Tianjin Daxue Xuebao (Ziran Kexue yu Gongcheng Jishu Ban)/
Journal of Tianjin University Science and Technology
ISSN (Online):0493-2137
E-Publication: Online Open Access
Vol: 58 Issue: 06:2025
DOI: 10.5281/zenodo.15703150

THE EFFECT OF COMMUNICATION SKILLS TRAINING PROGRAM ON STAFF NURSES' WORKPLACE DEVIANT BEHAVIOR

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Abstract

Background: Communication skills are of major importance in the nursing practice, with important positive impacts on patients' outcomes and reduce workplace deviance behaviors. **Aim:** This study aimed at assessing effect of communication skills training program on staff nurses' workplace deviant behavior. **Methods:** The study was conducted at non critical units of Ain-Shams University Hospital, Cairo, Egypt using quasi-experimental one-group pretest-posttest design. The subjects of this study included all staff nurses who are working at the pre mentioned setting during the data collection period. The study sample was 130 staff nurses, 42 males, and 88 females. The data were collected by using three tools namely; communication skills knowledge questionnaire, observation checklist and nursing workplace deviance behavior questionnaire. **Results**: The study revealed a highly statistically significant improvement in staff nurses' total knowledge of communication and workplace deviance behaviors in the post and follow up phases $p<0.01$ as compared to the pre-intervention phase. Also, there was a highly statistically significant improvement in staff nurses' practices of communication in the post and followed up phases $p<0.01$ as compared to the pre-intervention phase. In addition, there was a highly statistically significant decline in staff nurses' workplace deviant behavior in the post and follows up phases $p<0.01$ as compared to the pre-intervention phase. **Conclusion**: Implementing a communication skills training program for staff nurses is effective to reduce their workplace deviant behavior. Based on the study findings, it was recommended that communication skills training program should be applied in all nursing curricula. Develop and communicate clear policies regarding acceptable behavior and workplace standards.

Keywords: Communication Skills, Staff Nurses, Workplace Deviance Behavior.

INTRODUCTION

Communication among nurses is a multifaceted process essential for effective healthcare delivery. Communication is defined as exchange of information, thoughts, and feelings through verbal and nonverbal means among healthcare professionals within and across teams.

Effective communication in nursing is characterized by clarity, accuracy, timeliness, and relevance of information exchanged. It plays a critical role in coordinating care activities, facilitating decision-making, and promoting a collaborative environment where nurses can work together efficiently (Jones & Brown, 2024 [(1).]

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Communication among staff nurses categorized into several types; Verbal Communication includes face-to-face conversations, bedside handovers and team meetings.

Verbal communication allows for immediate clarification and feedback, promoting real-time information exchange (Smith, & Johnson, 2024 (1). Non-Verbal Communication includes gestures, facial expressions, and body language play a significant role in conveying emotions, empathy, and urgency among nurses. Non-verbal cues enhance understanding and can reinforce verbal messages (Brown, et al., 2024).

Therapeutic communication among staff nurses is essential for building trusting relationships with patients, enhancing patient outcomes, and fostering a supportive work environment. It involves using empathetic listening, open-ended questioning, and reflective responses to facilitate effective nurse-patient interactions (Brown & Smith, 2024).

Nurses employ therapeutic communication to address patients' emotional needs, provide comfort, and empower them in their healthcare decisions (Jones, & White, 2024). Training in therapeutic communication techniques is crucial for nurses to develop these skills effectively. It enables them to navigate sensitive conversations, deliver patient-centered care, and contribute to improved patient satisfaction and clinical outcomes (Smith, & Johnson, 2024 (2).

Effective communication is often cited as a key factor in reducing deviant behaviors and fostering a positive work environment. Clear and open communication channels have been found to reduce misunderstandings and ambiguity that can contribute to deviant behaviors like gossiping or spreading misinformation (Lee, & Park, 2023). Nurses who perceive supportive communication from supervisors and peers are less likely to engage in deviant behaviors as they feel valued and respected within the team (Kim, et al., 2024).

Workplace deviance behavior among staff nurses refers to actions that violate organizational norms, policies, or ethical standards, and can have detrimental effects on the work environment and patient care. Examples include absenteeism, gossiping, sabotage of colleagues' work, and even more serious behaviors like theft or falsifying records (Jones, & Brown, 2024 (2)).

Factors contributing to workplace deviance among nurses include high job stress, inadequate organizational support, interpersonal conflicts, and perceived unfair treatment (Robinson, & Thomas, 2024). Such behaviors not only impact the work culture negatively but also compromise patient safety and care quality (Davis, & Garcia, 2024). Workplace deviance behavior among staff nurses has significant negative effects on both the individuals and healthcare environment. Such behaviors undermine teamwork, erode trust among colleagues and disrupt communication channels (Smith, & Johnson, 2023).

Workplace deviance behavior classified into two main types: organizational deviance and interpersonal deviance. Organizational deviance involves behaviors that directly undermine the organization itself, such as sabotage or theft of company resources. On

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the other hand, interpersonal deviance refers to behaviors aimed at individuals within the organization, such as bullying, harassment, or spreading rumors (Jones & Kavanagh, 2024).

Communication training programs equips nurses with the necessary skills to express themselves clearly, listen actively, and handle conflicts constructively, thereby reducing the likelihood of engaging in deviant behaviors like gossiping or withholding information (Brown, & White, 2023). Programs that emphasize respectful communication have been found to decrease instances of deviant behaviors among healthcare professionals, contributing to a more harmonious work environment (Johnson, et al., 2024).

Significance of the Study

During clinical training in public hospital, the researcher observed some of staff nurses do certain behaviors as leaving early, taking excessive breaks, intentionally working slow, wasting resources, gossiping about co-workers, blaming co-workers and verbal abuse and there is ineffective communication between staff which lead to serious errors that affect negatively on patient care.

