

Effect of Communication Skills Training Program for Head Nurses on Interpersonal Relations and Nurses' Organizational Commitment

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Abstract

Background: Nurses are the most precious assets of any health-care institution, thus it's critical to understand their behavior. In this regard, the present study was carried out in order to examine the effect of communication skills training program for head nurses on interpersonal relations and nurses' organizational commitment. This study was carried out at Zagazig University Hospitals, using quasi experimental design. A convenience sample of 50 head nurses and simple random sample of 221 staff nurse from the previously mentioned setting. **Tools:** A questionnaire sheet was used to collect data for this study that was composed of three parts; Organization Communication Questionnaire, Fundamental interpersonal relation orientation - behavior questionnaires and organizational commitment scale. **Results** revealed that there was significant improvement in head nurses' communication skills mean score after the program implementation ($P < 0.01$). As well, there was statistically significant enhancement in their interpersonal relations with nurses mean score ($P < 0.01$). Additionally, there was a statistically significant improvement in nurses' organizational commitment after the program implementation ($P < 0.01$). **Conclusion:** communication skills training program for head nurses is effective in improving interpersonal relations and commitment of their nurses. **Recommendation:** hospital administration should establish training activities to offer nurses with key skills such as active listening, accurate feedback, and problem-solving techniques.

Keywords: Communication, interpersonal relations, organizational commitment, head nurses, staff nurses.

Introduction:

Nursing is a professional care based on interactive relationships and performed primarily through communication. In other words, communication is used when interacting with patients and providing direct nursing care. In addition, it also plays an important role in drawing cooperation and mediating conflict when providing indirect nursing care through cooperation with other medical professionals (Kwon & Ahn, 2018). Communication is an interpersonal process in which participants express something about themselves through verbal or non-verbal signs with the aim of influencing the other's behavior, and it determines the kind of relationships that people will develop with others and with the surrounding world. It is the act of conveying a message to others and also the main skill for the effective functioning of health professionals (Murray 2017).

Organizational Communication is a technique usually intended for exchanging messages between individuals, groups and organizational levels within the organization, with a view to implement the objectives of individual and

collectively. It is vital to create and maintain a relationship as well as it has the ability to influences employee attitudes to be involved and committed to the organization (Kolcun et al., 2014).

Communication skill is a core skill for all healthcare professionals and particularly for head nurses (Kourkouta & Papathanasiou, 2014). The nursing unit is an independent unit operated by the nursing unit manager (head nurse) and is affected via complicated elements such as the surroundings of each unit, traits of team members, diversity of resources, and interactions among organizational members (Choi et al., 2018).

Head nurses' behavior plays a significant role in creating tremendous work environments that can have important impact on how nurses respond to their working conditions (Arbabisarjou, 2011). However, working as a first-line nurse manager is stressful, that is most likely due to the diverse and complicated aspects of ward administration (Gunawan 2017).

The head nurses' role is currently regarded as one of the most difficult and complex jobs in healthcare. She is responsible for putting operationally defined strategic aims and objectives into practice. As a result, the job of head nurse necessitates the capacity to interpret broad concepts and apply them to specific clinical and administrative tasks, while simultaneously determining and monitoring outcomes through managerial and clinical supervision (**Arbabisarjou, 2011**). In addition, the head nurse role delivers not only managerial and clinical supervision, but also has 24-hour responsibility for all patient care activities on the unit (**Kolawole, 2016**).

Also, interpersonal relationship between head nurses and staff nurses is a key for managerial effectiveness; nurses spend around eight to twelve hours in their organization and they can't work by themselves. Human beings are not capable of working for long periods of time. We need somebody with whom we can communicate and share our emotions because it improves efficiency and work spirit. Nurses have to work together, and the head nurses need to manage the interpersonal issues that arise as a result. (**Chen, G., & Sharma, 2012**).

Interpersonal relationship is an affiliation between two or more people that can be temporary or permanent. This association can also be primarily based on inference, love, solidarity, regular business interactions, or some other type of social commitment. It almost entails some degree of interdependence. People who are in a relationship are more likely to influence one another, discuss their thoughts and feelings, and participate in activities together. (**Velmurugan, 2016**). Creating successful relationships in organizations is a difficult process as both organizational and interpersonal dimensions should be considered. Understanding the common obstacles in relationship dimensions in health care institutions and finding the steps toward removing those obstacles can improve new skills to create effective relationship (**Dehaghani et al., 2010**).

