

DEVELOPMENT OF THE CONCEPTUAL FRAMEWORK FOR THE GUIDELINES TO ENHANCE COMMUNICATION SKILLS OF NURSES CARING FOR PATIENTS DIAGNOSED WITH TUBERCULOSIS AT PUBLIC HEALTH FACILITIES IN THE KHOMAS REGION OF NAMIBIA**Dr. Esther Kamenye*¹, Prof. Scholastika Iipinge² and Prof. Agnes Van Dyk³**^{1,2}Clara Barton School of Nursing, Welwitchia University (WU), Windhoek, Namibia.³Department of General Nursing Science, International University of Management(IUM), Windhoek, Namibia.***Correspondence for Author: Dr. Esther Kamenye**

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ABSTRACT

The purpose of this article is to describe the conceptual framework upon which the development of guidelines to enhance the communication skills of the nurses was based. The conceptual framework of this study was developed based on the practice oriented theory of ^[1] that guided with the explanation of the concepts used in the development of the guidelines. The practice oriented theory of Dickoff et al consists of six elements namely: agent, recipient, context, dynamics, procedure and terminus. In this study an agent was a senior registered nurse (a TB coordinator), the recipients were all nurses who are on daily basis caring for the patients diagnosed with tuberculosis, the context was the public health facilities; dynamics were challenges nurses experiencing when communicating with patients diagnosed with tuberculosis; procedure was the steps the researcher followed to come up with the guidelines on communication and terminus was an improved communication skills of the nurses. The development of the conceptual framework which guided with the development of guidelines on communication makes this study an original contribution to the body of knowledge.

KEYWORDS: Development, conceptual framework, enhance, communication skills, nurse.**INTRODUCTION**

This article is focuses on Phase 2 of the study that was conducted on the communication skills of nurses who are caring for the patients diagnosed with tuberculosis at the public health facilities in the Khomas region of Namibia. The study was conducted into four Phases, starting with an exploration and description of communication process between nurses and the patients diagnosed with tuberculosis in Phase 1, followed by the development of a conceptual framework for effective communication in Phase two. Phase 3 involved the process of developing the guidelines and Phase 4 focused on the implementation and evaluation of the guidelines.

The results of Phase 1 of this study revealed that the nurses, who are caring for the patients diagnosed with tuberculosis at the public health facilities of the Ministry of Health and Social Services in the Khomas Region exhibited inadequate communication skills. The conceptual framework was developed based on the findings of Phase 1 of this study and description of concepts in this conceptual framework is in accordance with survey list as outlined by. ^[1]

Conceptual framework is developed by the researcher through identifying and defining the concepts and proposing the relationship between those concepts. ^[2] According to ^[3], a conceptual framework enables the researcher to link the findings of the study to the body of knowledge and to conceptualise these findings in practice. In order to accomplish this goal, the researcher has used the six elements of practice orientated theory of ^[1] namely: agent, recipient, context, dynamics, procedure and terminus to serve as cornerstones for the development of guidelines for communication for the nurses.

OBJECTIVE

To develop a conceptual framework as basis for the development of communication guidelines for the nurses who are caring for the patient diagnosed with tuberculosis.

METHODOLOGY

The data collection method employed in the Phase 1 of this study was observation using a checklist. 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. Therefore, for the purpose of this study, the study population is also the complete sample. The sample is small due to the intensity of observations that have been used to gather the information.^[4] 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.^[5]

In this Phase 2 of the study, the conceptual framework was developed upon which the guidelines on communication was based. The description of concepts in this conceptual framework is in accordance with survey list as outlined by.^[1]

FINDINGS

The practice orientated theory as outlined by^[1] assisted with the explanation of concepts and analysing of the activities that are aimed at realising the goal of the development of communication guidelines for the nurses caring for the patients diagnosed with tuberculosis. The elements of the practice oriented theory on which the conceptual framework of this study was based are:

Agent (who performs the activities);
 Recipient (who is the recipient of the activities);
 Context (in what context are the activities performed);
 Dynamics (interaction, challenges, findings);
 Procedure (what is the guiding procedure or techniques of the activities); and
 Terminus (what are the outcomes of the activities)

In this study, the elements of the practice orientated theory of^[1] were also linked to some elements of The Shannon and Weaver Transmission Model of Communication as follow: sender (TB nurses as primary recipients), message (TB health information), receiver (TB patients as secondary recipients), environment (context as the public health facility) and feedback (interaction).^[6,7] Figure 1 displays the reasoning map that present six elements of the practice orientated theory adapted from^[1] to describe the conceptual framework on which the development of guidelines on communication was based. The hierarchical representation of the reasoning map consisted of the six elements and each element consisted of description of the study findings, which assisted with developing a communication guidelines to enhance the communication skills of nurses caring for the patients diagnosed with tuberculosis.