Workplace deviance behaviors are a negative fact that damages people who working within them and organizations without sound ***(Ramzan et al., 2018).*** So, these serious phenomena should be addressed because it has a great impact on organizational efficiency as low performance of staff and decrease satisfaction of the patients and staff. So, this study was conducted to assess effect of communication skills training program and its influence on workplace deviance among staff nurses in order to maintain effective, safe and healthy working environment for patients and staff.

Aim of the Study

The study aimed at assessing effect of communication skills training program on staff nurses' workplace deviant behavior.

Research Hypothesis:

Communication skills training program will affect staff nurses' workplace deviant behavior.

SUBJECTS AND METHODS

Research Design

A pretest- posttest one group quasi-experimental design was used in this study.

Research Setting:

This study was conducted at non-critical units in Ain Shams University Hospital which affiliated to Ain Shams University Hospitals, Cairo- Egypt. It provides care for patients in different medical specialties. Its total bed capacity is 618 beds. It contains one main building consists of six floors.

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It consists of different departments such as; medical departments, cardiology departments, neurology departments, dermatology department, geriatric department and ophthalmology department.

Subjects

The subjects of this study consisted of all staff nurses who are working at the pre mentioned setting. Their total number is 130.

Data Collection Tools

Data of this study was collected through three tools namely: Communication skills knowledge questionnaire, observation checklist and nursing workplace deviance behavior questionnaire.

First Tool: Communication Skills Knowledge Questionnaire (Pretest and Posttest) (Appendix I):

This questionnaire was used to assess staff nurses' knowledge regarding communication skills. It was developed by the researcher guided by review of relevant literatures ***(Abd Elfatah, 2020), (Mohammed, 2021).*** It included the following parts:

The First Part: Personal and Job Characteristics:

This part aimed to collect data related to personal and job characteristics of study subjects such as age, gender, marital status, nursing qualification, years of experience in nursing, years of experience in the current department and previous attendance of training courses in communication and workplace deviance behavior.

The Second Part: Communication Skills Knowledge Questionnaire:

This part aimed to assess staff nurses' knowledge about communication skills before and after implementation of the training program. It included close ended questions. It included (6) basic dimensions contained 29 multiple choice questions (MCQ).

They were Concept of communication (2 MCQs), Elements of communication (5 MCQs), Effectiveness of communication (5 MCQs), Types of communication (6 MCQs), Written communication (8 MCQs), and Barriers of communication (3 MCQs).

Scoring System:

For the knowledge items, a correct response was scored (1) and the incorrect (zero). For each area of knowledge, the scores of the items were summed-up and the total was divided by the numbers of the items. These scores were converted into a percent score that was considered satisfactory if the percent scores will 60% or more and unsatisfactory if less than 60%.

Second Tool: Observation Checklist:

This tool was used to assess staff nurses' practices of communication skills before and after the implementation of the training program. It was developed by the researcher

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guided by review of relevant literatures ***(Abd Elfatah, 2020).*** The tool was consisted of two different parts as follows:

The First Part: Communication with Health Team Members:

This part aims to assess staff nurses' communication with health team members. It was consisted of (32 items) divided into two dimensions as follows: General communication skills (7 items) and Personal communication skills (25 items).

The Second Part: Communication with Patients (Therapeutic):

This part aimed to assess staff nurses' communication with patients (therapeutic). It was consisted of (35 items) divided into two dimensions as follows: General communication skills (10 items) and Personal communication skills (25 items).

Scoring System:

Each item or step of the observation checklists was checked as “Done”, “not done” or “Not Applicable.” Each item was observed to be “Done” was scored 1 and zero if “not done.” The total score of each part and for the whole scale was calculated by summing-up the scores of the items and dividing the sum by the number of items. Then they were converted into percent scores. The staff nurse’s practice was considered adequate if the percent score was 60% or higher and inadequate if less than 60%.

Third Tool: Nursing Workplace Deviance Behavior Questionnaire:

This tool aimed at identifying nursing workplace deviance behavior among staff nurses before and after the implementation of the training program. It was developed by the researcher guided by review of relevant literatures ***(Aly and El Shanawany, 2016), (Kazamel, 2020).*** It included the following parts:

The First Part: Nursing Workplace Deviance Behavior Knowledge Questionnaire:

This part aimed to assess staff nurses' knowledge about workplace deviance behavior before and after implementation of the training program. It included close ended questions. It was consisted of (35 items) divided into (25 items) true and false questions and (10 items) multiple choice questions. They covered the main areas of nursing workplace deviance behavior such as definition, causes, types, effectiveness and strategies to overcome workplace deviance behavior.

Scoring System:

A correct response was scored (1) and the incorrect (zero). For each area of knowledge, the scores of the items were summed-up and the total was divided by the numbers of the items. These scores were converted into a percent score that was considered satisfactory if the percent scores will 60% or more and unsatisfactory if less than 60%.

The Second Part: Nursing Workplace Deviance Behavior Questionnaire:

This tool aimed at identifying nursing workplace deviance behavior among staff nurses before and after implementation of the training program. It was consisted of 38 statements

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divided into five dimensions as follow: Nurses' behavior deviant (9 items), Nurses' attitude deviant (6 items), Nurses' ethics deviant (8 items), Nurse Manager deviant (5 items) and Nurses' performance deviant (10 items).

Scoring System:

Responses were measured on a five points Likert scale ranging from strongly agree (5) to strongly disagree (1) to detect the extent to which the respondents are engaged in each of the behaviors. The scores of items were summed-up and the total divided by the number of the items. Then they were converted into percent scores. The staff nurses' workplace deviance behavior was considered present if the percent score was 60% or higher and not present if less than 60%.

PROCEDURES

The developed tools were rigorously reviewed by the jury group consisting of six experts in Nursing Administration Department from Faculties of Nursing at different universities, three professors and one assistant professor from Ain Shams University, one professor from Benha University and one professor from Fayoum University for face and content validation.

