

Effectiveness of Structured Educational Program on Nurses' Practices Concerning Therapeutic Communication at Cardiac Care Units in Holy Karbala Governorate Hospitals

فاعلية البرنامج التعليمي المنظم على ممارسات الممرضين المتعلق بالتواصل العلاجي في وحدات العناية القلبية في مستشفيات محافظة كربلاء المقدسة

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الخلاصة :

الهدف: لتقييم فاعلية البرنامج التعليمي المنظم على ممارسات الممرضين المتعلق بالتواصل العلاجي في وحدات العناية القلبية. **المنهجية:** أجريت دراسة شبه تجريبية في مركز كربلاء لأمراض وجراحة القلب والصدر و مستشفى الهندية العام في مدينة كربلاء المقدسة من ١٠ حزيران ٢٠١٧ الى ١٥ آب ٢٠١٨. وتم اشتقاق برنامج واداة القياس وتطويرها من قبل الباحث لقياس الغرض من الدراسة. عينة غرضية غير احتمالية شملت ٥٧ ممرض (من الذكور والاناث) مقسومين الى مجموعتين المجموعة التجريبية والمجموعة الضابطة وتتكون الاستمارة من جزئين الجزء الاول المتعلق بالمعلومات الديمغرافية للممرضين والجزء الثاني المتكون من ١٧ فقرة تشمل ممارسات الممرضين المتعلقة بالتواصل العلاجي، وتم تحليل البيانات باستخدام الإحصاء الوصفي والإحصاء الاستدلالي.

النتائج: نتائج الدراسة اظهرت فاعلية البرنامج التثقيفي المتعلق بممارسات الممرضين اثناء التواصل العلاجي بشكل ايجابي و اشارت نتائج الدراسة الى وجود فروقات ذات دلالة معنوية عالية لمجموعة التجريبية بين الاختبار القبلي والاختبار البعدي المتعلقة بممارسات الممرضين والممرضات أزاء التواصل العلاجي.

التوصيات: اوصت الدراسة وضع برنامج قياسي جديد للتواصل العلاجي مناسب لممرضين العناية القلبية في العراق حسب البرنامج المعياري للبلدان الأجنبية والعربية ونتائج هذه الدراسة كذلك اوصت الدراسة على وزارة الصحة اعتماد الاسس المعيارية المعتمدة لكفائة الممرضين المتعلقة بالتواصل العلاجي المطبقة في العالم.

الكلمات للمفتاحية: فاعلية، ممارسات الممرضين، البرنامج التثقيفي، التواصل العلاجي و وحدات العناية القلبية

Abstract

Objectives: This study aimed to evaluate the effectiveness of an educational program on nurses' practices concerning therapeutic communication.

Methodology: A quasi experimental design was carried out at Karbala Center for Cardiac Diseases and Surgery, Imam Hussein Medical City and Al-Handia General Hospital for period 10th June 2017 to the 15th of August 2018.

The program and instruments were constructed and developed by the researcher to measure the purpose of the study. Purposive sample comprised of (57) nurses were divided into two groups, study and control groups. The questionnaire consisted from two parts, first part is related to nurses' demographic characteristics and second part which include practices checklist (17) items concerning therapeutic communication. The analysis of data was performed through the application of descriptive statistics and inferential statistics.

Results: The results of the study showed that the effectiveness of educational program regarding nurses' practices for therapeutic communication is a positive. It also shows that there are highly significant differences in the study group between pre-and posttests overall (17) items related to nurse's practices

Recommendations: The study recommended that establishing new standard program for therapeutic communication suitable for cardiac care nurses in Iraq depending on standard program of foreign and Arabic countries and upon the results of this study. Also, the Ministry of Health should be approved competency of registered nurse in therapeutic communication which apply in overall world.

Keywords: Effectiveness, Nurses' Practices, Educational Program, Therapeutic Communication, Cardiac Care Units

Introduction

Therapeutic communication is an essential component of human experiences which involves the expression of emotions, ideas, and thoughts through verbal and nonverbal exchanges. It is the essential component to maintain a good interpersonal relationship⁽¹⁾.