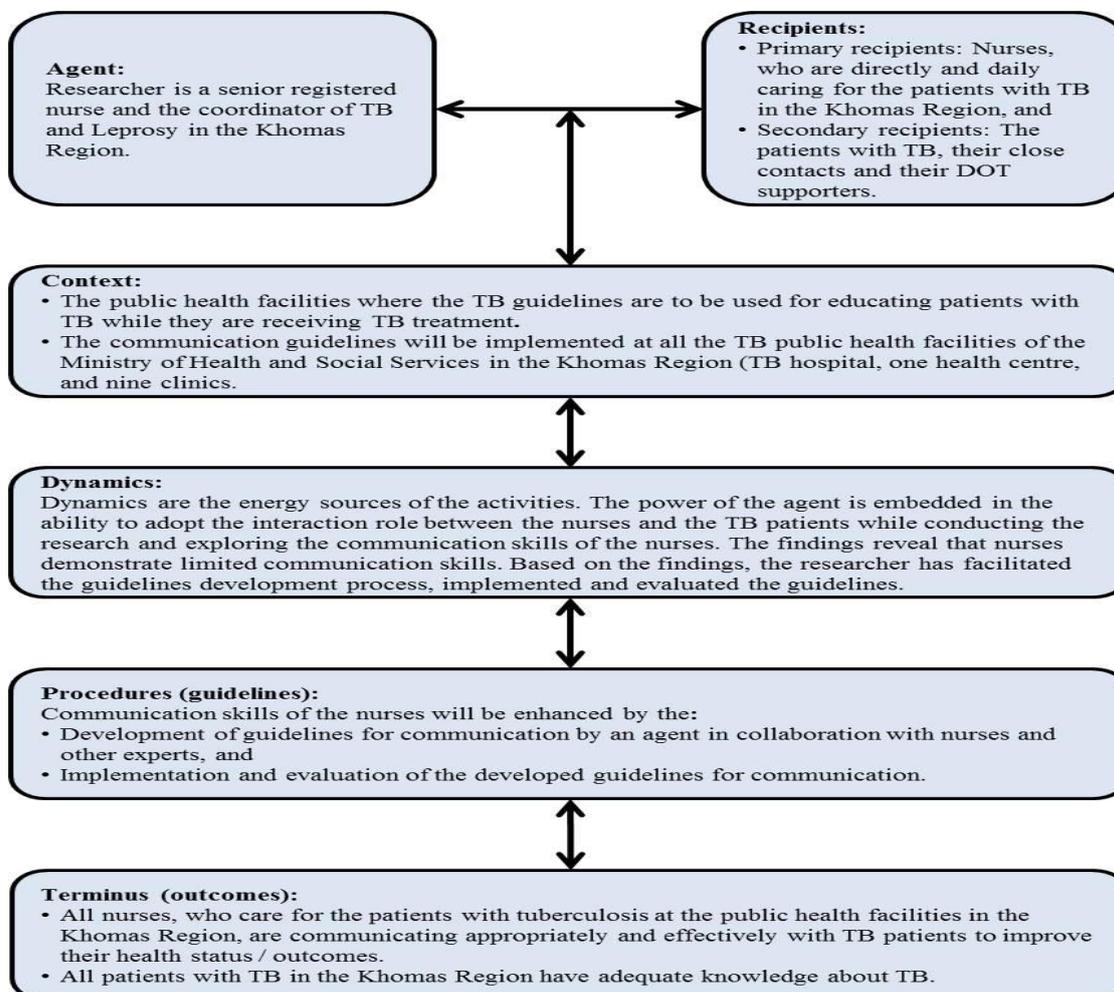


Figure 1: The reasoning Map

The characteristics for six elements (agent, recipient, context, dynamics, procedure and terminus) are described as follow:

Agent

^[8] refers to agent as a person who, or a thing that, acts or has the power to act. According to ^[9], an agent is a practising nurse who serves as a propelling force that is moving the practice in the direction of the ultimate goals.^[1] elaborate that an agent can be a person who performs the actual work/activities.^[10] refer to the agent as an individual who specialises in facilitating the change process during which new values, attitudes and behaviour are fostered. Furthermore,^[11] view an agent as the individual who has varying kinds of influence, or a person who acts as a precipitating cause of events.