They assessed the tools for relevance, comprehensiveness, and applicability. The tools were revised and modified according to their comments. The reliability of the tools was tested through assessing their internal consistency. An approval to conduct the study was obtained from the Faculty of Nursing at Ain-Shams University, and from Ain Shams University Hospital Director. This was achieved through official channels prior to study conduction.

An ethical approval of the study protocol was obtained from the Research Ethics Committee at the Faculty of Nursing, Ain-Shams University. Informed written consents were secured from every participant after explanation of the study aim and procedures. All participants were assured about their right to refuse or to withdraw from the study at any time. Full anonymity and confidentiality of any obtained information was guaranteed.

Before embarking on the main study, a pilot study was conducted on a group of 10% nurses. The purpose was to ensure the clarity, feasibility and applicability of the tools, identify obstacles and problems that may be encountered during data collection, and estimate the time needed to fill-in the forms. No modifications were done based on the results of the pilot study. The time for filling the knowledge questionnaire and each of the checklists was found to range between 35 and 45 minutes.

This stage took three months from the beginning of March to the end of May 2023. The nurses involved in the pilot were included in the main study sample. The fieldwork was executed in three months from the beginning of June 2023 till the middle of September 2023. The program was implemented in six sessions for a total of 18 hours; 15 hours for theory and 3 hours of practices.

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Phase I (preliminary); After securing the official approvals for conducting the study, the researcher met with the nursing director of the hospital to determine the suitable time to collect the data. The researcher met with all staff nurses to explain the purpose and nature of the study and get their written consents to participate in the study. Then, they were given the data collection tools along with instructions in how to fill it. The researcher was present during the form filling to respond to any queries. The filled forms were handed back to the researcher to check for completeness. The collected data was considered as the baseline or pretest.

Phase II (program planning); During this planning phase, the content of the training program was developed based on review of the current and past literature, using textbooks, scientific articles in magazines and from internet search, in addition to the results of the pretest assessment. Different instructional strategies were selected to suit the participant's needs, and achieve the objectives and contents of the training program. It aimed at providing participants with as much experience as possible.

The suitable place and time were prepared for conducting the sessions based on consultation with the nursing director and study subjects' agreement. The training program schedule was prepared accordingly. It covered theoretical and practical aspects of communication skills and workplace deviant behavior.

Phase III (program implementation): The training program was implemented to the staff nurses in six sessions each session lasted for 3 hours, for a total of 18 hours. The sessions were conducted three days per week for two weeks. Each of the six sessions was consisted of two theoretical hours one practical hour.

At the beginning of the first session an orientation about the training program and its aim and procedures were provided by the researcher. Participants' feedback was solicited at the beginning of each session about the previous one. The teaching methods were used during the implementation of the program included mini-lectures, small group discussions, and practical sessions with role playing and demonstration-re-demonstration. Educational media as data show, whiteboard, posters, and flipchart. Handouts were prepared by the researcher and were distributed to the participants.

Phase IV (post program evaluation); The effect of the training program on staff nurses' communications skills on their workplace deviant behavior was evaluated through a posttest immediately after the end of the program implementation. This was done using the same data collection tools as in the pretest.

Phase V (follow-up); A follow-up test was repeated three months after the posttest assessment using the same data collection tools.

Data Analysis

Data entry and statistical analysis were done using (SPSS 25.0) statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables and means and standard deviation and median for quantitative variables. Cronbach alpha coefficient was calculated to assess the reliability

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of the developed tool through its internal consistency. The Chi-Square test was commonly used for testing relationships between categorical variables. Statistical significance was considered at p-value < 0.05.

RESULTS

Table (1) describes that, less than half (45.4 %) of them had age ranged from 30 to 40 years with mean ± SD 34.78 ± 8.37 and median 34 years. Slightly more than two thirds (67.7 %) of them were females. (63.1 %) of them were married. Less than half (46.2 %) of them had technical institute of nursing. (61.5 %) of them had total years of experience equal or more than 10 years with mean ± SD 11.62 ± 8.01 while, (65.4 %) of them had years of experience in the current department equal or more than 10 years with mean ± SD 6.39 ± 3.78.

Their medians of their total and current experience were 10.0 and 6.0 years respectively. Only (16.9%) of them reported having previously attended training courses in communication. No one of them attended training courses in in workplace deviance behavior. Table 2 shows a highly statistically significant improvement in staff nurses' knowledge of communication in the post and follows up phases $p<0.01$ as compared to the pre-intervention phase.

Figure (1) demonstrates that, the majority (92.3 %) of the staff nurses had unsatisfactory total knowledge of communication at the pre-intervention phase. They increased to 94.6 % of satisfactory total knowledge of communication at the post-intervention phase, and slightly declined to 90.8 % at the follow-up phase.

Table 3 shows a highly statistically significant improvement in staff nurses' practices of communication in the post and follows up phases $p<0.01$ as compared to the pre intervention phase. Figure (2) demonstrates that, the majority (97.7 %) of the staff nurses had inadequate total practices of communication at the pre-intervention phase. They increased to (95.4 %) of adequacy total practice of communication at the post-intervention phase, and slightly declined to (92.3 %) at the follow-up phase. Table 4 shows a highly statistically significant improvement in staff nurses' knowledge of workplace deviance behavior in the post and follows up phases $p<0.01$ as compared to the pre-intervention phase.

