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The efficiency levels of the nurse managers in communication

Pinar Eksi*, Training and Research Hospital, Marmara University, Istanbul 34722, Turkey

Ayşe Nefise Bahcecik, Nursing Department, Faculty of Health Sciences, Marmara University, Istanbul 34722, Turkey

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Abstract

Aim is to predicate efficiency levels of the nurse managers in communication. The sample constituted 108 nurses. The socio-demographical characteristics of the nurses and the nurse managers were inquired. The efficiency levels of the nurse managers in communication were evaluated with the 'Communication Efficiency Scale'. SPSS for Windows 12.0 Program was used in the data evaluation. When the demographical characteristics of nurse managers have been compared with communication level, there was not found a statistically significant correlation ($p > 0.05$). But the nurse managers who are over 40 ages, license grad and had a long time professional experience were found conspicuous because of their high communication scores. As a result, it was determined that the 'Communication Efficiency Scale' is reliable and valid and can be used in these studies and the efficiency levels of the nurse managers who work in a Training and Research Hospital in Istanbul are enough.

Keywords: Nurse, manager, communication, scale.

* ADDRESS FOR CORRESPONDENCE: **Pinar Eksi**, Training and Research Hospital, Marmara University, Istanbul 34722, Turkey.
E-mail address: pinarkulak77@hotmail.com / Tel.: + 0 216 414 05 45

1. Introduction

Communication is the transfer of a certain opinion, knowledge and understanding from one person to another. Researches show that businessmen and managers spend 74%–87% of their time on every working day for communication (Ozgen, 2001; Sullivan, 2001). Communication is the most important weapon in presenting personality and proving existence of mankind. Communication is a specific phenomenon to mankind. People communicate in order to be together with others, to understand them, to influence them and to tell themselves (Bingol, 1997; Tutar, 2003).

Generally, if communication which is defined as production, transfer and signification process of information is actualised in an organisation and is done for the realisation of the purposes and the operation of the organisation, this type of communication is expressed as organisational communication. The decisions and the plans made by the management in an organisation are transferred to the subordinates through communication and the work is performed by the employees. Employees transmit their reports, complaints and requests to the management so the coordination and the cooperation between the units are achieved through the communication (Kurt, 2000; Ozden, 2003; Swansburg, 2002).

Successful and effective management is based on well-developed interpersonal relationships. Mutual effective relationships between nurse managers and nurses improve communication, raise morale, prevent gossip and rumors, reduce disagreement and insecurity, quickly resolve employees' problems and keep business life on track (Huber, 2000; Lancaster, 1999; Tabak, 1999).

It is impossible to underestimate strong communication skills in executive nurses. Management is an art of managing people (Sullivan, 2001; Tappen, 1995). An executive nurse always takes advantage of communication while routinely doing daily tasks on the desk, talking on the phone, reading business letters and doing the functions of direction and supervision in the institution. The level of satisfaction of the nurses related to work depends on well-functioning of the communication system (Tomey, 1996; Vestal, 1995).

The duty of the nurse managers in the institution is to discuss with nurses, value them and discipline them. Ordering is not communication. This is the communication if the administrator has received feedback from the staff and this is possible with active listening (Gillies, 1994; Rocchiccioli, 1998). Nurse executives must listen with their eyes, ears and brain to be active listeners. The nurses' messages can be realised by watching their body language (Edelman, 2002; Ellis, 2000).

To talk about effective communication of nurse executives, it is necessary to touch on the scope and the importance of communication and to determine the positions and communication skills of the nurses in the organisation. It was planned to determine the efficiency levels of the nurse managers in communication and consequently to develop the 'Communication Efficiency Scale' in this study.

2. Method

The research is a descriptive and methodological study. One hundred and fifteen nurses who work in a training and research hospital in Istanbul constituted the population of the research. One hundred and eight nurses who wanted to participate in the study constituted the sample of the research. Sample selection was not made in the study but it was tried to reach the population.

Conduct of the study in only one hospital and fewness of the nurse managers are the limitations of the research. The information form which consisted of seven items regarding demographic variables (age, professional experience, educational status, etc.) and 'The Communication Efficiency Scale' which was developed by the researcher were used as data collection tools. After receipt of permission from the hospital administration, the data were collected by hand between the dates of September 2002 and June 2003.

2.1. The communication efficiency scale

The Communication Efficiency Scale was prepared by the researcher as a 'form A' for nurse managers and 'form B' for nurses, five-point Likert scale and positive 34 items in order to determine the efficiency levels in communication.

The scale items were presented in order to receive the views of the professionals in nursing administration, business administration, psychiatric nursing and quantification & evaluation. In the direction of opinions, 13 positive items of the scale were made negative and the scale was reformed to be composed of 13 negative and 21 positive items. The meaning of three items was changed on the scale to be in accordance with Turkish by the specialist.

