Communication Climate at Main Assiut University Hospital

Fatma Rushdy Mohamed, Samah Mohamed Abdalla and Nahed Shawkat Abo-elmaged

Nursing Administration, Nursing Administration Department, Faculty of Nursing, Assiut University. drfatmarushdy@yahoo.com.

Abstract: Communication is the lifeblood of every relationship, while communication climate is the emotional tone of the relationship. Employees can work well within their organizations if there is a relationship and good communication between the organization represented by the management as a supervisor and the employees as subordinates. In order to run organization smoothly and well coordinated, a communication aspect plays role in the organizational life, where every individual in the organization can convey personal interest and it's solution will be collectively solved. Aim of the Study: This study was conducted with the aim of identifying the communication climate as perceived by nurses and employees, and determining the type of communication climate at Main Assiut University Hospital. This study was carried out by using descriptive study design. The study sample consisted of 266 nurses classified into, 30 bachelor degree nurses, 215 diploma degree nurses and 21 institute nurse, and 115 employees working in different administrative units. Results: Shows that highest mean scores were found among nurses in provisionalism, description, and empathy respectively. While, among employees were found in description, problem-oriented, and empathy respectively with statistically significant differences among the studied subjects as regard to supportive communication climate factors (P<0.000). There was a highly statistically significant difference between age of nurses and supportive communication climate scale (P < 0.007). Conclusions: In Defensive communication climate: More than one third of nurses were in supportive level (36.8%). While, nearly half of employees were neutral to supportive (47.0%) with a highly statistically significant differences (P <0.000). In Supportive communication climate: Nearly one third of nurses were in supportive to neutral (31.6%). While, nearly half of employees were supportive (46.1%). **Recommendations:** Based on the forgoing conclusions, the following recommendations are proposed: Encouragement of and planning for participative decision making, teamwork, in-service training program and open communication are recommended to be present in the work units. Fatma Rushdy Mohamed, Samah Mohamed Abdalla, and Nahed Shawkat Abo-elmaged. Communication Climate at Main Assiut University Hospital. *J Am Sci* 2013;9(12):292-303]. (ISSN: 1545-1003). http://www.americanscience.org. 41

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1. Introduction

Communication is the principal element of all human contact and can take many forms. Although some functions of management such as planning, organizing, and controlling can be reasonably isolated, communication impacts all management activities and cuts across all phases of the management process. It is also the core of the nursepatient, nurse-nurse, and nurse physician relationship (Manning, **2006**). It provides information to people and tells them about our feelings, emotions, sentiments, thoughts and ideas. Employers need to regularly examine their communication process particularly where there is evidence of a communication gap. Many forms of communication operate within organizations. That which is officially inspired is often referred to as formal communication, while communication which is unofficial, unplanned and spontaneous can be classified as informal communication. Communication can also be by verbal or nonverbal means (Stranks, 2007).

Communication through both formal and informal channels is the lifeblood of any organization. In reading about communication environments, channels, processes, systems, and hierarchies, we sometimes lose sight of the essence of the communication act: it is profoundly human. At the center of every organization are people held together by slender threads of cooperation. These threads are maintained by people sharing information with each other. The result is a delicate network of human relationships linked through communication (William, 2001).

Internal and external climates are important in communication. The internal climate includes the values, feelings, temperament, and stress levels of the sender and the receiver. Weather conditions, temperature, timing, and the organizational climate itself are parts of the external climate, which includes status, power, and authority as barriers to manager-subordinate communication (Marquis& Huston, 2009).

Communication climate can be defined as the internal environment of information exchange among

people through an organization's formal and informal networks. Communication climate is *open* when information flows freely; *closed* when information is blocked. It reflects communication on both the organizational and personal levels. On one hand, it includes items such as the extent to which communication in an organization motivates and stimulates workers to meet organizational goals and the extent to which it makes them identify with the organization. On the other hand, it includes estimates of whether or not people's attitudes toward communicating are healthy in the organization. Horizontal Communication concerns the extent to which co-workers and informal communication is accurate and free flowing (William, 2001).

Effective communication is the foundation for quality health care. Communication between health care practitioners, patients, and other members of care teams affects patient satisfaction, adherence to treatment recommendations, and patient safety. According the Joint Commission, to miscommunication is the leading cause of sentinel events (serious medical errors). In addition, health and disparities are created health care miscommunication disproportionately affects certain patient populations. As a result, understanding and improving communication may be a key to addressing disparities, which is an important national health policy goal. Because much of the communication in health care takes place in dyadic patient-clinician relationships, health communication is often studied at the level of these interactions. For example, research using tape recordings of patient-physician interactions has been invaluable to explore determinants of effective interpersonal communication and to improve clinical training programs. Yet it has been noted among those improve communication seeking to strongly communication is affected the organizational climate in which interactions take place. In short, organizations create the milieu in which interpersonal communications succeed or fail and, as with many facets of health care quality, the organizational climate can make good performance at the individual level either easier or much harder to attain (Masmuh, 2010).