Nancy (2008) was determined that once nursing is a caring profession. It is also a profession that is more and more evidenced based in practice. In as much as the scientific aspects of nursing is increasing due to the complex technological advancement of medicine and the machinery that is used at the patient's bedside, the fact remains that the nurse is the first person that the client usually comes in contact with in any emergency or hospital setting. Having said this, the term, "caring" is an essential emotion that all nurses, for that matter, all individuals in the health profession must possess. With caring comes the trained ability of the nurse to facilitate therapeutic communication⁽²⁾. In Iraq the number of patients who were admission at Holly Karbala hospital in cardiac care units estimated (13380) patients between 2016-2017³.

Methodology

A quasi- experimental design was used with the application of pre and post-test approach for both studied and controlled groups. And this designed to know the effectiveness of educational program. Also, this study applied in two cardiac care units in holly Karbala city hospitals started from 10th June 2017 to 15th August 2018.

The total number of nurses who work in the cardiac care units in Al-Handia hospitals are

25 nurse and in the Karbala Center for Cardiac Diseases and Surgery, Imam Hussein Medical City are 32 nurse which consist totally 57 nurses. Nurses who were working in cardiac care Surgery, and Imam Hussein Medical City. Purposive sample selection and the educational program was design to provide nurse's practices toward therapeutic communication. The study's instrument was developed by the researcher and checked by (19) panel of experts and for the purposive of the study it was consent of two parts. To evaluate the effectiveness of the education program on the nurses' a self-administer questionnaire ; part one is concerned with the collection of demographic data obtained from the nurses from interview questionnaire sheet such as(age, gender, marital status, level of educations, years of experience in nursing , and Location of expertise in Cardiac Care Units). This part was constructed to assess nurses' practices about therapeutic communication .It consisted of (17) checklist items related practices. The educational program was introduced to the 32 nurses in the study group. The program lasted a period of four weeks in cardiac are units. After that the data were analyzed through application of statistical approaches which include Descriptive data analysis including: Frequency, Percentage, Arthematic Mean, Mean of scores, Standard Deviation and Relative Sufficiency. Inferential data analysis which include: Fisher Exact Probability test, Chi-Square and T-test for Equality of Means of two independent groups and T paired the same groups.

Results:

Table (1): Distribution of the Study samples (Study and Control) according to the demographic characteristics:

Variables	Groups	Study			Control			C.S. P-value
		Freq.	%	Cum. %	Freq.	%	Cum. %	
Age Groups	21-30	20	62.5	62.5	16	64.0	64.0	Fisher's Exact Test= 2.923 P=0.773
	31-40	7	21.9	84.4	8	32.0	96.0	
	41-50	5	15.6	100.0	1	4.0	100.0	
	$\bar{x} \pm S.D.$	31.0 ± 9.3			29.1 ± 6.9			NS
Gender	Male	15	46.9	46.9	13	52	52	FEPT P=0.513 NS
	Female	17	53.1	100	12	48	100	
Marital Status	Married	6	18.7	18.8	7	28	28	χ^2 -test P=0.826 NS
	Not married	26	81.3	100.0	18	72	100.0	
Education level	Secondary Nursing school	8	25	25.0	12	48.0	48.0	χ^2 -test P=0.401 NS
	Institute degree	8	25	50.0	9	36.0	84.0	
	Bachelor's degree	16	50	100.0	4	16.0	100.0	
Expert years in Nursing	1-5	20	62.5	62.5	14	56.0	56.0	Exact test P=0.391 NS
	6-10	2	6.3	68.8	3	12.0	68.0	
	11-15	3	9.4	78.1	6	24.0	92.0	
	≥ 16	7	21.9	100.0	2	8.0	100.0	
Expert years in CCU	1-5	24	75.0	75.0	18	72.0	72.0	Exact test P=0.670 NS
	6-10	4	12.5	87.5	7	28.0	100.0	
	11-15	2	6.25	93.8	0	0.0	0.0	
	≥ 16	2	6.25	100.0	0	0.0	0.0	