Commitment is considered important factor that determines the success of the organization. The importance given to commitment stems from the fact that it aids organizations in retaining more employees, increasing attainment, productivity, and effectiveness as a result. (**Singh & Gupta 2015**)).

Commitment is the complete capacity to act in ways that meet the goals and objectives of the organization. Organizational commitment, on the

other hand, relates to the strength of an individual's identification with and involvement in a certain organization, and is defined by at least three factors: Strong belief in and acceptance of the organization's goals and ideals, as well as a desire to put up significant effort on behalf of the organization (**Khan, 2010**).

Organizational commitment concept is multidimensional in nature, has three conceptualizations mentioned in the literature (affective, normative and continuance commitment). Affective commitment is conceptualized as identification or attachment, normative commitment is conceptualized as responsibility to repay a debt or commitment to norms and continuance commitment is conceptualized as sacrifice and investment that increases an individual's cost of leaving (**Matin et al., 2010**).

It is concerned with an employee's level of organizational identification. It refers to a person's readiness to devote time and effort to an organization. It's been described as a crucial aspect in the interaction between people and organizations (**Han & Chung, 2015**). Staff nurses can benefit from informal support and leadership from a nurse leader and manager who is a role model for effective communication skills. This can help to establish pleasant work environments and boost nurses' confidence, motivation, and commitment. (**Erdogan & Yildirim, 2017**).

Significance of the study

Communication has evolved into the lifeblood of every organization, and it is now required to maintain the organization's health. Communication is one of the most difficult tasks that head nurses encounter, as well as one of the most important components of leadership. Head nurses may be unable to obtain commitment from staff nurses, achieve organizational goals, or create interpersonal relationships with their nurses if they do not communicate effectively. Nurses in Zagazig University hospitals encounter a variety of issues, including insufficient resources, high workloads, and strained relationships. They may also feel disengaged from the organization and wish to leave. So the researchers found it is necessary to implement training program for head nurses regarding communication skills that help in improving their communication skills and improving their staff nurses' organizational commitment and interpersonal relations.

Aim of the study:

The present study aimed to investigate the effect of communication skills training program for head nurses on interpersonal relations and nurses' organizational commitment at Zagazig University Hospitals.

Research hypotheses:

1. The communication skills of head nurses will be improved after training program implementation.
2. The head nurses' interpersonal relations with nurses will be improved after training program implementation.
3. The commitment of nurses to the organization will be improved after training program implementation.

Methodology**Design:**

A quasi-experimental design was utilized to achieve the aim of the study.

Setting:

This study was conducted at Emergency Sector of Zagazig University Hospitals, Egypt, which includes 4 inpatient hospitals, namely; New surgery hospital; Internal medicine hospital; Emergency hospital and Delivery and premature hospital.

Subjects & Sampling:

- Subjects of this study include all head nurses who are working in the above-described settings with at least one year of experience as first line manager in the current unit.
- Stratified random sample of staff nurses who are working in the above-mentioned settings (n=221); the ideal sample size was estimated at confidence interval 95%, margin of errors 5.0%, a total population size of 1375 staff nurses, and by using the following formula [$n = \frac{N}{1 + N(e)^2}$] (Yamane 1967). They were chosen randomly by placing all of the nurses' names from each hospital in a container and picking them up until the required number was reached. The required number of staff nurses from each hospital was calculated with the following formula: Number of staff nurses

in each unit \times required sample size / total number of staff nurses in the hospital.

Instruments:

For this research, three tools were utilized to gather data; described below:

Tool I: Organization Communication Questionnaire (O.C.Q): this tool developed by **Abdal-Ael (2010)** it was used to assess head nurses' level of organization communication .It consist of 44 items grouped under eight main components namely : communication climate (7items), supervisors' communication (5items), horizontal communication (6items), subordinate communication (8items), personal feedback (4items), organizational perspective (4items), organizational integration (4items) and quality assurance communication (6 items). Responses were measured on 5- point Likert scale ranged from "1" extremely dissatisfied to "5" extremely satisfied. The score of items were summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into percent score. A score was considered high in this research if it was > 60% and low if it was < 60%. The reliability of the instrument was estimated using Cronbach's alpha, it was 0.79.