According to Jams and Martha (2012) communication climate classified into two types: Defensive and supportive communication climate. Defensive Communication Climate Subscale and Supportive Communication Climate Subscale, and each Subscale further consisted of six dimensions. Within Defensive Communication Climate the dimensions included: Evaluation, Control, Strategy, Neutrality, Superiority and Certainty. Supportive Communication Climate Subscale included

dimensions of Provisional, Empathy, Equality, Spontaneity, Problem Orientation, and Description. **Study Rational:**

Many studies and researchers have investigated communication in nursing. While, there is a lack of researches in the area of communication climate. Therefore, this study is an attempt in this direction, through studying communication climate and determines the type of it at Main Assiut University Hospital.

Aim of the Study:

This study was conducted with the aim of identifying the communication climate among nurses and employees at Main Assiut University Hospital and designs a proposal for developing a communication climate.

2. Methodology

Design, setting, and subjects:

This study was carried out in Main Assiut University Hospital using descriptive study design. The study subjects consisted of all the nursing staff working in various departments of the hospital during the time of the study. Their total number was 266, including 30 bachelor degree nurses, 215 diploma degree nurses and 21 institute nurse. And 115 employees working in the different administrative departments (Departments of financial and administrative guidance, nutrition, maintenance, and accounts.

Data collection tool:

A self-administered questionnaire was used for data collection. It included two parts. The first part was concerned with nurses and employees demographic data and job characteristics. The second part was for assessment of organizational communication climate. It was developed by Jams and Martha (2012), and measures two patterns of communication climate: Defensive Communication Climate Subscale and Supportive Communication Climate Subscale, and each Subscale further consisted of six dimensions. Within Defensive Communication Climate the dimensions includes: Evaluation, Control, Strategy, Neutrality, Superiority and Certainty. Supportive Communication Climate Subscale includes dimensions of Provisional, Empathy, Equality, Spontaneity, Orientation, and Description. High scores on Defensive Communication Climate reflect vertical communication and set patterns of work were likely to be followed, whereas related score on the Supportive Communication Climate indicate horizontal communication climate.

The responses in this part of the tool were on a three-point Likert scale: agree, neutral and disagree. The scoring was accordingly from 3 to 1 for each

item. The scores of the items were summed-up and the total divided by the number of the items in each scale and subscale, giving a mean score. These scores were converted into as regard to the defensive scale as the following: if the score was 10 to 24 is defensive, from 25-33 is defensive to neutral, 34-42 was neutral to supportive, and 43-54 was supportive; while the supportive scale was as the following: if the score was 10 to 24 is supportive, from 25-33 is supportive to neutral, 34-42 was neutral to defensive, and 43-54 was defensive.

Pilot study:

The pilot study served to test the reliability, feasibility of the study and the clarity and practicability of the data collection tool. It was carried out on 15 nurses from different inpatient departments at Main Assiut University Hospital. The pilot study sample was included in the total sample. Data collected from the pilot study were reviewed and used prior to the finalization of the data collection tool.

Reliability of the tool:

The reliability was assessed in a pilot study by measuring their internal consistency using Cronbach's alpha coefficient method. This turned to be ($\alpha = 0.90$) for defensive communication climate tool; ($\alpha = 0.92$) for supportive communication climate tool. Thus indicates a high degree of reliability for the study tools.

Fieldwork:

An official permission was obtained from the hospital director, the nursing service director, and the head of each department before embarking on the study. After the finalization of the study tool, the actual data collection was started in December 2012

and ended in January 2013. The researchers met with the eligible nurses and employees, explained to them the purpose of the study, and asked for their oral consent to participate. Those who agreed to participate were given the tool and asked to fill it out and return it anonymously in the same setting or at most the next day. The researchers were available for any clarifications.

Ethical considerations:

All the relevant principles of ethics in research were followed. The study protocol was approved by the pertinent authority. Participants' consent to participate was obtained after informing them about their rights to participate, refuse, or withdraw at any time. Total confidentiality of any obtained information was ensured. The study maneuver could not entail any harmful effects on participants.

Statistical analysis:

Data entry and statistical analysis were done using SPSS 14.0 statistical software package. Data were presented using descriptive statistics. Pearson correlation analysis was used for assessment of the inter-relationships among quantitative variables, and Spearman rank correlation for ranked ones. Statistical significance was considered at *p*-value <0.05.

3. Results

Table (1): Displays that about two thirds of nurses were aged less than thirty years. While, nearly to half of employees aged more than forty years. Majority of nurses have diploma degree compared to half of the employees. 59.4 % of nurses have less than ten years of experience compared to 37.4% from employees.