Freq.=Frequencies, %=Percentages, Cum. = cumulative percent, C.S. : Comparison Significant

$\bar{x} \pm S.D.$ =Arithmetic Mean (\bar{x}) and Std. Dev. (S.D.), P=P-value, χ^2 -test=Chi-Square test., NS : Non Significant at P >0.05 ,CCU: coronary care unit

Table (1) displays the frequency counts for selected variables. As stated above, the two educational groups (control versus study). Ages of the nurses ranged from 21-50 years (Mean age for the study group 31.0 ± 9.3), (Mean age for the control group $=29.1 \pm 6.9$), there were somewhat more male nurses (46.9%) than female nurses (53.1%) in the study group and (52%) were males and (48%) female in the control group .

The majority of the nurses (81.3%) were not married in the study group and (72.0%) were non married in the control group.

The most common educational education was from an Bachelor's degree (50 %) in the study group and secondary nursing school (48 %) in the control group, these findings would suggest that the randomization process provide difference level between the groups.

Our results showed that the years of experience in nursing ranged from (1-5) years was (62.5%) in the study group and (56 %) in the control group.

Most common showed that the years of experience in CCU ranged from (1-5) years was (75 %) in the study group and (72%) in the control group .

Statistically, there are no significant difference among, gender, level of educational, years of experience in nursing and years of experience in CCU.

Table (2): Comparison of Nurses' Practices between the Study and Control Groups in the Pretest Period

Score	Group	Time	N	Total Mean	SD	H	T	P
1. Greeting the client	Study	Pretest	32	1.96	1.54	-.342	-2.554	.004
	Control	Pretest	25	1.62	1.86			
2. Nurse treats the client with respect	Study	Pretest	32	1.32	.47	.140	-6.532	.000
	Control	Pretest	25	1.96	.20			
3. Show interest in the patient's thoughts about his/her health status	Study	Pretest	32	1.48	.50	-.045	.272	.788
	Control	Pretest	25	1.44	.50			
4. Understand client's concern about their health	Study	Pretest	32	1.96	.20	-.115	2.000	.057
	Control	Pretest	25	1.76	.43			
5. Pay attention to clients	Study	Pretest	32	1.48	.50	-.027	-1.414	.170
	Control	Pretest	25	1.68	.47			
6. Allow the client to speak without interruption	Study	Pretest	32	1.76	.43	-.445	1.995	.058
	Control	Pretest	25	1.44	.50			
7. Provide the client with the necessary information based on their request	Study	Pretest	32	1.96	.20	.272	3.361	.003
	Control	Pretest	25	1.64	.48			
8. Use terms and vocabulary that the client can understand	Study	Pretest	32	1.80	.40	.042	1.281	.212
	Control	Pretest	25	1.64	.48			
9. Make sure that the client is fully understand the nurse during the meeting	Study	Pretest	32	1.80	.40	.250	1.445	.161
	Control	Pretest	25	1.64	.48			
10. Encourage client to ask question about their health	Study	Pretest	32	1.96	.20	-.230	4.437	.000
	Control	Pretest	25	1.44	.50			
11. Engage client to be a part of their treatment plan	Study	Pretest	32	1.48	.50	.206	-.625	.538
	Control	Pretest	25	1.56	.50			

12. Discuss with the client the next steps in their health follow up	Study	Pretest	32	1.88	.50	-.423	1.815	.064
	Control	Pretest	25	1.94	.20			
13. Demonstrate caring and interest for the client	Study	Pretest	32	1.76	.43	-.346	1.725	.062
	Control	Pretest	25	1.44	.50			
14. Spend enough time with clients	Study	Pretest	32	1.92	.27	-.147	1.141	.265
	Control	Pretest	25	1.80	.40			
15. Nurses staff treat clients with respect	Study	Pretest	32	1.96	.42	-.189	.712	.496
	Control	Pretest	25	1.92	.38			
16. The nurse use body language when communicating with clients	Study	Pretest	32	1.68	.47	.210	2.281	.032
	Control	Pretest	25	1.40	.50			
17. The nurse use facial expression when communicating with clients in CCU	Study	Pretest	32	1.76	.43	.010	9.700	.491
	Control	Pretest	25	1.84	.37			

n=number, m= mean, SD=standard deviation, η = Eta coefficient which is the Pearson correlation between educational group and the score, P=P value, t=t test