At first, the scale was applied to 20 nurse managers and 20 nurses to test the reliability. Cronbach Alpha test was done for pre-application and consequently Cronbach Alpha value was found 0.74 in nurse managers and 0.86 in nurses and the reliability of the scale was high. The scale was performed in training and research hospital later. After the research, the coefficient of Cronbach alpha test was found 0.88 in nurse managers and 0.89 in nurses. It was determined that nine items in the 'Communication Efficiency Scale A Form' had a lowering effect on the total alpha value with total item correlation study. It was decided to remove these items and Cronbach alpha value of the scale was found 0.93. It was determined that seven items in the 'Communication Efficiency Scale B Form' had also a lowering effect and was decided to remove these items so Cronbach alpha value was found 0.92. Finally, 'A form' of the scale had 25 items and 'B form' of the scale had 27 items. The results showed that the scale can be used as a reliable measurement tool.

After factor analysis by taking eigen value 1 in 'A form of the Communication Efficiency Scale' with 25 items, variance amount that fourth item explained was below 0.30. For this reason, fourth item of the scale was removed. Factor analysis was performed again for the remaining 24 items and the factor loads were calculated. Factor loads explained 43% of the total variance. Reliability coefficients were also calculated. Cronbach alpha value was found 0.93, Guttman value was found 0.86 and Spearman value was found 0.88 of the scale with 24 items. Since the total variance was over 30%, it had been decided to constitute 'A form' of the scale as one dimensioned.

After factor analysis by taking eigen value 1 in B form of the Communication Efficiency Scale with 27 items, variance amount that 13th item explained was below 0.30. For this reason 13th item of the scale was removed. Factor analysis was performed again for the remaining 26 items and the factor loads were calculated. Factor loads explained 38% of the total variance. Reliability coefficients were also calculated. Cronbach alpha value was found 0.92, Guttman value was found 0.86 and Spearman value was found 0.86 of the scale with 26 items. Since the total variance was over 30%, it had been decided to constitute 'B form' of the scale in one dimension.

Positive items were evaluated as Always (5), Mostly (4), Sometimes (3), Rarely (2), Never (1) and negative items were evaluated as Always (1), Mostly (2), Sometimes (3), Rarely (4), Never (5) on the Communication Efficiency Scale. The rise of the total scores which were taken from the scale showed that the level of communication as high. In other words, as the scores increase, it is told that individuals have higher communication skills.

In the reliability and validity study of The Communication Efficiency Scale; Cronbach Alpha, Guttman and Spearman Tests for reliability, factor analysis for construct validity were used. Percentage and frequency distribution, average, standard deviation, Kruskal-Wallis-H and Mann-Whitney-U tests were also used to evaluate the data.

3. Results

When the demographic and introductory characteristics of the nurses are examined, 53.9% of nurses were in the age group of 29 and below, 42.7% of nurses were high school graduated, 32.6% of nurses had 6-10 years professional experience, 47.2% of nurses worked in internal and surgical units,

56.2% of nurses were married and 53.9% of them studied communication. In total, 36.8% of nurse managers were 40 years and older, 63.2% of them were associate graduated, 42.1% of them had 20 years and over professional experience, 63.2% of them worked in internal and administrative units, 68.4% of them were married and 52.6% of nurse managers did not study communication.

When communication scores that determined the efficiency level of communication of nurse managers and nurses were examined, the communication score average given by the nurse managers to themselves was found 89.15, the communication score average given by the nurses to their managers was found 93.30. These scores which the nurse managers took showed that their communication with nurses was at good level.

When comparing working unit of the nurse managers and nurses with their communication scores, no statistically significant difference was found between the units of the nurse managers and communication score average ($p > 0.05$). However, statistically significant difference was found between the units of the nurses and communication score average which nurses gave to their managers ($p < 0.01$). The nurses who worked in internal and emergency units evaluated the communication efficiency scores of their managers higher than the nurses who worked in other units.

4. Discussion

In total, 17.6% of the nurses participating in the study consisted of nurse managers and 82.4% of them consisted of nurses. Fewness of the nurse managers was due to the management of a service by only one nurse manager.

Most of the nurse managers were 40 years and older, married, associate graduated, they had 20 years and over professional experience and most of them worked in internal and administrative units. Most of the nurses were in the age group of 29 and below, married, high school graduated, they had 6–10 years professional experience and most of them worked in internal and surgical units.

These results showed that most of the nurse managers were older, associate graduated, more experienced and most of the nurses were younger, high school graduated, more inexperienced. The reason for this can be professional experience and educational status taken as criteria in the selection of nurse managers. In Gulseven's study, the fact that the nurses were younger, had less experience than the nurse managers and the working of senior, experienced nurses in the management staff supported our study (Gulseven, 1996; Karakuzu, 1996).