Tools II: Fundamental interpersonal relation orientation - behavior questionnaires (FIRO-B): it is developed by **Schutz (1992)** to identify a person's fundamental interpersonal behavioral patterns. The instrument generates six distinct domains; three on behavior expressed towards others and three on behavior wanted from others in the areas of inclusion, control and affection. Expressed behavior is the behavior which a person shows to others in his relations with them. Wanted behavior is the behavior which a person desires from others (**Kavitha & Jamuna 2013**).

The questionnaire consists of 54 behavior characteristic items. Each domain has 9 items. Responses were measured on 5- point Likert scale ranged from never "1" to usually "5". The score of items were summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into percent score. A score was considered high in this research if it was > 60% and low if it was < 60%. The alpha coefficient of FIBRO-B scale ranged from 0.762 to 0.823.

Tool III: Organizational Commitment scale, developed by **Meyer and Allen's (1991)** to

measure the overall organizational commitment level of staff nurses. It consists of 24 items with three dimensions of commitment, namely affective, continuance, and normative commitment. Each dimension has 8 items. The responses of staff nurses to the questionnaire were measured on 5-point Likert scale ranged from (1) strongly disagree to (5) strongly agree. The total score of this tool ranged from 24– 120. Scores ≥ 72 indicated a high level of commitment, while scores < 72 indicated a low level. The reliability of the instrument was estimated using Cronbach's alpha, it was 0.85.

Field work:

Field work of this study pass through three phases as follow:

Preparatory phase:

It started in August to September 2020 with reviewing the theoretical and empirical literature of national and international resources about the issues of the present study utilizing textbooks, articles, research, and internet searches in order to acquire a clear image of all aspects relevant to the study. Data were collected from all head nurses to assess their knowledge regarding communication. Data were collected also from staff nurses to assess their level of organizational commitment, additionally; interpersonal relation scale was distributed to both head nurses and staff nurses before program implementation to assess level of interpersonal relations with head nurses from both perspectives. The learning needs of head nurses were identified based on the collected data. Therefore, communication skill training program as well as teaching sessions and time schedule were developed.

Implementation phase:

Communication skills training program was developed to enhance the ability of the head nurse to clearly communicate his or her message, and increase interpersonal communication skills to better grasp other people's messages. The program started in mid-October to end-December, 2020. The training program designed for this study has been implemented through 6 sessions (2 theory and 4 practical sessions). The program was implemented in 2 weeks for each hospital's head nurses separately as a precautionary measure against **Corona** virus. The researchers met the head nurses at 11AM after they coordinated the work in their units at the teaching class in the hospital. The theoretical session lasts for two hour while 3 hours

for the practical sessions. The program consisted of two main parts; the first part is the theoretical framework that covered knowledge about communication; definition, process, types, skills, interpersonal communication, effective feedback, barriers and factors that improve communication.

The second part is practical; the researchers used demonstrations, discussions, role playing, group activities, communication types and techniques, quizzes, modeling, identifying verbal and non-verbal cues, developing public speaking skills, and more.

Evaluation Phase:

Evaluation of the training program was carried out after one week from its implementation. Data were collected from head nurses (N=50) and staff nurses (N=221) using the previously mentioned tools to assess the effect of communication skills training program for head nurses on interpersonal relations and nurses' organizational commitment. It took about 2 weeks.

Pilot study:

It was carried out before starting the actual data collection to confirm clarity, understanding, and applicability of the tools after translation into Arabic. Additionally, to estimate the required time to complete the questionnaire sheet. The pilot study was carried out on 3 head nurse and 22 staff nurses (10% of the study sample). Head nurses and staff nurses were chosen at random and separated from the main study sample and the required changes were made.

Content validity:

After the instruments were translated into Arabic, a jury of specialists (5 academics) from Zagazig University's academic nursing staff assessed their face and content validity. All necessary adjustments according to their perspectives were made.

Administrative and ethical consideration:

The Ethics Committee and the Dean of the Faculty of Nursing at Zagazig University gave their approval to the study. An official permission was obtained from director of Zagazig University hospital to collect data and apply the program. Verbal and written explanation of the nature and aim of the study have been explained to head nurses and staff nurses who are included in the training

program. The participants were told that their participation was completely optional, and that they might quit at any time during the program without giving any reason. Furthermore, individuals are not required to write their names, with the emphasis on maintaining the privacy of the information as it will only be used for research purposes.