Table (2) found the (12) items of pretest practices scores (Show interest in the patient's thoughts about his/her health status; Understand client's concern about their health; Pay attention to clients ; Allow the client to speak without interruption; Use terms and vocabulary that the client can understand; Make sure that the client is fully understand the nurse during the meeting; Engage client to be a part of their treatment plan; Discuss with the client the next steps in their health follow up; Demonstrate caring and interest for the client; Spend enough time with clients; Nurses staff treat clients with respect; The nurse use body language when communicating with clients; The nurse use facial expression when communicating with clients in CCU.) to be non-significant between study group and control group.

Table (3): Comparison of Posttest Nurses' Practices between the Study and Control Groups

Score	Group	Time	n	Total Mean	SD	H	t	P
1. Greeting the client	Study	Posttest	32	1.88	.33	-.342	-2.554	.004
	Control	Posttest	25	1.60	.50			
2. Nurse treats the client with respect	Study	Posttest	32	1.94	.33	-.128	6.224	.003
	Control	Posttest	25	1.20	.40			
3. Show interest in the patient's thoughts about his/her health status	Study	Posttest	32	1.96	.20	.146	-6.612	.001
	Control	Posttest	25	1.32	.45			
4. Understand client's concern about their health	Study	Posttest	32	1.82	.40	.462	-3.451	.003
	Control	Posttest	25	1.33	.50			
5. Pay attention to clients	Study	Posttest	32	1.92	.27	.012	3.464	.002
	Control	Posttest	25	1.52	.50			
6. Allow the client to speak without interruption	Study	Posttest	32	1.96	.36	.320	3.055	.000
	Control	Posttest	25	1.64	.48			
7. Provide the client with the necessary information based on their request	Study	Posttest	32	1.94	.36	-.230	2.449	.022
	Control	Posttest	25	1.62	.50			
8. Use terms and vocabulary that the client can understand	Study	Posttest	32	1.96	.32	.140	-6.532	.000
	Control	Posttest	25	1.62	.48			
9. Make sure that the client is	Study	Posttest	32	1.96	.20	-.273	-2.828	.009

fully understand the nurse during the meeting	Control	Posttest	25	1.60	.038			
10. Encourage client to ask question about their health	Study	Posttest	32	1.96	.20	-.230	4.437	.000
	Control	Posttest	25	1.44	.50			
11. Engage client to be a part of their treatment plan	Study	Posttest	32	1.86	.38	-.059	-2.743	.010
	Control	Posttest	25	1.53	.50			
12. Discuss with the client the next steps in their health follow up	Study	Posttest	32	1.88	.33	-.342	-2.554	.004
	Control	Posttest	25	1.60	.50			
13. Demonstrate caring and interest for the client	Study	Posttest	32	1.88	.33	-.050	2.281	.032
	Control	Posttest	25	1.60	.50			
14. Spend enough time with clients	Study	Posttest	32	1.92	.27	.036	-3.166	.004
	Control	Posttest	25	1.56	.50			
15. Nurses staff treat clients with respect	Study	Posttest	32	2.00	.00	.60	5.527	.000
	Control	Posttest	25	1.44	.50			
16. The nurse use body language when communicating with clients	Study	Posttest	32	1.96	.20	-.230	6.532	.000
	Control	Posttest	25	1.36	.50			
17. The nurse use facial expression when communicating with clients in CCU	Study	Posttest	32	1.96	.20	-.230	4.437	.000
	Control	Posttest	25	1.44	.50			

n=number, m= mean, SD=standard deviation, η = Eta coefficient which is the Pearson correlation between educational group and the score, P=P value , t=t test

Table (3) shows that all 17 posttest practice scores (Greeting the client; Nurse treats the client with respect; Show interest in the patient's thoughts about his/her health status; Understand client's concern about their health; Pay attention to clients; Allow the client to speak without interruption; Provide the client with the necessary information based on their request; Use terms and vocabulary that the client can understand; Make sure that the client is fully understand the nurse during the meeting; Encourage client to ask question about their health; Engage client to be a part of their treatment plan; Discuss with the client the next steps in their health follow up; Demonstrate caring and interest for the client; Spend enough time with clients; Nurses staff treat clients with respect; The nurse use body language when communicating with clients; The nurse use facial expression when communicating with clients in CCU) to be significantly higher between the study group and control group at $P < 0.001$. The mean scores found higher in study group than control group.