When studying communication status of the nurses and their managers was examined, it was determined that more than half of the nurse managers did not study communication and more than half of the nurses studied communication. It was engrossing that most of the managers did not take education about communication in the direction of these results. Studying communication makes it easier to reach organisational goals by building bridges between the nurse managers and the nurses and provides the coordination between units. The importance of seminars is emphasised in the scope of in-service education to solve the communication problems (Edelman, 2002; Ozgen, 2001).

To Farley, if the communication problems in the hospitals are well known, the managers will have the authority to create a foundation of the necessary changes in the nursing department. When improvements are made in the communication system, job satisfaction of the nurses and the efficiency of the nursing management will increase (Farley, 1989).

When communication scores of the nurse managers and the nurses were examined, the communication scores given by the nurses to their managers were higher than the scores given by the nurse managers to themselves. Nurse managers gave 89.15 points to themselves and nurses gave 93.30 points to their managers as communication scores. It showed that nurses were so glad about the communication of their managers and nurse managers were at a very good level in communication. Whereas managers had lower scores when they evaluated themselves (Table 1).

Table 1. Distribution of communication scores of the nurse managers and the nurses

Position	n	Min	Max	Mean ± SD
Nurse manager	19	51.00	117.00	89.15 ± 19.14
Nurse	89	50.00	128.00	93.30 ± 18.68

The three most common items of the scale affecting the efficiency of nurse managers in communication were to inform nurses about improvements in the institution, to be honest and to keep promises. Informing the employees within the organisation by the management increases the effectiveness of the managers in communication as stated in Farley's, Pincus's and Simsek's studies. Communication is to provide that decisions made by the management in the institution are passed on life. It is necessary to communicate effectively with the employees in order to realise innovations in the organisation. Otherwise, nurses will be insufficient to realise the expectation from themselves and this will lead to faults, deficiencies, performance and quality decrease in the institution (Farley, 1989; Pincus, 1986; Simsek, 1988). It is stated in the study conducted on 327 nurses working in East Cost Training Hospital that effective communication increases job satisfaction and performance of the employees. So, supportive relationships take away stressful situations and encourage innovative ideas (Genc, 2004; Potter, 1993).

When comparing demographic characteristics of the nurse managers with their communication scores, it was observed that age, educational status and professional experience did not affect the communication scores of the nurse managers. On the other hand, it was conspicuous that nurse managers who were older, undergraduated and who had much more professional experience had higher communication scores (Table 2).

Table 2. Comparison of communication scores of nurse managers to age, educational status and professional experience

Demographic characteristics	Nurse managers				
	n	Mean rank	df	KW	p
Age					
29 and below	5	9.20			
30–34	3	10.33	3	0.878	>0.05
35–39	4	8.63			
40 and older	7	11.21			
Educational status					
High school graduated	3	12.33			
Associate graduated	12	8.29	2	0.215	>0.05
Undergraduated	4	13.38			
Professional experience					
6–10 years	5	9.20			
11–15 years	3	7.00	3	0.653	>0.05
16–20 years	3	10.00			
20 years and over	8	11.63			

When comparing units of the nurse managers with their communication scores, it was observed that the nurse managers who worked in internal and emergency units were more effective in communication than the managers who worked in other units (Table 3). The nurses working in internal and emergency units showed that they were satisfied with the communication of their managers.

Table 3. Comparison of communication scores of nurse managers and nurses to unit

Unit	Nurse manager				Nurse			
	<i>n</i>	Mean rank	df	<i>p</i>	<i>n</i>	Mean rank	df	<i>p</i>
Internal	6	11.42			21	59.07		
Surgical	5	9.90			21	28.86		
Gynaecological	0	-			10	44.90	5	0.005
Operating-room	1	10.00	4	>0.05	12	47.38		
Emergency	1	1.00			12	53.21		
Other	6	10.17			13	38.65		

5. Conclusion and suggestions

The efficiency levels of the nurse managers are at a good level according to both their evaluation and nurses' evaluation. Nurse managers are mostly older, experienced, associate graduated and married. Nurses are mostly younger, less experienced, high school graduated and married.

None of the demographic characteristics did affect the efficiency levels of the nurse managers in communication. The reason for this can be the fewness of the nurse managers, that is why it can be recommended that the study should be conducted on larger samples.

The communication scores given by the nurses to their managers and the units in which nurses work affected communication efficiency level. The nurses who work in internal and emergency units evaluated the communication levels of their managers as high. That is why the cause of this difference could be researched and it could be improved in other units.

As examined in this study, it is important that nurse managers have professional experience and a postgraduate degree in nursing management for effective communication in the organisation.

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