Table (1): Distribution of Personal Characteristics among the Studied Subjects at Main Assiut University Hospital

Personal Characteristics Items		rses 266)		oloyees : 115)	<i>P</i> -value (<i>X</i> ²)
	No.	%	No.	%	(A)
Age:					
< 30 years	175	65.8	33	28.7	0.000*
30 - < 40 years	72	27.1	27	23.5	(89.05)
≥ 40 years	19	7.1	55	47.8	
Mean ± SD	28.62	2 ± 6.38	38.64	± 9.61	0.000*
					(t=143.40)
Qualifications:					
Diploma of secondary nursing school	215	80.8	57	49.6	0.000*
Technical nursing institute	21	7.9	10	8.7	(77.44)
Bachelor	30	11.3	48	41.7	
Years of experience:					
< 10	158	59.4	43	37.4	0.000*
10 - < 20	91	34.2	41	35.7	(34.37)
≥ 20	17	6.4	31	27.0	
Mean ± SD	9.39	± 6.06	13.91 ± 8.89		0.000* (t= 33.21)

Chi-square test; Independent samples t-test;

^{*} Statistical significant difference (P < 0.05)

Table (2): Shows that about half of the studied nurses disagreed with evaluation, superiority, strategy, certainty, neutrality, and control factors. As regard to employees about half of them were agreed

on neutrality, control, strategy, and certainty factors. While, more than half of the employees were disagreed on evaluation and superiority factors.

Table (2): Distribution of defensive communication climate among studied subjects at Main Assiut University Hospital

	Nurses Employees											
	Λ α	ree		sure	Disa	araa	Aσ	ree		sure		agree
	No.	%	No.	%	No.	%	No.	<u>%</u>	No.	%	No.	%
Evaluation:	110.	7.0	110.	7.0	110.	70	110.	7.0	110.	7.0	110.	70
Your supervisor criticizes your work without	80	30.1	34	12.8	152	57.1	29	25.2	12	10.4	74	64.3
allowing you to explain	00	50.1	34	12.0	132	37.1	2)	23.2	12	10.4	/ -	07.5
2. Your supervisor always judges the actions of his	83	31.2	57	21.4	126	47.4	63	54.8	26	22.6	26	22.6
or her subordinates	03	31.2	37	21.7	120	77.7	0.5	34.0	20	22.0	20	22.0
3. Your supervisor criticizes your work in the	66	24.8	51	19.2	149	56.0	26	22.6	16	13.9	73	63.5
presence of others			0.1	17.2	1.,	20.0			10	10.5	10	00.0
Neutrality:												
Your supervisor seldom becomes involved in	99	37.2	74	27.8	93	35.0	64	55.7	23	20.0	28	24.3
employee conflicts	//	57.2	′ .	27.0		55.0	0.1	33.7	23	20.0	20	21.3
Your supervisor is not interested in employee	78	29.3	83	31.2	105	39.5	35	30.4	22	19.1	58	50.4
problems	, 0		0.0	01.2	100					17.12		
3. Your supervisor rarely offers moral support during	94	35.3	68	25.6	104	39.1	59	51.3	15	13.0	41	35.7
a personal crisis												
Control:												
Your supervisor believes that he or she must	111	41.7	58	21.8	97	36.5	80	69.6	16	13.9	19	16.5
control how you do your work								0,10				
2. Your supervisor is always trying to change other	80	30.1	83	31.2	103	38.7	68	59.1	24	20.9	23	20.0
people's attitudes and behaviors to suit his or her												
own												
3. Your supervisor always needs to be in charge of	91	34.2	82	30.8	93	35.0	37	32.2	28	24.3	50	43.5
the situation												
Superiority:												
1. Your supervisor tries to make you feel inadequate	72	27.1	82	30.8	112	42.1	52	45.2	11	9.6	52	45.2
2. Your supervisor makes it clear that he or she is in	73	27.4	76	28.6	117	44.0	44	38.3	16	13.9	55	47.8
charge												
3. Your supervisor believes that if a job is to be done	81	30.5	72	27.1	113	42.5	39	33.9	16	13.9	60	52.2
right, he or she must oversee it or do it												
Strategy:												
1. Your supervisor tries to manipulate subordinates	65	24.4	73	27.4	128	48.1	24	20.9	18	15.7	73	63.5
to get what he or she wants or to make himself or												
herself look good												
2. You have to be careful when talking to your	84	31.6	63	23.7	119	44.7	65	56.5	26	22.6	24	20.9
supervisor so that you will not be misinterpreted												
3. You seldom say what really is on your mind,	64	24.1	76	28.6	126	47.4	57	49.6	26	22.6	32	27.8
because it might be twisted and distorted by your												
supervisor												
Certainty:	<u> </u>			1							_	
1. Your supervisor cannot admit that he or she makes	99	37.2	52	19.5	115	43.2	53	46.1	33	28.7	29	25.2
mistakes	L	L					L			L		
2. Your supervisor is dogmatic; it is useless for you	61	22.9	73	27.4	132	49.6	24	20.9	28	24.3	63	54.8
to voice an opposing point of view	7.	20.5	0.2	20.6	100	10.5		4= 6	22	20.6	25	22.2
3. Your supervisor thinks that he or she is always	76	28.6	82	30.8	108	40.6	55	47.8	23	20.0	37	32.2
right												

Table (3): Displays that more than one third of nurses were agreed with all factors of supportive communication climate. While, among employees

more than two thirds were agreed on the same factors (provisionalism, empathy, equality, spontaneity, problem orientation, and description.