Table (4): Comparison of Study Variables between the Study and Control Groups

Variables	No.	Study				No.	Control				P-value	C.S
		M.S.	SD	RS %	Ass.		M.S.	SD	RS %	Ass.		
1-Age	32	31	9.3	31.0	F	25	29.1	6.9	88.0	S	0.508	NS
2-Years of experience in nursing	32	8.15	8.51	27.0	F	25	7.20	6.23	24.0	F	0.099	NS
3-Years of experience in CCU	32	4.5	5.3	18.0	F	25	3.06	3.19	11.0	F	0.061	NS
4- Level of Education	32	2.11	1.18	4.0	F	25	4.85	3.45	16.0	F	0.577	NS
5- Gender	32	7.35	7.14	24.0	F	25	10.85	3.53	34.0	F	0.174	NS
6- Practices	32	0.33	0.47	33.0	F	25	0.37	0.49	37.0	F	0.653	NS

M.S. =Mean of score, SD = Standard Deviation, R.S%=Relative Sufficiency, Ass. = assessment, C.S.: Comparison Significant, No. = Number, NS: Non-Significant at $P > 0.05$, S: Significant at $P < 0.05$, HS: Highly Significant at $P < 0.01$, F: Failure; S: Success

Table (4) shows that there are no statistically significant difference in study variables between the study and the control groups.

Table (5): Comparison of Pre and Post Practices items between Control and Study Groups.

Score	Group	N	Total Mean	SD	P=0.001
Pretest Practices	Control	25	31.16	2.838	0.131
	Study	32	32.28	1.696	
Posttest Practices	Control	25	30.56	1.609	0.001
	Study	32	33.64	.700	

n = number, m= mean, SD=standard deviation

Table (5) shows that there is no statistically significant difference in nurses' practices in the pretest time between the study and the control groups. In the posttest time, there is a statistically significant difference in nurses' practices between the study and the control groups (p -value = 0.001).

Discussion:

Part I: Discussion of the demographic and Employment Characteristics of Nurses in cardiac care units:

Through the data analysis distribution of demographic variables table (1), this study used a purposive clinical trial design to test the effective of an educational and skill building training program in therapeutic communication. The sample consists of 57 nurses who were a purposive allocated to either a Control Group (n=25) or a study group (n=32). The mean age of the nurses was (31.0 ± 9.3) years for the study group and (29.1± 6.9) years for the control group which ranged from (21-50) years. So, both of study and control groups share with highly ages group (21-30) years.

According to point of view, all nurses who work in cardiac care unit need to be young to cover all duties of cardiac care units (Table 1).

Supported of this study (Ayman et al., 2014) reported that the age of nurses participating in the study ranged from 21 to 61 years with mean age of 36.7 (SD = 7.8). Had an exposure to education related to therapeutic communication⁽⁴⁾.

(Viji and. Samuel, 2014) reported that majority of the study sample (74%) of them were in the age group of 20-25 years had an exposure to in-service education related to therapeutic communication⁽⁵⁾.

(Yas, 2017) stated that most of subjects in the study and control groups were young adults (20 or less and 41 and above) years old ;(32.4%). While the control group were (35.7%) their age 41 years old and above, and same results for age between 21 to 30 years old⁶.

Our study consistent with (Younis et al., 2015) stated that the highest percentage

of the study subjects (75.8%) had their age more than and equal to 30 years old, the mean age was 27.13 ± 2.19 years which agree with my study results⁽⁷⁾.