Figure (3) demonstrates that, the majority (96.2 %) of the staff nurses had unsatisfactory total knowledge of workplace deviance behavior at the pre-intervention phase. They increased to 94.6 % of satisfactory total knowledge of communication at the post-intervention phase, and slightly declined to 90.8 % at the follow-up phase. Table 5 shows a highly statistically significant decline in staff nurses' workplace deviance behavior in the post and follows up phases $p<0.01$ as compared to the pre intervention phase. Figure (4) illustrates that, (41.5 %) of the staff nurses had total workplace deviance behavior at the pre-intervention phase. At the post-intervention phase, most (86.2 %) of them hadn't total workplace deviance behavior and follow-up phases reaching (83.1 %). Table 6 shows a statistically significant relation between staff nurses' pre-intervention total knowledge of

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communication and their total staff nurses' practices of communication (p=0.015*) with unsatisfactory knowledge of communication associated with inadequate practices of communication. Also, there was statistically significant relation between total staff nurses' knowledge of communication and total staff nurses' knowledge of workplace deviance behavior (p=0.047*) and between total staff nurses' knowledge of communication and total staff nurses' workplace deviance behavior (p=0.016*).

Table (1): Personal and job characteristics of staff nurses in the study sample (n = 130):

Personal and job characteristics	No.	%
Age (years)		
< 30	41	31.5
30 – < 40	59	**45.4**
≥ 40	30	23.1
Range	22.0 – 64.0	
Mean ± SD.	34.78 ± 8.37	
Median	34.0	
Gender		
Male	42	32.3
Female	88	**67.7**
Marital status		
Married	82	**63.1**
Unmarried	48	36.9
Nursing qualification		
Nursing Diploma	18	13.8
Technical Institute Diploma	60	**46.2**
Bachelor of Nursing	46	35.4
Others	6	4.6
Total years of experience		
<10	50	38.5
≥10	80	**61.5**
Range	0.0 – 39.0	
Mean ± SD.	11.62 ± 8.01	
Median	10.0	
Years of experience in current department		
<10	45	34.6
≥10	85	**65.4**
Range	0.0 – 18.0	
Mean ± SD.	6.39 ± 3.78	
Median	6.0	
Attend courses in communication		
No	108	**83.1**
Yes	22	16.9
Range	1.0 – 4.0	
Mean ± SD.	2.64 ± 0.90	
Median	3.0	
Attend courses in workplace deviance behavior		
No	130	**100.0**
Yes	0	0.0

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Table (2): Staff nurses' knowledge of communication throughout the study phases in the study sample (n = 130):

Knowledge of Communication Satisfactory (60%+)	Time						X^2 (p. value) (pre-post)	X^2 (p. value) (pre- FU)
	Pre (n = 130)		Post (n = 130)		Follow up (n = 130)			
	No.	%	No.	%	No.	%		
Definition of Communication	28	21.5	124	95.4	117	90.0	145.965* (<0.001*)	123.506* (<0.001*)
Elements of Communication	19	14.6	121	93.1	116	89.2	161.014* (<0.001*)	144.968* (<0.001*)
Effectiveness of Communication	29	22.3	123	94.6	118	90.8	139.946* (<0.001*)	123.982* (<0.001*)
Types of Communication	9	6.9	122	93.8	117	90.0	196.458* (<0.001*)	179.616* (<0.001*)
Written Communication	25	19.2	120	92.3	116	89.2	140.720* (<0.001*)	128.319* (<0.001*)
Barriers of Communication	16	12.3	125	96.2	121	93.1	184.103* (<0.001*)	170.109* (<0.001*)

*: Statistically significant at p ≤ 0.05

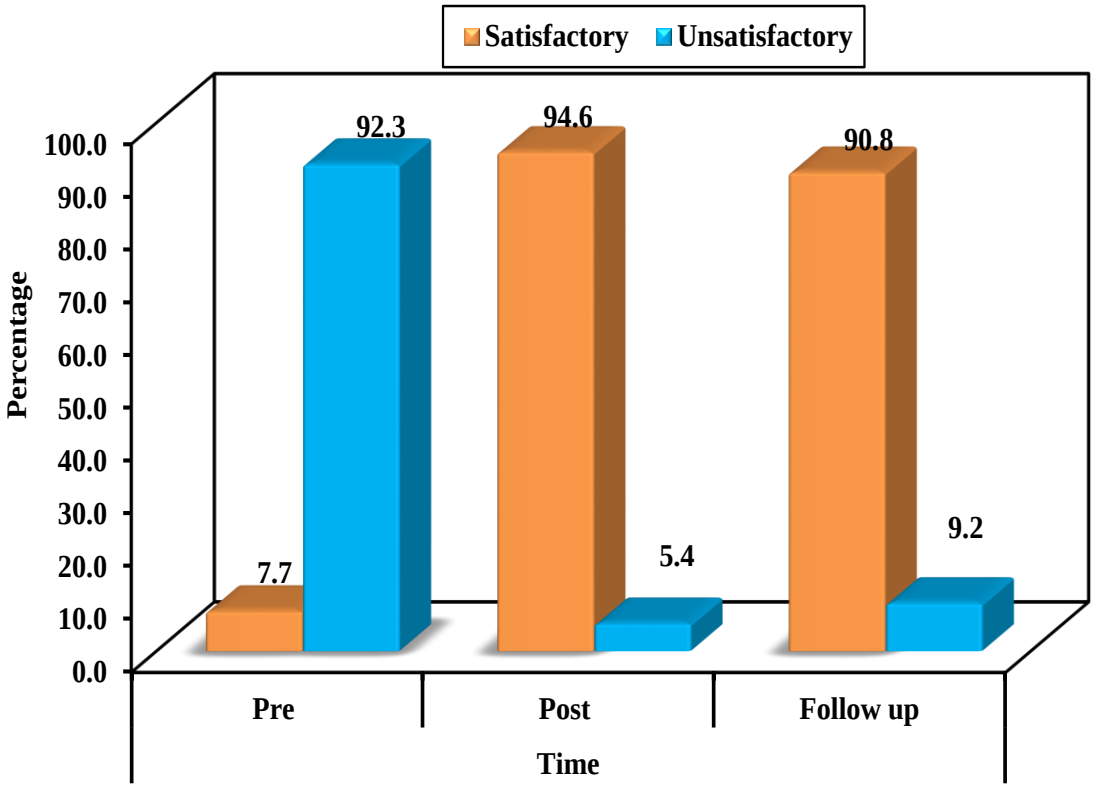

Figure (1): Staff nurses' total knowledge of communication throughout the study phases in the study sample (n = 130)