Table (3): Distribution of supportive communication climate among studied subjects at Main Assiut University Hospital

	IVEISI	-tj -110	Nur						Fmnl	oyees		
	Ag	roo	Not		Dico	gree	10	ree		sure	Dice	gree
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Provisionalism:		, ,	- 1.21	, ,	- 1.01	1	- 100	1	- 1.01	, ,		, ,
1. Your supervisor allows you as much creativity as	98	36.8	76	28.6	92	34.6	79	68.7	17	14.8	19	16.5
possible in your job												
2. Your supervisor allows flexibility on the job	86	32.3	83	31.2	97	36.5	83	72.2	9	7.8	23	20.0
3. Your supervisor is willing to try new ideas and to	92	34.6	83	31.2	91	34.2	74	64.3	17	14.8	24	20.9
accept other points of view												
Empathy:												
Your supervisor understands the problems that you	115	43.2	68	25.6	83	31.2	81	70.4	12	10.4	22	19.1
encounter in your job		10.0										
2. Your supervisor respects your feelings and values.	100	37.6	80	30.1	86	32.3	77	67.0	23	20.0	15	13.0
3. Your supervisor listens to your problems with	89	33.5	80	30.1	97	36.5	65	56.5	26	22.6	24	20.9
interest												
Equality:												
1. Your supervisor does not try to make you feel	94	35.3	79	29.7	93	35.0	78	67.8	17	14.8	20	17.4
inferior												
2. Your supervisor participates in meetings with	104	39.1	80	30.1	82	30.8	63	54.8	30	26.1	22	19.1
employees without projecting his or her higher status												
or power												
3. Your supervisor treats you with respect	111	41.7	76	28.6	79	29.7	98	85.2	10	8.7	7	6.1
Spontaneity:												
1. Your supervisor does not have hidden motives in	115	43.2	78	29.3	73	27.4	64	55.7	33	28.7	18	15.7
dealing with you												
2. You feel that you can be honest and straightforward	122	45.9	73	27.4	71	26.7	102	88.7	11	9.6	2	1.7
with your supervisor												
3. You feel that you can express your opinions and	111	41.7	85	32.0	70	26.3	88	76.5	11	9.6	16	13.9
ideas honestly to your supervisor												
Problem Orientation:												
1. Your supervisor defines problems so that they can	119	44.7	81	30.5	66	24.8	60	52.2	26	22.6	29	25.2
be understood but does not insist that his or her												
subordinates agree												
2. You feel free to talk to your supervisor	123	46.2	76	28.6	67	25.2	78	67.8	25	21.7	12	10.4
3. Your supervisor defines problems and makes his or	124	46.6	80	30.1	62	23.3	55	47.8	23	20.0	37	32.2
her subordinates aware of them									<u> </u>			
Description:												
1. Your supervisor tries to describe situations fairly	97	36.5	76	28.6	93	35.0	52	45.2	29	25.2	34	29.6
without labeling them as good or bad		22.5		24.5				20 :		27.5		
2. Your supervisor presents his or her feelings and	90	33.8	83	31.2	93	35.0	35	30.4	41	35.7	39	33.9
perceptions without implying that a similar response is												
expected from you	400	25 -		25.2	00	27.2		=4.5	22	20.0	22	20.7
3. Your supervisor attempts to explain situations	100	37.6	67	25.2	99	37.2	59	51.3	23	20.0	33	28.7
clearly and without personal bias												

Table (4): Illustrates that highest mean scores were found among nurses in evaluation, strategy, and certainty $(6.74 \pm 2.20; 6.60 \pm 2.19 \& 6.45 \pm 2.29)$ respectively. While, among employees were found in evaluation, superiority, and certainty $(6.48\pm1.39; 6.28\pm1.98 \& 5.97\pm 2.04)$ respectively. There were statistically significant differences among the studied subjects as regard to defensive communication climate factors (P<0.006 **).

Table (5): Shows that highest mean scores were found among nurses in provisionalism,

description, and empathy $(6.02 \pm 2.17; 5.99 \pm 2.23 \& 5.86 \pm 2.24)$ respectively. While, among employees were found in description, problemoriented, and empathy $(5.65\pm1.64; 5.00\pm1.88 \& 4.59\pm2.00)$ respectively. There were statistically significant differences among the studied subjects as regard to supportive communication climate factors (P < 0.000 **).

Table (6): Illustrates that communication climate levels more than one third of nurses were in supportive level (36.8%). While, among employees

nearly to half of them were neutral to supportive (47.0%) with a highly statistically significant differences (P < 0.000 **).

Table (7): Displays that supportive communication climate levels about one third of

studied nurses were supportive to neutral level (31.6%). While, nearly to half of employees were supportive (46.1%) and there was a highly statistically significant difference (P < 0.000 **).