The researcher conformed that the majority of the study sample was younger than 30 years was range from (21- 30) years with somewhat more are females (n = 17; 53.1%) than male for the study group and male ((n = 13; 52%). than male for the control group this sample assignment covered cardiac care units.

(Vertino, 2014) mentioned that" the age of nurses ranged from 21 to 61 years with mean age of 36.7 (SD = 7.8). About 50% of them were between the ages of 28 to 48 years. There were 27 male nurses (13.4%) and 166 female nurses (82.2%)⁸.

(Viji and. Samuel, 2014) reported that majority of the study sample (66%) of them had an exposure to in-service education related to therapeutic communication⁽⁵⁾.

(Ayman et al., 2014) reported that reported that 27 male nurses (13.4%) and 166 female nurses (82.2%). About 65.5% (n = 132 nurse) received special course in therapeutic relationship⁽⁴⁾.

The most common educational attainment was from an institute (n=8; 25.0%) in the study group and ((n =9; 36.0%) in the control group (table-1).

Study (Ayman et al., 2014) reported that the majority 110 (56.9)

Of nurses had diploma degree. Received special course in therapeutic relationship⁴.

Our study revealed years of experience in the CCU ranged from (1-5) years was (24: 75.0%) in the experimental group and (18; 72.0%) in the group control (this table 1).

Supported of our study (Younis et al., 2015) reported that more than a half of

nurses had (1-5) years of experience in the CCU⁷.

(Viji and. Samuel, 2014) reported that majority of the study sample (56%) of nurses one year experience. Only 18 % of them had an exposure to in-service education related to therapeutic communication⁵.

The researcher confirmed that the majority of nurses had expert years in cardiac care unit from (1-5) years which indicated young nurse and low experiences in cardiac care units.

Part II: Nurses' Practices which include (pretest and posttest) in cardiac care units:

In focusing to distribution of nurses' practicing therapeutic communication

Skills by their Pre and Posttest the finding of the present study indicated that, nurses' information on practicing assertive communication skills improved in the post-test than pre-test. In the same line, (Rachel, 2012) conduct a study to improve communication skills among nursing students. He demonstrated that study subjects become more confident about their communication knowledge and skills through the modeling also the study subject had sufficient to excellent cognitive understanding of the communication skills taught in the lesson given the importance of practical skills to perform an effective therapeutic communication skills a well-designed practical course is the widely accepted solution⁹.

Review initial between group comparisons (Table 2) found all 12 pretest practices scores (Show interest in the patient's thoughts about his/her health status; Understand client's concern about their health; Pay attention to clients ; Allow the client to speak without interruption; Use terms and vocabulary that the client can

understand; Make sure that the client is fully understand the nurse during the meeting; Engage client to be a part of their treatment plan; Discuss with the client the next steps in their health follow up; Demonstrate caring and interest for the client; Spend enough time with clients; Nurses staff treat clients with respect; The nurse use body language when communicating with clients; The nurse use facial expression when communicating with clients in CCU) to be non-significant between study group and control group.

Study is consistent with the majority of study (Vertino, 2014) mentioned "maintained that communicating effectively with patients is considered the heart of all patients' care aspects. This requires that nurses and patients should have an agreement on what and how communication skills can be effective. One approach is through obtaining patients' satisfaction about nurses' Communication skills⁽⁸⁾.

(Lambrini and Loanna, 2014) stated that nursing practice requires not only scientific knowledge, but an additional effective interpersonal communication, intellectual and technical abilities and skills⁽¹⁰⁾.

The researcher confirmed that the nurse's practices scores were poor in most items of pretest which has been strongly increased immediately post the implementation of program.

In comparison of posttest nurses' practices between the study and control groups table (3) revealed that there were a statistically significant difference between the values of the nurses' practices for all 17 items in CCU to be significantly higher among the (experimental group and group control) at $P < 0.001$. The mean scores

found upper in experimental group than group control.