For all tools used, the researchers obtained permissions from the authors to use.

Statistical analysis:

The Statistical Package for Social Science (SPSS) version 21.0 was used for data entry and statistical analysis. Data was cleaned to ensure that there was no missing or incorrect information. For categorical variables, descriptive statistics in the form of frequencies and percentages were used, whereas for continuous variables, means and standard deviations were used; t-test was used to compare means before and after the program. The inter-relationships between variables were assessed using Pearson correlation analysis.

Results

Table (1): shows that 75% of nurses aged from 20 to less than 30 years old. Additionally, the highest percentage of them was female, married, had Diploma in nursing and had more than 10 years of experience (86%, 59.3%, 43%, 59.3% & 28% respectively).

Table (2): shows that 70% of studied head nurses aged from 40 to 50 years old with mean age 35.23 ± 22.97 years. Additionally, the highest percentage of them was married, had Bachelor degree in nursing and had more than 20 years of experience (86%, 78% & 64%, respectively).

Table (3): illustrates that, all domains and total mean score of communication among head nurses were significantly improved directly after the program application ($P < 0.01$).

Table (4): clarifies that, all domains and the total mean score of interpersonal relation as reported by head nurses were significantly improved directly after the program application ($P < 0.01$).

Table (5): identifies that; all domains and the total mean score of interpersonal relation as reported by nurses were significantly improved directly after the program application ($P < 0.01$).

Table (6): identifies that, all domains and the total mean score of commitment among nurses were significantly improved directly after the program application ($P < 0.01$).

Table (7): reveals that, there was highly statistically significant correlation between head nurses' communication and interpersonal relation with nurses before and after program application ($r = 0.2370$ & 0.988 , respectively where $P < 0.05$). Additionally, there was statistically significant correlation between head nurses' communication and nurses' commitment before and after program application ($r = 0.085$ & 0.175 , respectively where $P < 0.05$).

Figure (1): clarifies that, less than half of head nurses had high level of communication skills before program implementation, while they improved immediately after program implementation to 77%.

Figure (2): shows that less than half of nurses reported high level of interpersonal relations before program implementation, while they increased immediately after program implementation to 64%.

Figure (3): reveals that, less than half of nurses had high level of commitment before program implementation, while they improved immediately after program implementation to 86.5%.

Table (1): Personal Characteristics of Studied Staff Nurses (n=221).

| Characteristics | N | % |
|----------------------------------|-----|-------|
| Gender | | |
| • Male | 31 | 14 |
| • Female | 190 | 86 |
| Age (year) | | |
| • Less than 20 y | 13 | 5.8 |
| • 20 - >30 | 75 | 34.1 |
| • 30 - >40 | 65 | 29.4 |
| • 40-50 | 60 | 27.1 |
| • More than 50 y | 8 | 3.6 |
| Marital status | | |
| • Married | 131 | 59.3 |
| • Not married | 90 | 40.7 |
| Scientific qualification | | |
| • Diploma of Nursing | 97 | 43.9% |
| • Institute of Technical healthy | 55 | 24.9% |
| • Bachelor of Nursing | 69 | 31.2% |
| Hospital | | |
| • New Surgery | 76 | 34.4 |
| • Internal Medicine | 58 | 26.2 |
| • Emergency | 56 | 25.4 |
| • Delivery and premature | 31 | 14 |
| Years of experience | | |
| • Less than 5 y | 31 | 14 |
| • 5 - >10 y | 59 | 26.7 |
| • 10 - >15 y | 41 | 18.5 |
| • 15-20 y | 47 | 21.3 |
| • More than 20 y | 43 | 19.5 |

Table (2): Personal Characteristics of Studied Head Nurses (n=50).

| Personal characteristics | No | % |
|--------------------------|-------------|-----|
| Age in year | | |
| • 30-< 40 | 15 | 30% |
| • 40-50 | 35 | 70% |
| Mean ± SD | 35.23±22.97 | |
| Hospital | | |
| • New Surgery | 16 | 32% |
| • Internal Medicine | 14 | 28% |
| • Emergency | 11 | 22% |
| • Delivery and premature | 9 | 18% |
| Marital status | | |
| • Single | 7 | 14% |
| • Married | 43 | 86% |
| Qualification | | |
| • Master | 11 | 22% |
| • Bachelor degree | 39 | 78% |
| Experience | | |
| • < 20 | 18 | 36% |
| • >20 | 31 | 64% |