Table (4): Mean Scores of Defensive Communication Climate among Studied subjects at Main Assiut University Hospital

Defensive Communication Climate Factors	Nurses Mean ± SD	Employees Mean ± SD	t-value	<i>P</i> -value
1. Evaluation	6.74 ± 2.20	6.48 ± 1.39	1.435	0.232
2. Neutrality	6.12 ± 2.20	5.73 ± 1.62	2.871	0.091
3. Control	6.04 ± 2.12	5.19 ± 1.47	15.308	0.000*
4. Superiority	6.44 ± 2.13	6.28 ± 1.98	0.459	0.499
5. Strategy	6.60 ± 2.19	5.85 ± 1.37	11.558	0.001*
6. Certainty	6.45 ± 2.29	5.97 ± 2.04	3.654	0.057
Total	38.39 ± 10.39	35.50 ± 6.16	7.682	0.006*

Independent samples t-test;

Table (5): Mean Scores of Supportive Communication Climate among Studied subjects at Main Assiut University Hospital

Supportive Communication Climate Factors	Nurses Mean ± SD	Employees Mean ± SD	t-value	P-value
1. Provisionalism	6.02 ± 2.17	4.52 ± 1.89	40.861	0.000*
2. Empathy	5.86 ± 2.24	4.59 ± 2.00	27.295	0.000*
3. Equality	5.79 ± 2.13	4.35 ± 1.57	43.021	0.000*
4. Spontaneity	5.50 ± 2.18	4.10 ± 1.25	41.018	0.000*
5. Problem Orientation	5.36 ± 2.12	5.00 ± 1.88	2.439	0.119
6. Description	5.99 ± 2.23	5.65 ± 1.64	2.178	0.141
Total	34.51 ± 9.83	28.22 ± 8.18	36.30	0.000*

Independent samples t-test; * Statistical significant difference (P < 0.05)

Table (6): Distribution of Defensive Communication Climate Levels among the Studied Subjects at Main Assiut University Hospital

Defensive Communication Climate Levels		rses 266)	Empl (n=)		P -value (X^2)
	No.	%	No.	%	(A)
1. Defensive	25	9.4	3	2.6	
2. Defensive to neutral	71	26.7	41	35.7	0.000*
3. Neutral to supportive	72	27.1	54	47.0	(29.78)
4. Supportive	98	36.8	17	14.8	

Chi-square test; * Statistical significant difference (P < 0.05)

Table (7): Distribution of Supportive Communication Climate Levels among the Studied Subjects at Main Assiut University Hospital

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Supportive Communication Climate Levels		Nurses Employees (n= 266) (n= 115)								
••	No.	%	No.	%	(X^2)					
1. Supportive	41	15.4	53	46.1						
2. Supportive to neutral	84	31.6	35	30.4	0.000*					
3. Neutral to defensive	80	30.1	18	15.7	(47.12)					
4. Defensive	61	22.9	9	7.8						

Chi-square test; * Statistical significant difference (P < 0.05)

^{*} Statistical significant difference (P < 0.05)

Table (8): Shows that only one third of studied nurses aged less than 30 yrs were supportive level (33.1%) compared to (45.8%) aged from 30 to < 40 yrs. More than one third of them have diploma degree (38.1%) and have from \ge 20yrs of experience. There were no statistically significant difference between personal characteristics of nurses and defensive communication climate scale.

Table (9): Displays that nearly to half of studied employees aged less than 30 yrs were neutral to supportive level (48.5%) compared to (44.4%) aged \geq 40 yrs. 60.0% of them have institute degree. More than half of them have from 10 to <20 yrs of experience There were no statistically significant difference between personal characteristics of

employees and defensive communication climate scale.

Table (10): Demonstrates that more than one third of studied nurses aged < 30 yrs were supportive to neutral level (34.3%). 61.9% have institute degree and 34.2% have < 10 yrs of experience. There was a highly statistically significant difference between age of nurses and supportive communication climate scale (P < 0.007*).

Table (11): Shows that nearly to half of studied employees aged ≥ 40 yrs were supportive (34.3%). Nearly to half of them have bachelor degree. 53.5% have < 10 yrs of experience. There were no statistically significant difference between personal characteristics of employees and supportive communication climate scale.

Table (8) Relation between Defensive Communication Climate Levels and Personal Characteristics among Nurses at Main Assiut University Hospital

					Defensi	ve scale				
	Total	Defe	nsive		sive to tral		ral to ortive	Supp	ortive	P -value (X^2)
		No.	%	No.	%	No.	%	No.	%	
Age:										
< 30 years	175	18	10.3	51	29.1	48	27.4	58	33.1	0.160
30 - < 40 years	72	7	9.7	12	16.7	20	27.8	33	45.8	(9.24)
≥ 40 years	19	0	0.0	8	42.1	4	21.1	7	36.8	
Education:										
Diploma	215	18	8.4	56	26.0	59	27.4	82	38.1	0.300
Institute	21	1	4.8	6	28.6	8	38.1	6	28.6	(7.24)
Bachelor	30	6	20.0	9	30.0	5	16.7	10	33.3	
Years of Experience:										
< 10 years	158	16	10.1	42	26.6	44	27.8	56	35.4	0.855
10 - < 20 years	91	9	9.9	23	25.3	24	26.4	35	38.5	(2.62)
≥ 20 years	17	0	0.0	6	35.3	4	23.5	7	41.2	