This study was supported by (Gysels and Richardson, 2005) was supported by a study conducted in Turkey to determine the effectiveness of in-service communication training to enhance the empathic skills of nurses. The post test scores of nurses increased from 155.6 to 180.5, and training played a role in enhancing nurses' empathic skills with regard to all variables ($P < .05$). None of the samples had poor knowledge, negative attitude and poor skill in therapeutic communication after the teaching program⁽¹¹⁾.

Our study revealed that the practices, pretest scores were not significant for the study group than the control group ($M = 32.28$ versus $M = 30.16$) while for posttest practices, study group scores were higher improvement in their practices ($M = 33.64$ versus $M = 30.56$); (Table 5).

(Younis et al., 2015) stated that, the well-designed communication skills training program could be valuable and effective in promoting nurses' communication skills, reinforcing essential communication practice, assisting in the acquisition of new communication skills, and ensuring best communication providing that ensure satisfied care⁷.

This study was supported by (Gysels and Richardson, 2005) stated that the posttest practice scores of nurses increased and nurses' empathic skills improved after utilization of communication training program¹¹.

Part III: Discussion of the Relationship between Nurses' Practices with Demographical Characteristics:

The results revealed that the study and control groups were comparable knowledge and practices with regard to various demographic characteristics (Table 4).

Age:

As a result of the data analysis, there is no association between the nurses practices of the study group with their age related therapeutic communication in pre-posttests (table 4).

This result means that the educational program was not effective for all age groups. This finding agrees with study of (Viji and Samuel, 2014) showed that there was no association between pre-test knowledge score and demographic variables. The pre-test knowledge score was independent of all variables that was age ($\chi^2 = 0.94$, table value = 3.84)⁵

This finding agrees with (Taha, 2006) who conducted a study about impact of A designed teaching protocol on nurse's knowledge and practices, he documented positive correlation between age and practices¹².

(Shorts and Taylor, 2010) who conducted a study to determine the effectiveness of a communication skill training program among clinicians; showed that the pre-test knowledge score on communication was independent of selected demographic variables such as age¹³.

The researcher confirms that the therapeutic communication didn't effect with nurses ages because therapeutic communication depend on knowledge and practices which acquired for nurses.

Years of experience:

Through the course of the data analysis, it has been noted that there was no significant relation between nurses' practices of the study group with their years of experiences related to main domain toward nursing therapeutic communication in pre posttests (table 4).

The finding was in agreement with (Viji and. Samuel, 2014) showed that there was no association between pre-test

knowledge score and demographic variables. The pre-test knowledge score was independent of all variables that was years of experience ($\chi^2 = 1.3$)⁽⁵⁾.

(Hussain et al, 2009) stated that construct significant differences were found in terms of knowledge and the demographic variable of working area and years of experience⁽¹⁴⁾.

The result of the present study was agree with (Shurst and Taylor ,2010) who conducted a study to determine the effectiveness of a communication skill training program among clinicians; he showed that the pre-test knowledge score on communication was independent of selected demographic variables such as years of experience⁽¹³⁾.

The researcher confirmed that these results shows that years of experience didn't effect on the therapeutic communication but the logical thing years of experience should be playing important role therapeutic communication.

Level of Education:

The results in (table 4) revealed that there is no significant association between the level of education with nurses' knowledge and practices in the study group to the level of education.

The finding was in agreement with (Viji and. Samuel, 2014) showed that there was no association between pre-test knowledge score and demographic variables. The pre-test knowledge score was independent of all variables that was educational status⁵.

These results are consistent with (Charlton et al, 2008) who conducted a study to determine the effectiveness of a communication training program for oncology nurses. They showed that in the pre-test three quarters of the studied nurses

had inadequate knowledge and skills regarding therapeutic communication¹⁵.

Recommendation:

1. Establishing new standard program for therapeutic communication suitable for cardiac care nurse in Iraq depending on standard program of foreign and Arabic countries and upon the result of this study.
2. Developing the program which focusing on therapeutic communication skills at academic programs during studies years for nurses.
3. Special training programs should be designed and constructed for nurses in this area to reinforce their skills and promote their experiences about therapeutic communication to be awareness toward importance of therapeutic communication.
4. The Ministry of Health should be approved competency of registered nurse in therapeutic communication which apply in overall world.

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