Table (3): Head Nurses' Communication Skills' Mean Scores throughout the Program Phases (n=50).

| Domains | Before program implementation Mean ± SD | After program implementation Mean ± SD | Paired t - test | P value |
|-----------------------------------|--|---|-----------------|-------------|
| • Communication Climate | 15.78±2.56 | 28.09±5.47 | -19.625** | .000 |
| • Supervisors' Communication | 9.77±2.42 | 18.95±5.47 | -20.269** | .000 |
| • Horizontal communication | 12.49±2.48 | 23.23±5.6 | -17.207** | .000 |
| • Subordinates' Communication | 17.61±3.81 | 29.05±7.29 | -14.684** | .000 |
| • Personal Feedback | 10.27±2.71 | 14.40± 4.32 | -28.625 | .000 |
| • Organizational Perspective | 8.32± 2.26 | 15.68±3.99 | -17.317 | .000 |
| • Organization Integration | 8.72±1.63 | 19.13±4.43 | -22.580 | .000 |
| • Quality Assurance Communication | 12.62±2.58 | 21.45±4.44 | -17.398 | .000 |
| Total Score | 105.85±9.61 | 169.98±20.98 | -27.35** | .000 |

Paired t-test: Compare mean scores pre-program and immediate post.

** Highly statistically significant at $P < .01$

Table (4): Interpersonal Relation Mean scores as Reported by Studied Head Nurses throughout the Program Phases (n=50).

| Domains | Before program implementation Mean ± SD | After program implementation Mean ± SD | Paired t - test | P value |
|--|--|---|------------------|-------------|
| Expressed behavior | | | | |
| • Expressed inclusion | 19.52±3.18 | 31.0±5.09 | -19.489** | .000 |
| • Expressed control | 20.06±2.89 | 30.69±5.78 | -15.810 | .000 |
| • Expressed affection | 20.59±4.22 | 29.48±8.83 | -8.783** | .000 |
| Total score of expressed behavior | 60.17±6.80 | 91.18±14.80 | -19.045** | .000 |
| Wanted behavior | | | | |
| • Wanted inclusion | 19.45±4.44 | 30.81±7.34 | -12.336** | .000 |
| • Wanted control | 30.16±5.7 | 30.94±6.8 | 20.424** | .000 |
| • Wanted affection | 18.22±2.5 | 33.05±6.82 | 22.873** | .000 |
| Total Score of wanted behavior | 67.83±8.05 | 94.8±13.16 | -20.825** | .000 |
| Total Score of interpersonal relation | 128.00±11.27 | 185.98±19.19 | -27.074** | .000 |

Table (5): Interpersonal Relation Mean scores as Reported by Studied Nurses throughout the Program Phases (n=221).

| Domains | Before program implementation Mean ± SD | After program implementation Mean ± SD | Paired t - test | P value |
|--|--|---|-----------------|-------------|
| Expressed behavior | | | | |
| • Expressed inclusion | 15.52±3.18 | 23.01±5.08 | -27.63** | .000 |
| • Expressed control | 26.59±4.21 | 30.69±5.78 | -22.41** | .000 |
| • Expressed affection | 18.59±4.21 | 29.48±8.81 | -12.45** | .000 |
| Total score of expressed behavior | 60.07± 11.6 | 83.18±14.80 | 27.00** | .000 |
| Wanted behavior | | | | |
| • Wanted inclusion | 17.45±4.39 | 25.81±7.33 | -17.49** | .000 |
| • Wanted control | 20.67±2.83 | 30.94±6.80 | -20.26** | .000 |
| • Wanted affection | 18.22±2.49 | 33.05±6.80 | -28.23** | .000 |
| Total Score of wanted behavior | 56.34±8.05 | 89.8±20.93 | 34.00** | .000 |
| • Total Score of interpersonal relation | 116.41±19.65 | 172.98±35.73 | -42.57** | .000 |

Paired t-test: Compare mean scores pre-program and immediate post.