Chi-square test

Table (9): Relation between Defensive Communication Climate Levels and Personal Characteristics among Employees at Main Assiut University Hospital

					Defensi	ve scale				
	Total	Defe	nsive		sive to tral		ral to ortive	Supp	ortive	P-value (X²)
		No.	%	No.	%	No.	%	No.	%	
Age:										
< 30 years	33	0	0.0	14	42.4	16	48.5	3	9.1	0.520
30 - < 40 years	27	0	0.0	10	37.0	12	44.4	5	18.5	(5.18)
≥ 40 years	55	3	5.5	17	30.9	26	47.3	9	16.4	
Education:										
Diploma	57	1	1.8	24	42.1	23	40.4	9	15.8	0.336
Institute	10	0	0.0	1	10.0	6	60.0	3	30.0	(6.84)
Bachelor	48	2	4.2	16	33.3	25	52.1	5	10.4	
Years of Experience:										
< 10 years	43	0	0.0	19	44.2	19	44.2	5	11.6	0.459
10 - < 20 years	41	1	2.4	12	29.3	22	53.7	6	14.6	(5.69)
≥ 20 years	31	2	6.5	10	32.3	13	41.9	6	19.4	

Chi-square test

Table (10): Relation between Supportive Communication Climate Levels and Personal Characteristics among nurses at Main Assiut University Hospital

					Supporti	ive scale				
	Total	Supp	ortive	Suppor		Neuti defei		Defe	nsive	P -value (X^2)
		No.	%	No.	%	No.	%	No.	%	
Age:										
< 30 years	175	21	12.0	60	34.3	57	32.6	37	21.1	0.007*
30 - < 40 years	72	12	16.7	19	26.4	18	25.0	23	31.9	(17.82)
≥ 40 years	19	8	42.1	5	26.3	5	26.3	1	5.3	
Education:										
Diploma	215	34	15.8	59	27.4	68	31.6	54	25.1	0.057
Institute	21	2	9.5	13	61.9	4	19.0	2	9.5	(12.23)
Bachelor	30	5	16.7	12	40.0	8	26.7	5	16.7	
Years of Experience:										
< 10 years	158	18	11.4	54	34.2	49	31.0	37	23.4	0.074
10 - < 20 years	91	16	17.6	26	28.6	27	29.7	22	24.2	(11.50)
≥ 20 years	17	7	41.2	4	23.5	4	23.5	2	11.8	

Chi-square test; * Statistical significant difference (P < 0.05)

Table (11): Relation between Supportive Communication Climate Levels and Personal Characteristics among Employees at Main Assiut University Hospital

					Supporti	ive scale				
	Total	Supp	ortive	Suppor		Neut defer		Defe	nsive	P-value (X ²)
		No.	%	No.	%	No.	%	No.	%	
Age:										
< 30 years	33	16	48.5	6	18.2	10	30.3	1	3.0	0.084
30 - < 40 years	27	10	37.0	11	40.7	3	11.1	3	11.1	(11.14)
≥ 40 years	55	27	49.1	18	32.7	5	9.1	5	9.1	
Education:										
Diploma	57	24	42.1	20	35.1	8	14.0	5	8.8	0.873
Institute	10	6	60.0	2	20.0	1	10.0	1	10.0	(2.46)
Bachelor	48	23	47.9	13	27.1	9	18.8	3	6.2	
Years of Experience:										
< 10 years	43	23	53.5	7	16.3	10	23.3	3	7.0	0.096
10 - < 20 years	41	14	34.1	18	43.9	6	14.6	3	7.3	(10.77)
≥ 20 years	31	16	51.6	10	32.3	2	6.5	3	9.7	

Chi-square test

4.Discussion:

Communication that occurs among employees will create a climate of communication. Organizational communication climate is the atmosphere communication who created by the patterns of interpersonal relations that prevail in the organization. In communicating, people always involve perception. Communication climate is one important dimension in the organization because it is the overall perception of employees on the properties of communication within the organization. Because the communication climate is a reflection of the collective atmosphere and the feeling an employee, then this condition will be very influential, both to increase the ability of each individual and to the efficiency of working in the environment as a whole (Pace and Faules, 2005).

The results of the present study illustrated that more than half of the study subjects disagreed with supervisors is not interested in employee problems, rarely offers moral support during a personal crisis; and criticize your work in the presence of other (defensive communication climate) (Table, 2). The results are consistent with **Dung** (2007) who mentioned that knowledge sharing must be integrated as a business strategy to reach goals such as competitiveness, effectiveness, and performance, may promote which in turn, defensive communication climate. In addition, Hooff (2004) demonstrated that constructive communication positively influences knowledge donating, knowledge collecting, and affective commitment.