In the context of this study, an agent is a senior registered nurse (a coordinator and a trainer) who has defined characteristics. As a researcher, the agent has the scientific knowledge and a research skill that enable her to conduct a study which explores the communication skills of nurses who are caring for patients diagnose with TB and has detected challenges that hampers TB management in relation to the communication skills of TB nurses. As the agent of the study, she also has acquired the management skills (manager) and knowledge that enables her to plan and to interact with other stakeholders, including the nurses and the patients diagnosed with TB with the purpose of developing guidelines for communication to assist the nurses who are caring for the TB patients in order to enhance the effectiveness of their communication with TB patients.

As an agent, the researcher, as a good communicator and an international health communication trainer, is versed in good communication skills that enable her to train the nurses how to communicate effectively with patients diagnosed in the region. Furthermore, the agent of this study has appropriate experience, relevant knowledge and skills about tuberculosis (TB focal nurse in the region) that enable her to train the nurses how communication can affect tuberculosis medicine adherence. She possesses the coordinating skills to assist her with coordinating activities from the commencement of the study to evaluating the communication guidelines. As the agent of this study, the researcher is duly registered at the Nursing Council of Namibia. The registration entitles her to practise as a registered nurse in Namibia.

In addition, the agent of this study is also responsible for facilitating the process of developing guidelines for communication skills, by developing the draft guidelines according to the research findings. The agent has identified the communication guidelines development group to consist of well-experienced people locally and internationally and has facilitated the meetings of this group. Furthermore, the agent ensures that the developed guidelines for communication are endorsed by the

permanent secretary of the Ministry of Health and Social Services.

^[10] refer to the agent as an individual who specialises in facilitating change. In this study, the agent has facilitated the implementation of the developed guidelines for communication by conducting the training for all the nurses who are directly caring for the patients with tuberculosis in the region. Furthermore, she has evaluated the developed guidelines for communication to evaluate whether these guidelines are indeed bringing about the anticipated changes in the communication skills of the nurses and, moreover, some improvement in knowledge of the patients with tuberculosis. In order to accomplish this goal, the agent of this study plays a fundamental role in ensuring that the communication of the nurses who are caring for the patient with tuberculosis are appropriate and are aligned to the developed communication guidelines. Most importantly, the agent influences the TB nurses to become future agents of communication for other nurses who will take over from them.

Recipient

^[12] refers to the recipient as a person who receives.^[1] refer to the recipient as a person or persons who are receiving activities from an agent. According to ^[9], recipients of the nursing care include all those persons who receive action from an agent; for instance families, communities, or societies. According to the researcher's understanding, a recipient can be referred to as a person who benefits from the activities that are designed by an agent.

In the context of this study, the registered and enrolled nurses who are caring daily for the patients with tuberculosis are the primary recipients of the developed guidelines for communication. The nurses as recipients of the activities of this study are all adults between the ages of 22 and 64 years. They are all registered at or enrolled with the Nursing Council of Namibia. They have also been trained in general nursing care, and are responsible and accountable for their own nursing duties, particularly the registered nurses. The enrolled nurses are working under the supervision of the registered nurses. The nurses are the senders (communicators) of all relevant TB health information (message) to the TB patients, their close contact and the community in general. Furthermore, the developed guidelines for communication could assist the nurses with developing their professional competencies and self-directed learning in communication with the guidance of the agent.^[13]

In addition, the other beneficiaries are the patients diagnosed with tuberculosis, their close contacts, as well as their DOT supporters, since the improvement in the communication skills of the nurses translates to quality tuberculosis care because they are receiving effective TB health information. This intervention would result in increased knowledge about TB among patients

diagnosed with tuberculosis. According to the^[14], a patient diagnosed with tuberculosis is a person whose tuberculosis has been bacteriologically confirmed, or who has been diagnosed by the doctor. The other characteristics of patients diagnosed with TB are that they are vulnerable, mostly unemployed and are living in poor conditions.^[14] Their knowledge of TB depends on the communication of TB health information to them by health care workers.