** Highly statistically significant at $P < .01$

Table (6): Nurses' Organizational Commitment Mean Scores throughout the Program Phases (n=221).

| Domains | Before program implementation Mean ± SD | After program implementation Mean ± SD | Paired t - test | P value |
|-----------------------------|--|---|-----------------|---------|
| • Affective commitment | 12.8±5.22 | 15.13±3.94 | -30.212** | .000 |
| • Normative commitment | 12.7±5.95 | 18.98±9.71 | -4.929** | .000 |
| • Continuance commitment | 11.165± 5.59 | 17.74±2.85 | -16.721** | .000 |
| • Total Score of commitment | 36.43±14.21 | 51.85±19.81 | -10.598** | .000 |

Paired t-test: Compare mean scores pre-program and immediate post.
 ** Highly statistically significant at P < .01

Table (7): Correlation between Total Scores of Head Nurses' Communication and Intrapersonal Relation and Commitment of throughout the Program Phases

| Variables | Before the program implementation | | | | After the program implementation | | | |
|----------------------------|-----------------------------------|---------|--------------------|---------|----------------------------------|---------|--------------------|---------|
| | Interpersonal relations | | Nurses' Commitment | | Interpersonal relations | | Nurses' Commitment | |
| | r | P-value | r | P-value | r | P-value | r | P-value |
| Head nurses' Communication | 0.237* | 0.018 | 0.850* | 0.019 | 0.988** | 0.002 | 0.175* | 0.04 |
| Organizational commitment | 0.451* | 0.045 | | | 0.209** | 0.003 | | |

*Highly statistically significant at p<0.01

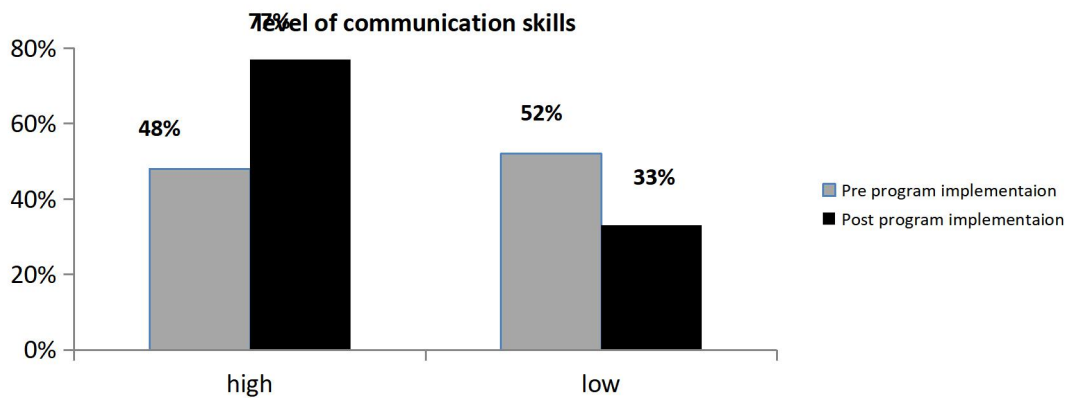


Figure (1): Head Nurses' Communication Skills' Level throughout the Program Phases (n=50).

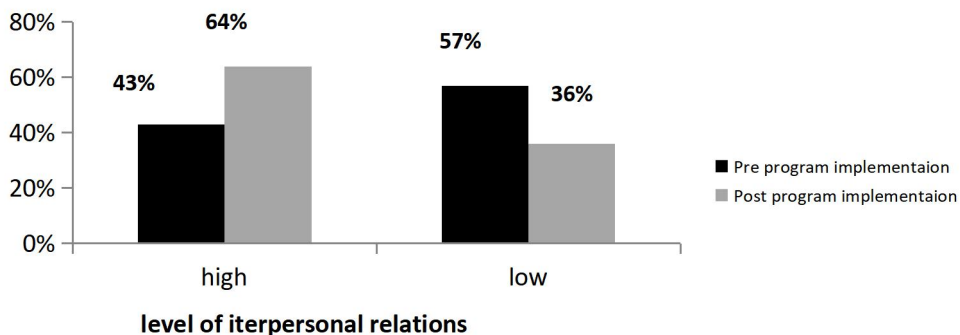


Figure (2): Level of Interpersonal Relations as reported by Nurses throughout the Program Phases (n=221).