The result of the present study as shown in (table,4and 5) was consistent with **Pace and Faules** (2005) who concluded that nurses perceived that they

are lacking work climate conducive to conflict resolution, participation in decision making, opportunity for training and development, fair rewards and recognition, calculated risks, sufficient resources, effective leadership and teamwork. In addition, **Dung (2007)** found that there was no significant difference between nurses' perceptions in medical and surgical units regarding all dimensions of communication climate. The highest percentage of nurses in all units was satisfied only with the feeling of responsibility, way of performance management, and quality of communication. Conflict and identity were perceived as the most important areas that need improvement in the hospital.

Moreover, Emam et al. (2005) mentioned that effective communication is the foundation for quality health care. Communication between health care practitioners, patients, and other members of care teams affects patient satisfaction, adherence to treatment recommendations, and patient safety. According the Joint Commission, to miscommunication is the leading cause of sentinel events (serious medical errors). In addition, health and health care disparities are created when miscommunication disproportionately affects certain patient populations. In short, organizations create the milieu in which interpersonal communications succeed or fail and, as with many facets of health care quality, the organizational climate can make good performance at the individual level either easier or much harder to attain.

The results of the present study as shown in (Tables 6, 7) were consistence with Muhammad (2007) who clarified that supporting communication climate (positive communication climate) encourage employees to participate in communication (free to exchange information and communication). Otherwise, organization defensive communication climate communication climate) cannot encourage employees to participate and to communicate openly. It will tend to be covered in delivering the information, do not feel free to communicate, be cautious or timid in expression or statement .These conditions can lower employee morale.

In addition, **Pace and Faules** (2005) state that an organizational communication climate can affect the way of life of employees, to whom the employee spoke, likes, felt, how the work activities, how it goes, what is to be achieved and how to adjust to the organization.

Moreover, Lozon and MacGilchrist (1999) mentioned that a supportive communications is one where success is not measured by how many communication policies or procedures are in place but by how clearly employees understand the

organization's mission, by how well they are treated, recognized and respected and by how committed they are to enhancing the value of their employment experience with that particular institution.

In supportive environments, employees convey information to superiors without hesitation, confident that superiors will readily accept it, whether good or bad, favorable or unfavorable, supportive superiors are seen as non-threatening, perhaps even nurturing, employees will usually open up to them and share unpleasant or dangerous information. Fear, shame, and pride encourage people to keep their mouths shut if they feel vulnerable or unsupported. In a meeting, for example, an individual may not tell the group that product delivery will be late because the receiving agents were not notified in time. A late delivery date puts the whole marketing plan in jeopardy, resulting in millions dollars lost and in eroded market share. With so much at stake, the employee's self-protective reaction to say nothing, in a non-supportive climate, is a rational choice to safeguard employment (Finkelman, 2012).

As shown in Tables (10, 11) highest percentage of supportive communication climate were among both nurses and employees. These results was inconsistent with Marequis and Huston (2009) who demonstrated that experienced employees are found to be prone to use defensive communication climate as compared to new employees. Experienced employees are prone to work on the basis of their experience and previous perceptions reluctant to complement new ideas, and work well in their set patterns.

The results of the present study were supported **Collins** (2005)who mentioned communicating with people with various styles and priorities can be more fruitful if you remember that not everyone is in the same section that you are. If you are a detail person in the top left, you might feel that "getting the job done right" is the most important thing in any situation; you might respond positively when someone hands you an award for doing a perfect job on a traditionally difficult task. That doesn't mean, however, that your co-worker, an assertive, people oriented leader, will thrive on the same kind of compliment.

The result of the present study as shown in (Table, 9) was inconsistent with William (2001) who clarified that communication closes down in nonsupportive environments because information poses a threat. In supportive environments, nurses communicate more readily for a number of reasons: The reporting mechanism accords them dignity and respect. They have no need to fear reprisals for sharing bad news. They are rewarded for being

forthright. And they are appreciated as vital sources of information crucial to the organization's success.

Conclusions:

In the light of the study results, the following conclusions can be drawn:

- Highest mean scores of defensive communication climate factors among nurses were in evaluation and strategy respectively. While among employees were in evaluation and certainty respectively.
- 2. Highest mean scores of supportive communication climate factors among nurses provisionalism and description in respectively. among (6.02 ± 2.17) While. employees were in description and problem orientation (5.65 ± 1.64 and 5.00 \pm 1.88) respectively.
- 3. **In Defensive communication climate:** More than one third of nurses were in supportive level (36.8%). While, nearly half of employees were neutral to supportive (47.0%) with a highly statistically significant differences (*P*<0.000 **).
- 4. **In Supportive communication climate:** Nearly one third of nurses were in supportive to neutral (31.6%). While, nearly half of employees were supportive (46.1%).

Recommendations

- Based on the results recommendations were given to enhance work communication climate through designing a proposal for training program to develop a communication climate among nurses and employees at Main Assiut University
- 2. Designing a compensation and recognition systems, and negotiate their requirements and

- accomplishment based on established standards and outcomes measures.
- 3. Encouragement of and planning for participative decision making, teamwork, in-service training program and open communication are recommended to be present in the work units.