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Table (3): Staff nurses' practices of communication throughout the study phases in the study sample (n = 130):

Practices of communication (Adequacy 60%+)	Time						X^2 (p. value) (pre-post)	X^2 (p. value) (pre- FU)
	Pre (n = 130)		Post (n = 130)		Follow up (n = 130)			
	No.	%	No.	%	No.	%		
Communication with health team members								
I-General communication skills	16	12.3	125	96.2	119	91.5	184.103* (<0.001*)	163.457* (<0.001*)
II-Personal communication skills	3	2.3	124	95.4	116	89.2	225.366* (<0.001*)	197.863* (<0.001*)
Communication with patients								
I-General communication skills	33	25.4	125	96.2	117	90.0	136.550* (<0.001*)	111.185* (<0.001*)
II-Personal communication skills	8	6.2	123	94.6	114	87.7	203.474* (<0.001*)	173.519* (<0.001*)

*: Statistically significant at p ≤ 0.05

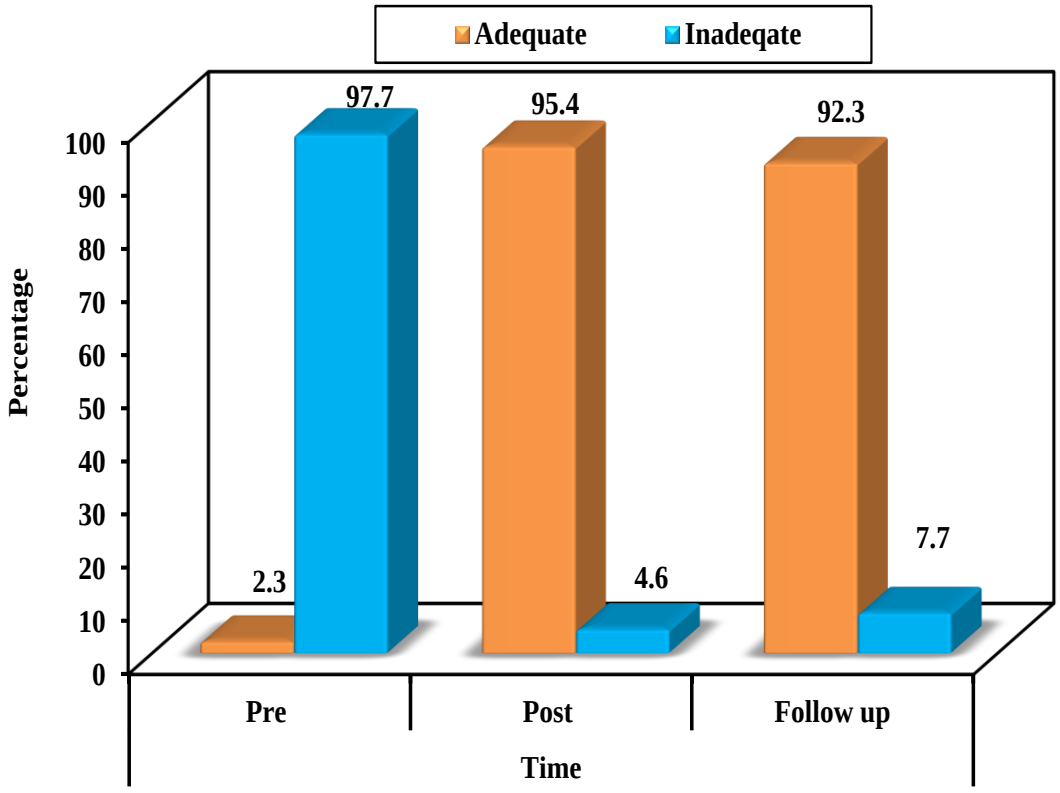

Figure (2): Staff nurses' total practices of communication throughout the study phases in the study sample (n = 130)

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Table (4): Staff nurses' knowledge of workplace deviance behavior throughout the study phases in the study sample (n = 130)

Knowledge of WDB (Satisfactory 60%+)	Time						X^2 (p. value) (pre-post)	X^2 (p. value) (pre- FU)
	Pre (n = 130)		Post (n = 130)		Follow up (n = 130)			
	No.	%	No.	%	No.	%		
Definition of WDB	20	15.4	123	94.6	123	94.6	164.864* (<0.001*)	164.864* (<0.001*)
Types of WDB	39	30.0	127	97.7	123	94.6	129.034* (<0.001*)	115.556* (<0.001*)
Effectiveness of WDB	47	36.2	126	96.9	125	96.2	107.811* (<0.001*)	104.508* (<0.001*)
Causes of WDB	7	5.4	125	96.2	120	92.3	214.266* (<0.001*)	196.551* (<0.001*)
Strategies to overcome WDB	19	14.6	127	97.7	126	96.9	182.206* (<0.001*)	178.515* (<0.001*)