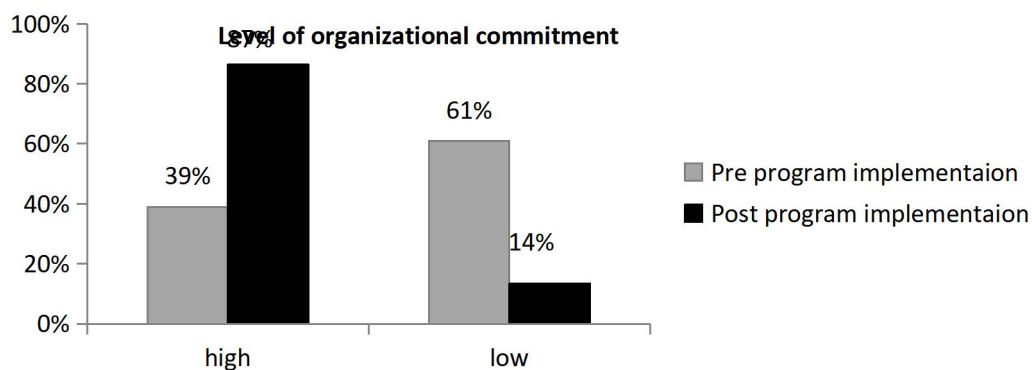


Figure (3): Levels of Nurses' Organizational Commitment throughout the Program Phases (n=221).

Discussion

Regardless of the nature of the conducted tasks, effective workplace communication is becoming increasingly important to the organization's success or failure. Organizations cannot exist without communication and management will be unable to receive information inputs, and supervisors would not be able to give instructions, coordination of work is impossible and the organization will collapse for lack of it. Without communication skills, interpersonal relationships cannot be developed (Awad & Alhashemi 2012). So the aim of this paper was to the effect of communication skills training program for head nurses on interpersonal relations and nurses' organizational commitment at Zagazig University Hospitals.

Concerning mean score of head nurses' communication throughout the program phases; the findings of the present study showed that mean score of all domains and total level of communication among head nurses were significantly improved directly after the program application. This result supports the first research hypothesis which stated that communication skills of head nurses will be improved after training program implementation. This could be attributable to the head nurses' commitment to the programme, as well as the effective delivery of new content that enabled them to participate effectively in the activity.

The researchers also urged head nurses to take part in role plays that required them to address criticism and openly voice their own viewpoints. The above mentioned result goes in the same line

with Chu et al., (2017) who conducted a study to evaluate change in nurses' knowledge, attitudes, and behaviors after an interprofessional (IP) communication training program, and found that nurses' attitudes toward and knowledge about communication strategies improved after program implementation. Another study carried out by Dehaghani et al., 2012 entitled assessing the effectiveness of interpersonal communication skills training on job satisfaction among nurses in Al-Zahra Hospital of Isfahan, and found the same results. Similar results reported by Darban et al., (2016) who examined effect of communication skills training on the burnout of nurses. Also, Khodadadi et al., (2013) assessed the effect of communication skills training on quality of care, self-efficacy, job satisfaction and communication skills, and reported that mean scores of communication skills showed a statistically significant difference between control and experimental groups after intervention.

Regarding mean score of interpersonal relations as reported by nurses throughout the program phases; mean score of all domains and total level of interpersonal relation as reported by head nurses and nurses were significantly improved directly after the program application. This finding justifies the second research hypothesis which stated that head nurses interpersonal relations with staff nurses will be improved after training program implementing. From researchers point of view; this result could be due to that in all forms of interactions, whether personal or professional, communication is crucial. and personal relations is one of the dimensions of communication skills which has improved during the training program.

Moreover, through the use of effective communication skills and assertive behaviors, head nurses became more positive in their communication with others, and as a result of these successes, they received favorable feedback from others, which reflected favorably on them on their interpersonal relations as reported by staff nurses after program implementation.

The above-mentioned results are in agreement with **Song (2006)**, who examined the effects of a communication training program on communication and interpersonal relationship, and found that interpersonal relations scores on the post-test in the experimental group were significantly higher than in the control group. Another study carried out in Egypt by **Abd El-aal (2014)** entitled effect of human relations training program for head nurses on staff nurses' organizational commitment, found that mean score for head nurses human relations significantly improved two months after program implementation.

