understanding the effect of the disease on patient participants, the other half 50.0% (n = 15) did not. Half of the nurse participants 50.0% (n = 15) displayed respect to the patient participants, half of them 50.0% (n = 15) did not.

DISCUSSION OF FINDINGS

It is clear from this study that nurses who are caring for the patients diagnosed with tuberculosis in the Khomas region possess inadequate communication skills.

Based on the checklist used by the researcher to find out whether nurses were firstly creating the conducive environment that encouraged the patients to communicate effectively, the results clearly revealed that the majority of the nurse participants did not ensure a quite environment for example not using of cellphone during conversation with patient, and being friendly. In line with literature conducive environment plays a crucial role in the decoding of the message by the receiver. The atmosphere of the TB unit begins to affect the patients from the moment they enter the TB room and can influence their continuing behavior. According to.[13] a conducive or friendly environment is a joyful place, and the researchers believe that effective communication occurs when people are comfortable, discussing without noise and receiving care from a nurse with good communication skills.

In this study, that the nurse participants did not assess the patient's mood and level of understanding of the tuberculosis situation before giving information to the patients. According to[14] mood is the emotional state of mind which can be changed relatively easily once the person is aware of it. When the patient is showing signs of fear, anger, shock and sadness, then is a clear indication that the patient is not going to follow properly the conversation. The chance are higher that patient is going to misunderstand the information, therefore it is very important for the nurse to take care of feeling first before providing information to the patient. Furthermore, it is also crucial to assess the level of understanding before providing them with facts about TB, since the level of understanding of patients might be enhanced by sharing information rather than just "injecting" information without knowledge of the patients' current level of understanding of TB.

In providing of the basic tuberculosis information to the patients, it is also evident from this study that nurses are not providing all necessary information to the patients for instance: meaning of tuberculosis, diagnosis of the patient, cause of tuberculosis, prevention of tuberculosis and the danger of non-compliance of TB treatment. Despite that, it also becomes clear that nurses are not informing patients about the danger of consuming alcohol or smoking while taking tuberculosis treatment. An addition, there are some important organization in the region that are assisting tuberculosis patient with moral support, food and works, but this study revealed also that nurses were not making patient aware about those important organization. In order for the patient to follow and adhere to the nurses' instructions, they firstly need adequate information regarding their condition and all related important information.

Furthermore, in this study the nurses were not listening attentively to the patients meaning that nurses are lacking adequate listening skills. Listening is an acquired skills just like reading or writing and it requires practice.[15] Nurses does not only have the responsibility of providing the treatment to the patients, but also have a role for listening attentively to the patients views, opinion, suggestions and contributions towards their own health. According to the[16], all patients have the right to be listened to and also to be heard.

This study also revealed that the nurses are mostly using closed ended questions that prohibit patients to express their feelings and are mostly not aware of their non-verbal movements. Nowadays, side effects of TB treatment for instance loss of hearing occur more frequently, especially in patients who are on anti-drugs resistant tuberculosis.[17] Closed ended questions allow patients with particular problems to remain undetected by "hiding" behind the yes or no answers. Therefore, probing is useful in order to obtain required information.

The nurses are not providing constructive feedback to the patients that might demoralize the patient if what they are doing is not acknowledged. Providing constructive feedback to the patients encourages and motivates them to adhere to their treatment.

During interview, nurses were asked if they knew whether the information they provided to the patients was well understood, and they replied that they are aware

that patients understood the information, because they were talking the same language.[18] stipulated clearly that even when people are communicating in the same language, the terminology in a message may contain barriers when messages are not clearly understood by the recipient. The patients themselves also proposed that nurses should talk other language not only English.

CONCLUSION

The findings of this study showed that the nurses, who are caring for patients diagnosed with tuberculosis at the public health facilities of the Ministry of Health and Social Services in the Khomas Region, possess inadequate communication skills. This phenomenon has clearly been revealed during observation checklist, as well as during the interviews. The collective results show that the nurses lack proper communication skills and exhibited inadequate communication skills in the following areas: How to create a conducive atmosphere for communication; Assessing understanding, the patients' mood and TB situation; Listening skills; Questioning skills; Constructive feedback skills; Skills for understanding non-verbal communication; and Expressing respect and empathy for patients.

RECOMMENDATIONS

The following recommendations can be made based on the findings of this study.

- The researcher recommends that the TB policy and guidelines makers integrate these communication Skills with TB policies and TB manuals when planning to improve the health status of the patients diagnosed with TB, their families, and the community in general.
- All the nurses (registered nurses and enrolled nurses) should attend a training workshop in communication with the purpose of conveying TB health information to patients diagnosed with TB more effectively.
- Although the nurses in Namibia receive basic training in communication, the findings of this study clearly indicate that the nurses who are caring for patients with TB still have limited communication skill. Therefore, the researcher recommends that the training module in communication needs to be strengthened by including these developed guidelines for communication in the curriculum.

LIMITATIONS OF THE STUDY

Immediately after observation, the researcher has communicated in English, Afrikaans, Oshiwambo, or Otjiherero during the interviews with the patient participants. The possibility always exists that the meaning of some original ideas gets lost during the process of translation.

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COMPETING INTERESTS

The authors declare that they have no financial or personal relationship(s) which may have inappropriately influenced them in writing this article.

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