Program Planning for improving of communication climate:

Course rational: The rational for this course was based upon a consideration of needs of nurses & employees and subject matter content relevant to develop communication skills which will improve the communication climate.

General educational objectives:

Improve communication climate

Target:

Nurses with different educational qualifications and employees.

Setting:

At Main Assiut University Hospital.

Methods of Teaching:

Brain storming

Group discussion

Small group work

Media used:

Hand out

Blackboard

Data show

Methods of evaluation:

Feedback (verbal and nonverbal) based on the participation of each participant in the discussion, and pre – post test.

Program hours:

(Time allowed 12 hours) distributed as 6 sessions (3 days), 2 hours for each session.

First day: session (1): Introduction, definition of communication climate, importance of communication.

Time: 2 hrs.

Objective: At the end of this session the participants will able to discuss introduction, define of communication

climate, mention importance of communication, and types of communication.

Time	Specific objectives	Contents	Teaching Methods	Media	Evaluation
9.00- 9.30 9.30- 9.45	Registration Pretest Recognize purpose of the program	Introduction and purpose of training	Lecture and Brain storming	used Handout	Feedback (verbal and nonverbal) based on the
9.45 9.45– 10.15	At the end of this session the participants will be able to: Define communication climate	Definition of communication climate	Lecture and group discussion	Power point	participation and interaction during the discussion
11 am	Mention importance of communication Mention communication types	Importance of communication Communication Types	Lecture and group discussion Brain Storming & Lecture	Power point Power point	

First day: session (2): Patterns of communication climate, factors influencing communication and communication flow in the organization.

Time: 2 hrs.

Objective: At the end of this session the participants will able to list patterns of communication climate, mention factors influencing communication, and identify communication flow in the organization.

Time	Specific objectives	Contents	Teaching Methods	Media used	Evaluation
11.30- 12.00 am	At the end of this session	pattern of	Lecture and group	Power point &	Feedback (verbal
	the participants will be	communication	discussion	Blackboard	and nonverbal)
	able to:	climate			based on the
	List pattern of				participation and
12.00- 12.45 pm	communication climate				interaction during
12.45 1.20 mm	Mention factors influencing communication	Factors influencing communication	Lecture and group discussion	Power point & Blackboard	the discussion
12.45- 1.30 pm	Identify the communication	Communication flow	Brain Storming &	Power point &	
	flow in the organization	in the organization	Lecture	Blackboard	

Second day: session (3):different ways to improve communication climate, and communication expectations.

Time: 2 hrs.

Objective: At the end of this session the participants will able to discuss different ways to improve communication

climate, and Identify communication expectations.

Time	Specific objectives	Contents	Teaching Methods	Media used	Evaluation
9.00- 10.00am	At the end of this session the participants will be able to: Discuss different ways to improve communication climate	different ways to improve communication climate	Lecture and group discussion	Power point & Blackboard	Feedback (verbal and nonverbal) based on the participation and interaction during the discussion
10.00- 11.00 am	Identify communication expectations	Communication expectations.	Lecture and group discussion	Power point & Blackboard	

Second day: session (4): communication and interaction styles, and communicating in the work environment.

Time: 2 hrs.

Objective: At the end of this session the participants will able to discuss communication and interaction styles, and

identify communication channels.

Time	Specific objectives	Contents	Teaching Methods	Media used	Evaluation
9.00- 10.00am	At the end of this session the participants will be able to: discuss communication and interaction styles	Communication and interaction styles	Lecture and group discussion	Power point & Blackboard	Feedback(verbal and nonverbal) based on the participation and interaction during the
	Identify communication channels	Communication channels	Lecture and group discussion	Power point & Blackboard	discussion

Third day: session (5): Communication strategies, and communicating.

Time: 2 hrs.

Objective: At the end of this session the participants will able to discuss communication strategies, and role play

on communication strategies.

Time	Specific objectives	Contents	Teaching Methods	Media used	Evaluation
9.00- 10.00am 10.00- 11.00	At the end of this session the participants will be able to: discuss communication strategies	Communication strategies	Lecture and group discussion	Power point & Blackboard	Feedback(verbal and nonverbal) based on the participation and interaction during
am	Apply a role play on communication strategies	Role play on communication strategies	Role play	Role play	the discussion

Third day: session (6): role plays on communication types, and communicating styles.

Time: 2 hrs.

Objective: At the end of this session the participants will able to make a role play on communication types and styles.

Time	Specific objectives	Contents	Teaching	Media used	Evaluation
			Methods		
11.00-	At the end of this session the	communication types	role play	role play	Feedback (verbal and
12.00am	participants will be able to:	communication styles	role play	role play	nonverbal) based on the
12.00-	role play on communication types				participation and interaction
1.00 pm	role play communication styles				during the discussion
1.00-1.30		Post test			
pm					

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