*: Statistically significant at $p \leq 0.05$

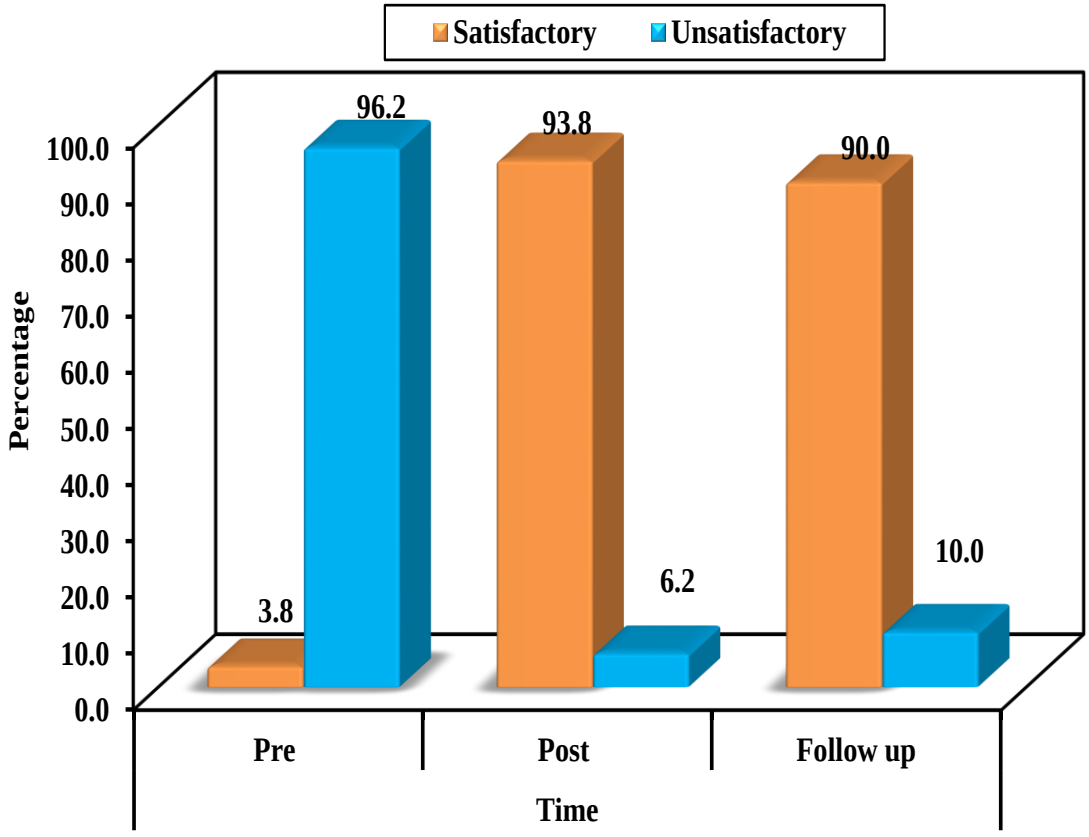

Figure (3): Staff nurses' total Knowledge of workplace deviance behavior throughout the study phases in the study sample (n = 130)

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Table (5): Staff nurses' workplace deviance behavior throughout the study phases in the study sample (n = 130)

Nursing workplace deviance behavior (Present ≥ 60)	Time						χ^2 (p. value) (pre-post)	χ^2 (p. value) (pre- FU)
	Pre (n = 130)		Post (n = 130)		Follow up (n = 130)			
	No.	%	No.	%	No.	%		
Nurses' behavior deviant	48	36.9	20	15.4	25	19.2	15.613* (<0.001*)	10.075* (0.002*)
Nurses' attitude deviant	50	38.5	26	20.0	24	18.5	10.709* (0.001*)	12.770* (<0.001*)
Nurses' ethics deviant	55	42.3	15	11.5	19	14.6	31.278* (<0.001*)	24.481* (<0.001*)
Nurses' performance deviant	60	46.2	22	16.9	26	20.0	25.722* (<0.001*)	20.086* (<0.001*)
Nurse Manager Deviant	70	53.8	16	12.3	21	16.2	50.666* (<0.001*)	40.592* (<0.001*)

*: Statistically significant at p ≤ 0.05

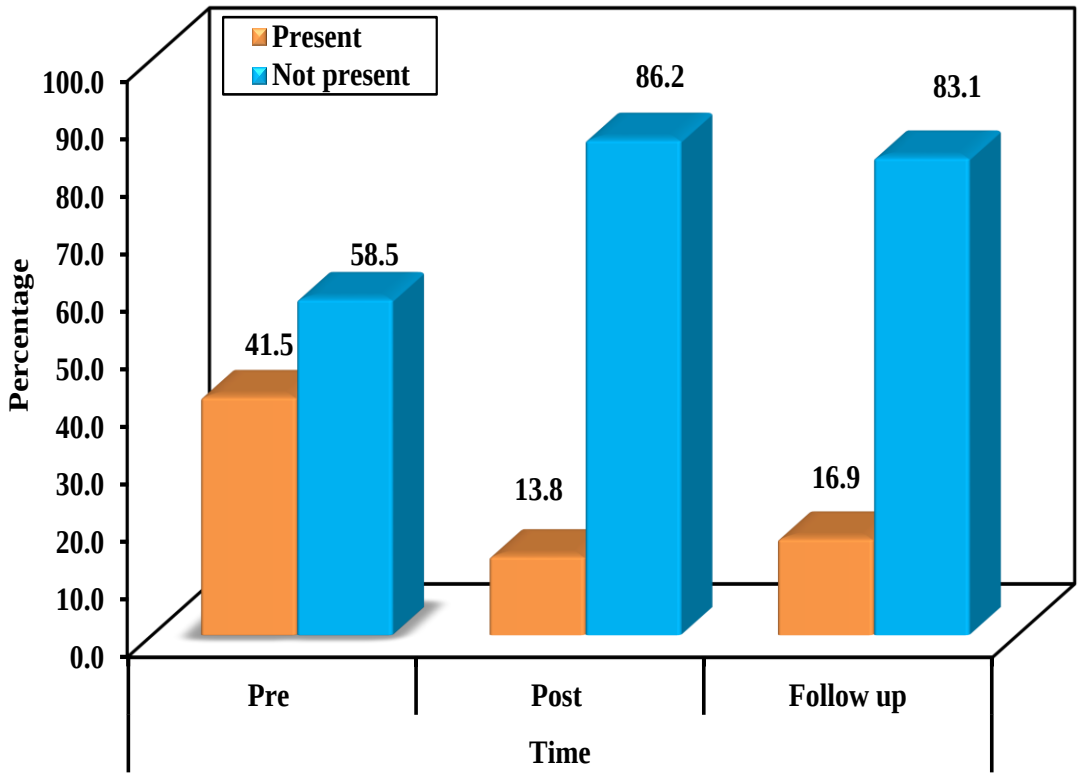

Figure (4): Staff nurses' total workplace deviance behavior throughout the study phases in the study sample (n= 130)

