

# Interventions for improving international interpersonal communication: A commentary

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## Abstract

International nurses have supported the National Health Service (NHS) since its early years. The recruitment of international nurses presents challenges. One of these factors can be communication. Good communication in healthcare has been shown to reduce burnout and increase satisfaction in staff, whilst having a positive influence on health outcomes. This commentary aims to critically appraise and evaluate a systematic review on educational interventions for communication and contextualise the findings with specific reference to international nurses.

## Key points

- Education may provide an appropriate avenue for enhancing international nurses' communication skills.
- It is important when undertaking communication skills for international nurses that the effectiveness of the educational intervention is regularly assessed.
- Future research should focus on exploring moderating factors which are important in delivering communication training.

## Background

International nurses have supported the NHS since its early years, with official nursing recruitment programmes being implemented throughout the United Kingdom (Buchan., 2007). This recruitment drive has once again seen an influx of international nurses in local NHS Trusts (and across the country) to support our workforce (Devereux, 2022). However, the recruitment of international nurses presents its own challenges (Philip et al., 2015; 2019), such as communication, which can be influenced by multiple factors (Philip et al., 2019).

Good communication in healthcare has been shown to reduce burnout and increase satisfaction in staff, whilst

having a positive influence on health outcomes (Darban et al., 2016). Thus, a consequence of reduced communication in the healthcare setting can lead to serious consequences and dangerously poor health outcomes for patients (Tiway et al., 2019). A previous Cochrane review in this area showed some evidence that communication skills training for medical students had a positive impact on improving communication and information gathering skills (Gilligan et al., 2016). The effectiveness of these interventions is assessed by measuring outcomes such as knowledge, attitude, confidence, skills and the application of skills in clinical practice [which leads to improved patient outcomes] (Smidt et al., 2016). There is now a need to evaluate communication training programmes because there is growing consensus among patients that medical professionals lack the necessary communication skills to assist with conditions such as mental disorders (England et al., 2017; O'Hara et al., 2018).


## Aims of commentary

This commentary aims to critically appraise and evaluate the Cochrane systematic review by Gilligan et al. (2021) and contextualise the findings with specific reference to international nurses.

## Methods of systematic review

The Cochrane systematic review searched six databases and two trials registries from inception to September 2020. Additionally, reference lists of included publications were screened, and field experts were contacted to identify further studies. Dissertations and thesis portals were also searched to identify relevant grey literature.

Randomised controlled trials (RCTs), cluster-RCTs (C-RCTs) and non-randomised controlled trials (including quasi-RCTs) were eligible if they included interventions for improving the interpersonal communication of medical students when undertaking medical consultations. The

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comparison groups were any active (intervention which will improve communication skills) or non-active controls. Studies were excluded if they were judged to be continuing medical education or postgraduate programmes targeted at registered professionals (non-students).

Study selection, data extraction, and risk of bias assessments were independently undertaken by two review authors (Higgins et al., 2011). Where required, disagreements were resolved by a third review author. An overall assessment of evidence quality for each outcome (rating of certainty) was conducted using the Grading of Recommendations Assessment, Development and Evaluation (GRADE). A meta-analysis using a random effects model with standardised mean difference (SMD) was undertaken where appropriate.

## Results

The Cochrane systematic review included 91 studies involving 10,124 students. Studies were conducted in the United States of America and countries in Europe, the Middle East, and Asia Pacific (Gilligan et al., 2021). Interventions included education, role play scenarios, feedback sessions, and group demonstrations to develop communication skills. Largely, effectiveness was measured immediately following and at 12 months post-intervention. The overall quality of evidence was moderate to very low, with high heterogeneity.

### **Comparison 1: Communication skills intervention versus usual curriculum or waitlist control**

For the outcome of overall communication scores, there was a large effect in favour of the intervention (SMD 0.92, 95% CI 0.53 to 1.31: low-quality evidence), large effect on information gathering about patient perspectives/concerns (SMD 1.07, 95% CI 0.61 to 1.54: moderate-quality evidence), and a moderate effect on student empathy scores (SMD 0.64, 95% CI 0.23 to 1.05: low-quality evidence). There was no evidence of effect for the outcomes of explanation and planning or specific communication skills (low-quality evidence).

### **Comparison 2: Communication skills intervention-alternative mode of delivery comparisons**

There was no evidence of difference when comparing alternative modes of delivery (online video-based or experimental learning) compared to traditional modes (face-to-face or didactic delivery) for overall communication skills (very low-quality evidence), empathy (low-quality evidence), and relationship building/rapport (moderate-quality evidence).

One study did report significantly greater scores related to motivational interviewing communication skills within a group receiving a paper-based counselling tool compared to those receiving digital assistive tools ( $P=0.02$ ; low-quality evidence). Three studies identified no significant difference on outcomes related to specific communi-

cation skills between students in class or e-learning (very low-quality evidence).