Context

^[15] defines context as the circumstances or a setting in which an event occurs.^[16] refers to context as the situation in which the activities take place and it comprises human, environmental, professional, and organisational facilities. According to the researcher's understanding, the framework provides the context in which the activities are conducted.

In this study, the context of the communication guidelines development is the public health facilities in the Khomas Region of the Ministry of Health and Social Services of Namibia where patients with tuberculosis are attended to daily by their nurses. The public health facilities in the region include the Katutura Intermediate Hospital, one health centre and nine clinics.

Furthermore,^[1] emphasise that despite the fact that a clinical setting provides learning opportunities, it is influenced by the external and internal context of an agent. The internal context/resources of the agent that guides her activities include the health professional skills, competence, commitment, knowledge of TB and communication, policies and guidelines; while the external resources include those resources other than the health professional that are available for maintaining and supporting the agent's capacities and power.^[1]

Dynamics (interaction, challenges, findings)

Dynamics refer to energy sources of the activities inside an individual or the internal motivating factors for success.^[1] The agent of the guidelines for communication has acquired scientific knowledge and skills that enable her to conduct the research in order to explore and describe how nurses communicate with patients with tuberculosis at the public health facilities in the Khomas Region of Namibia.

Furthermore, the agent of this research project has the advantage of enjoying a sound working relationship with a WHO communication specialist and communication consultants in Norway. The aforementioned experts are keeping the agent up-to-date about new developments related to communication by making it possible for the agent to attend communication workshops internationally.

The findings of this study indicate that the nurses who are caring for the patients diagnosed with tuberculosis

exhibited inadequate communication skills in the following areas:

- How to create a conducive atmosphere for communication;
- Assessing and understanding the patients' mood and TB situation;
- Listening skills;
- Questioning skills;
- Constructive feedback skills;
- Non-verbal communication skills; and
- Expressing respect and empathy.

These communication limitations or challenges influence the communication skills of the nurses who are caring for the patients diagnosed with tuberculosis in the Khomas Region, therefore, guidelines had to be developed for harnessing the communication skills of the nurses.

The developed guidelines for communication are the source of assistance to guide the nurses how to communicate TB health information more effectively.

Procedure

^[17] referred to procedure as an orderly way (steps) of doing things. Procedure is the general rule that guides activity and it comprises of the protocol and devices that enables an agent to attain a set goal.^[16] ^[1] refer to procedure as the way in which activities take place.

In this study, the agent followed the process of the guidelines development by using the^[18] methodology. The researcher (agent) has adopted a facilitation role during the entire guidelines development process. The communication guidelines have been developed and described in the context of the nurses who are caring for the patients diagnosed with tuberculosis at the public health facilities in the Khomas Region. Furthermore, the guidelines are formulated in relation to the seven communication limitations that have emerged from the data analysis and The Shannon and Weaver Transmission Model of Communication^[7], as well as the six elements of practice theory^[1] that serve as corner stone for the guidelines development process.

Terminus (purpose)

^[1] refer to terminus as the end point of the activities / process. Terminus also refers to the desired outcome an agent wishes to attain by implementing a particular procedure.^[16]

In this study, the first terminus of the guidelines for communication refers to the appropriate and effective communication of all the nurses who are caring for the patients with tuberculosis at the public health facilities in the Khomas Region. The nurses have expressed the need for communication training in order to enhance their communication skills. The second terminus is the improved knowledge of tuberculosis among the patients with tuberculosis.

CONCLUSION

In this article, the conceptual framework was developed and discussed. Six elements of the practice orientated theory of^[1] were used to guide the discussion of the concepts that are applicable to the development of guidelines for communication of the nurses who are caring for patients diagnosed with tuberculosis at the public health facilities in the Khomas Region. The elements of the practice orientated theory of Dickoff et al. (1968) served as cornerstone in the development process.

COMPETING INTERESTS

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

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