Concerning mean score of organizational commitment as reported by staff nurses throughout the program phases; mean score of all domains and total level of organizational commitment of nurses were significantly improved directly after the program application. This finding supports the third research hypothesis which stated that commitment of nurses to the organization will be improved after training program implementing. The best rationale for this finding is the improvement in head nurses communication as they communicate with their staff nurses on a daily basis, often providing performance feedback, completing performance reviews, and delivering information. As a result of these actions, staff nurses' organizational commitment increased. The previous result agreed with that of **Abd El-aal (2014)**, who reported statistically significant difference in staff nurses' organizational commitment after the program implementation for head nurses.

With regard correlation between head nurses' communication skills and their interpersonal relation with nurses, there was highly statistically significant correlation between the two variables. This correlation may be due to strong association between communication and interpersonal relations; without communication skills, interpersonal relationships cannot be developed. Additionally, Managers who have open lines of communication with their employees are more likely to form good working relationships with them and strengthen their relational identity.

The previous result is consistent with that of **Mitrofan and Bulborea (2013)** who conducted a study entitled the role of organizational communication in structuring interpersonal relationships, and found correlation between the two variables. Also, **Lapeña-Moñux et al., (2014)** examined interpersonal relationships among hospital nurses and the use of communication skills and demonstrated the same results.

Concerning correlation between head nurses' communication skills and nurses' commitment; there was highly statistically significant correlation between the two variables. From researchers' perspectives, head nurses daily communication with their staff facilitate developing or negating subordinate's organizational commitment. The function of communication is to establish and maintain good relations between individuals and encourage high involvement. On the other hand, communication skills are particularly crucial because they foster cooperation and reduce conflict, which promotes affective commitment and reduces the likelihood of leaving the organization. This result is supported by other studies such as that of **Nofia et al., (2019)**, assessed effects of interpersonal communication and organizational commitment on organizational citizenship behavior and **Awad and Alhashemi (2012)** assessed the effect of interpersonal communications on employees' commitment and satisfaction. They reported the same results. Another study carried out by **Bambacas and Patrickson (2008)** entitled interpersonal communication skills that enhance organizational commitment and mentioned that communication skills more than others are considered to be important in enhancing employee commitment.

Also, **Matin et al., (2010)** conducted a study entitled relationship between interpersonal communication skills and organizational commitment and reported the same result. Additionally, in Egypt, **Elsayed et al., (2019)** investigated relationship between head nurses' job performance and staff nurses' commitment; they found that most head nurses' job performance behavior pertained to unit management followed by highly committed staff nurses.

Beside the above mentioned results; the present study found highly statistically significant correlation between interpersonal relations and organizational commitment. This result may be due to that employee attitudes and dedication are influenced by the nature of superior-subordinate relationships. Furthermore, workplace friendship

can boost employee attitudes such as job satisfaction, commitment, engagement, and perceived organizational support. In this regard, **Abd El-aal (2014)** found association between human relations and organizational commitment. According to **Devendra & Thevaranjan (2016)**, their research aimed to assess interpersonal skills and organizational commitment and they reported that the interpersonal skills of managers influence on organizational commitment.

Conclusion

Communication skills training program for head nurses is effective in improving interpersonal relations and organizational commitment of their staff nurses.

Recommendations

The following suggestions are made based on the findings of the study for the hospital administration:

- Enhance assertive communication between workers and managers in order to identify areas for improvement, planning and carrying out organizational changes together.
- There is a need to establish particular training activities to offer nurses with key skills such as active listening, accurate feedback, and problem-solving techniques.

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- Holding courses of organization and interpersonal communication skills for nursing students during their education and post-graduation.
- Develop and implement training program on other leadership skills for head nurses for continues improvement in work climate.
- In nursing education, communication skills should be formed and taught as a separate subject.

Further research about:

- Further research about strategies that could be utilized to help head nurses improve their managerial skills.
- More intervention studies to build on the knowledge gained here and assess the efficacy of the recommendations made in this article.
- Further research to identify other factors that improve commitment and interpersonal relations.

Limitations of study

We did not have control over how data were collected in order to take into account situational or environmental impacts on assessment results as the study was implemented at time of **Covid 19**, which may affect the results of the program. Another limitation, study doesn't include all staff nurses to ensure from the effectiveness of the program.

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