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DOI: 10.5281/zenodo.15703150

Table (6): Relations between staff nurses' pre-intervention total knowledge of communication and their total practices of communication, total knowledge of workplace deviance behavior and total nursing workplace deviance behavior in the study sample (n = 130):

	Knowledge of Communication				χ^2 tests	p- value
	Satisfactory (60%+)		Unsatisfactory (<60%)			
	No.	%	No.	%		
Total Practices of communication						
Adequate (60%+)	2	20.0	1	0.8	15.042*	0.015*
Inadequate (<60%)	8	80.0	119	99.2		
Total knowledge of workplace deviance behavior						
Satisfactory (60%+)	2	20.0	3	2.5	7.644*	0.047*
Unsatisfactory (<60%)	8	80.0	117	97.5		
Total nursing workplace deviance behavior						
Present (60%+)	8	80.0	46	38.3	6.599*	0.016*
Not present (<60%)	2	20.0	74	61.7		

*: Statistically significant at $p \leq 0.05$

DISCUSSION

Communication skills of nurses increase their competency and have more self-confidence and self-efficacious in dealing with their patients ***(Leal-Costa et al., 2020)***. Nonetheless, many nursing education curricula give more focus to theoretical knowledge and technical skills while the communication component is often deficient ***(Grady et al., 2020)***. The present study aim was to assess the effect of a communication skills training program on staff nurses' workplace deviant behavior. It was hypothesized that a communication skills training program affected staff nurses' workplace deviant behavior. The results revealed that the implementation of the training program led to significant improvement in staff nurses' knowledge of communication, practices of communication and knowledge of workplace deviance behavior and decline of workplace deviance behavior, and this lasted for at least three months. The findings lead to acceptance of the set research hypothesis.

The study sample included staff nurses with wide age range and experience, with slightly less than half of them carrying a technical institute of nursing. They are deficient in training in communication with majority of them having never attended related training courses. These characteristics have undoubtedly their effects on their knowledge of communication, practices of communication, knowledge of workplace deviance behavior and workplace deviance behavior as will be further discussed.

The present study assessed total staff nurses' knowledge of communication before implementation of the training program. Slightly less than tenth of the staff nurses in the present study sample had satisfactory knowledge of communication at the pre-

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intervention phase. This low level of knowledge could be related to their level of nursing qualification, since only about one third of them were carrying a bachelor diploma. Moreover, the results of the study demonstrated that pretest satisfactory knowledge was significantly higher among those having a bachelor degree.

The implementation of the current study intervention led to significant improvements in staff nurses' knowledge of communication, and this was noticed in all the areas tested. These findings suggest that the intervention was highly effective in significantly increasing nurses' knowledge of communication, as evidenced by the high percentage of nurses achieving satisfactory knowledge post-intervention. However, the slight decrease at the follow-up phase indicates that while the intervention had a substantial impact initially, there was some reduction in the retention of this knowledge over time.

The significant positive impact of the present study training intervention could be attributed to two reasons related to this intervention. The first reason is the program content, which was mainly guided by the data collected during the assessment phase, and which tended to fill the knowledge gaps identified among these staff nurses. The second reason is the process of training, which was based on adult learning educational approaches allowing for more interactive and participative learning. Such improvement was maintained with a very slight decline at the three months follow-up phase. This improvement was certainly due to the positive impact of the study intervention, which was identified as the main significant independent positive predictor of staff nurses' knowledge score. A similar improvement in nurses' communication was reported in a study in Taiwan following an educational intervention ***(Chang and Chang, 2021)***.

However, studies also reported challenges in sustaining communication knowledge over time such as a study of ***Thompson, and Johnson, (2023)*** who observed that while communication skills improved immediately following training, there was a decline in these skills over the long term if not continuously reinforced. Their study found that retention of communication knowledge often waned without periodic refreshers or practice opportunities, which may explain the slight decline observed at the follow-up phase. The present study had also addressed total staff nurses' practice of communication. The present study finding revealed that, the majority of the staff nurses had inadequate total practices of communication at the pre-intervention phase. This may be due to lack of training and resources related to practices of communication. According to a study by ***Alshammari, et al. (2021)*** many nursing programs inadequately address practical communication skills, leading to poor baseline practices. Also, a study of ***Smith et al. (2022)*** indicated that practical experience is often lacking in routine training, affecting overall communication practices.

At the post-intervention phase, most of the staff nurse had adequate total practice of communication and slightly declined to at the follow-up phase. The improvement of staff nurses achieving adequate communication practices post-intervention indicates that the training was effective as noted by ***Lee and Kim (2023)*** effective training programs can lead to significant enhancements in practice by providing targeted skills and strategies.

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The intervention improved staff nurses' confidence and ability to apply communication skills in their practice, which is supported by ***Jones, and Brown, (2020)*** who found that structured training positively impacts practice through increased confidence and skill application. The slight decline at follow-up could be attributed to challenges in retaining and consistently applying the learned skills over time and limited follow-up support. ***Zhang, et al. (2024)*** reported that skills retention can be problematic without ongoing reinforcement. This aligned with ***Wang, et al. (2022)*** who emphasized the need for ongoing practice and feedback to sustain communication skills. Also, ***Kaur, et al. (2023)*** suggested that periodic refresher courses and continuous professional development are crucial for sustaining communication practices over time.