### **Comparison 3: Communication Intervention including tailored, and personal feedback compared to general or no feedback**

There was a moderate increase in overall communication scores when interventions included personalised or structured feedback compared to more general feedback (SMD 0.58, 95% CI 0.29 to 0.87: moderate quality evidence).

One study identified a small significant improvement in rapport building ( $P = 0.0001$ ; low quality evidence), communication skills and information gathering ( $P < 0.05$ ; low quality evidence) in groups who received structured feedback (with audio or video) compared to paper-based feedback (control).

### **Comparison 4: Communication interventions including simulated or real patients versus communication interventions including peer role-play comparisons**

There was no evidence of difference in overall communication scores when interventions included simulated or real patients compared to those using peer role-play (very low-quality evidence).

One study reported that students who practised and received feedback from simulated patients had significantly greater empathy scores and specific communication skills compared to those in the faculty or peer practice/feedback group ( $P < 0.05$ ; low-quality evidence).

### **Comparison 5: Communication intervention versus alternative communication intervention structure**

Twenty-six studies examined alternative structure/approaches of delivery. Unfortunately, due to the substantial heterogeneity, the studies were unable to be synthesised and were described individually within the review. Furthermore, the studies were not graded which makes it difficult to interpret the findings in context to practice. Overall, the findings from this comparison are substantially varied and there was limited consistency within the findings. However, there is some indication that including memory aids within the delivery of the training may help to improve communication skills. There was also some evidence to suggest that patient-centred, narrative driven education was associated with improvement in patient-centred communication.

## Commentary

Using the critical appraisal tool for systematic reviews 2 tool (AMSTAR 2), this review achieved 15/16 and had no noteworthy methodological issues. Only one criterion was not achieved regarding the appropriateness of the risk of bias assessment. The assessment of bias for this review was undertaken at a study level. Where based

on GRADE recommendations, this should be completed at an outcome level, especially when this review uses a wide range of subjective and objective outcomes (Guyatt et al., 2011a). Additionally, as the focus of this commentary is specifically on international nurses, the target population of the systematic review (medical students) has reduced external validity to our target population of international nurses. Thus, it is debatable if this population would merit a downgrading of the evidence due to indirectness (Guyatt et al., 2011b), and should be considered when interpreting the findings of these results. However, despite this, it was deemed that this systematic review provided an accurate and comprehensive synthesis of the available studies that addressed the question of interest.

The findings from this review suggest that educational interventions for interpersonal communication may provide an appropriate avenue for enhancing international nurses' communication skills. In particular, for improving nurses' empathy scores, information gathering about patient perspectives/concerns, and overall communication skills. However, due to the low certainty and reduced external validity of this review, it is important that some caution is taken when undertaking communication training for international nurses, as it will not be guaranteed that the level of effects demonstrated within this Cochrane review may be achieved. Thus, when delivering teaching of communication training for this population, it is important to carry out regular and comprehensive assessment of the teaching quality throughout the delivery of the course/session (Fluit et al, 2010). When identifying a specific tool to evaluate a course or sessions, evidence suggests that there is not a wide variation between the tools available, and it is recommended to pick the most appropriate tool for the specific course contents (Fluit et al., 2010).

This systematic review found that there was no evidence that the mode of delivery substantially changes the effectiveness of the educational intervention for improving key communication outcomes. Similar systematic reviews exploring the difference between face-to-face delivery compared to blended or online nurse education have found similar findings, with no evidence of difference (McCutcheon et al., 2015). Therefore, face-to-face or online delivery are both appropriate methods for delivery. It is important to consider other moderating factors when using these two different modes of delivery such as time restrictions, demands of online participation, and development of skills for online learning (Kumar et al., 2021). Face-to-face delivery, time of feedback, physical proximity, and the classroom environment should also be considered (Gruendeman, 2011). The findings from the review also suggest that when undertaking communication education, it is important to include personalised feedback. Where possible this feedback should be timely, personalised, and multimodal (Paterson et al., 2020). Furthermore, there is evidence to suggest that a

patient-centred, narrative approach, and the use of memory aids may facilitate in optimising communication education.

Future research should focus on exploring moderating factors which are important in delivering communication training due to the wide variation in effect demonstrated within this review. It is also important to explore if the levels of effect demonstrated within this review are similar and can be replicated with an international nurse population as their needs and language skills may differ. Similarly, for this sub-population, additional exploration is required regarding their specific needs and requirements for learning.

## CPD reflective questions

- What moderating factors are you aware of which may be important in communication education training?
- How do you assess communication skills within your own work area?
- What are the different types of feedback which can be given on communication?

## Data Availability Statement

No data associated with this article.

## Conflict of interest statement

The authors declare no conflicts of interest.

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