Conversely***, Lee, and Kim, (2023)*** argued that integrating ongoing education and regular feedback into training programs can help mitigate the decline in practices. They suggest that continuous learning and support are essential for maintaining and enhancing communication skills. This approach could address the slight decline observed in the follow-up phase and ensure sustained improvements in communication practices. Furthermore, the present study assessed staff nurses' knowledge of workplace deviance behavior before implementation of the training program.

The results demonstrated slightly less than tenth of the staff nurses in the present study sample had satisfactory total knowledge of workplace deviance behavior at the pre-intervention phase. The results demonstrated generally low levels of satisfactory knowledge of workplace deviance behavior. This low level of knowledge could be related to the knowledge of workplace deviance behavior might be more complex and less frequently discussed compared to others actionable strategies. Also, no one of staff nurses had ever attended related training courses about workplace deviance behavior. The complete absence of training in workplace deviance suggests that this topic is not prioritized, which may be due to a lack of awareness about its importance or insufficient resources allocated for such training.

The implementation of the current study intervention led to significant improvements in staff nurses' knowledge of knowledge of workplace deviance behavior and this was noticed in all the areas tested. These findings suggest that the intervention was highly effective in significantly increasing nurses' knowledge of knowledge of workplace deviance behavior, as evidenced by the high percentage of nurses achieving satisfactory knowledge of knowledge of workplace deviance behavior post-intervention. However, the slight decrease at the follow-up phase indicates that while the intervention had a substantial impact initially, there was some reduction in the retention of this knowledge of workplace deviance behavior over time. In agreement with the study finding, a study by ***Taylor, et al. (2021)*** who found that comprehensive training programs led to immediate improvements in understanding workplace deviance behaviors and their management. Their findings indicate that targeted interventions can effectively enhance knowledge, similar to the improvements seen in the post-intervention phase of this study.

In disagreement with the study findings, the study of ***Lee, and Lee, (2024)*** discussed how the impact of training on workplace deviance could diminish over time if not supported by

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ongoing education and practical application. They emphasized that the initial gains from training could be lost without sustained efforts to reinforce the material. Regarding to total workplace deviance behavior among staff nurses, the current study finding revealed a notable shift in the prevalence of total workplace deviance behavior among staff nurses throughout the intervention. At the pre-intervention phase, slightly less than half of staff nurses had total workplace deviance behavior. This result may be attributed to lack of fair practices, low financially rewarding and nurse managers' verbally abusing nurses and gossiping nurses and that lead to workplace deviance behavior.

Similarly, to, ***Robinson, and Jones, (2022)*** found high presence of workplace deviance behavior among nurses.At the post-intervention phase, most of staff nurses hadn't total workplace deviance behavior. Also, at the follow-up phase most of staff nurses hadn't total workplace deviance behavior. In consistence with a study reported that interventions focusing on improving workplace culture and communication significantly reduced instances of workplace deviance among staff. Their findings support the idea that comprehensive interventions can lead to significant behavioral improvements, consistent with the high percentage of nurses showing no deviant behavior post-intervention ***(Chen, et al. 2023).***

In disagreement with, ***Lee, and Kim, (2024)*** who noted that while interventions could effectively reduce workplace deviance in the short term, long-term maintenance of these improvements could be problematic without sustained educational efforts and organizational support. This perspective supports the observed decrease in non-deviant behavior at the follow-up phase, indicating that periodic reinforcement is essential for long-term success. Regarding to the relations between study variables, the current study findings revealed statistically significant relationships between staff nurses' pre-intervention total knowledge of communication and both practices of communication, knowledge of workplace deviance behavior, and workplace deviance behavior.

This indicated that nurses with inadequate communication knowledge tended to have poorer practices in communication, lower knowledge about workplace deviance, and higher levels of workplace deviance. This is supported by ***Clarke, and Sloane, (2021)*** who mentioned that inadequate communication knowledge can hinder the development of effective communication skills, which are crucial for successful interactions in healthcare settings. This can lead to lower-quality practices and poorer outcomes in patient care and teamwork.
Also, ***Clarke, and Sloane, (2021)*** found that gaps in communication knowledge can lead to ineffective practices and adverse outcomes in healthcare. This supported the finding that nurses with poor communication knowledge exhibit inadequate practices. Furthermore, Poor communication skills might contribute to misunderstandings and conflicts, potentially escalating to deviant behavior. A study by ***Zhang, et al. (2022)*** suggested that effective communication is a key to managing workplace dynamics and mitigating deviant behavior. Nurses with better communication skills might be more adept at identifying and addressing behaviors that lead to workplace deviance.

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CONCLUSION

The study findings concluded that there was a highly knowledge of communication and workplace deviance behavior in the post and follow up phases p<0.01 as compared to the pre-intervention phase. Also, there was a highly statistically significant improvement in staff nurses' practices of communication in the post and follow up phases p<0.01 as compared to the pre-intervention phase. In addition to that, there was a highly statistically significant decline in staff nurses' workplace deviance behavior in the post and follow up phases p<0.01 as compared to the pre-intervention phase. Implementing a communication skills training program for staff nurses is effective in decline their workplace deviance behavior. This finding confirmed the research hypotheses, which stated that the communication skills training program would affect staff nurses' workplace deviance behavior.

Recommendations

Based on the study finding, it was recommended that communication skills training program should be applied in all nursing curricula. Regularly provide nurses with training programs focused on communication skills. These programs should include active listening, non-verbal communication, and patient interaction techniques.

Training can be delivered through workshops, simulations, and role-playing exercises. Implement recognition and reward systems that acknowledge and reinforce positive behavior to encourage a culture of excellence and deter deviant behavior .Further studies should be developed to handle the barriers of implementation of communication skills training program in nursing courses.

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