DOI: 10.5455/msm.2014.26.324-328
Received: 12 September 2014; Accepted: 26 October 2014

ORIGINAL PAPER Mater Sociomed. 2014 Oct; 26(5): 324-328

Assessment of Interpersonal Communication Skills Among Sari Health Centers' Staff

Hasan Siamian[1], Masoumeh Bagheri-Nesami[2], Roobabe Darvish Nia[3], Fereshteh Reza Nezhad[4], Hadise Akbari[4], Azita Balaghafari[1], Mohammad Vahdei[5]

Health Information Technology Department, School of Allied Medical Sciences, Mazandaran University of Medical Sciences, Sari, Mazandaran, Iran[1]
Department of Medical-Surgical Nursing, Nasibeh Nursing and Midwifery School, Mazandaran University of Medical Sciences , Sari, Mazandaran, Iran[2]
Student Research Committee Center, Faculty of Allied Medical Sciences, Mazandaran University of Medical Sciences, Sari, Mazandaran, Iran[3]
Information Technology Offce, Mazandaran University of Medical Sciences, Sari, Mazandaran, Iran[4]
Department of Microbiology, Faculty of Medicine, Mazandaran University of Medical Sciences, Sari, Mazandaran, Iran[5]

Corresponding author: Azita Balaghafari, Health Information Technology Department, School of Allied Medical Sciences, Mazandaran University of Medical Sciences, Sari, Mazandaran, Iran. E-mail: azita.balaghafari@gmail.com

ABSTRACT

Background and aim: Ability to communicate correctly has been one of the life's basic social skills and its significance in human life is to some extent that some of the experts attribute the human growth foundation owners of the leading personal injuries and progress to human relationship. Purpose of this study was to evaluate the interpersonal communication skills among the health care centers staff. **Methods:** This study was a descriptive–cross sectional study was done among 85 staff in 12 metropolitan and 9 urban health centers in 2013. According to Kerejsi and Morgan's table, 70 employees were determined as samples. Seventy questionnaires were distributed at the mentioned centers and 60 measurable health questionnaires were examined. Demographic data and measure of communication skills: is a 36-items consisting of seven domains: (general Communication, speaking, listening, interpretation and clarification, asking, feedback, and reward and punishment), obtained data were analyzed by inferential statistical tests (Mann-Whitney U, Kruskal-Wallis and correlation coefficient). **Results:** Most respondents 38 (63.3%) were women, 57 (95%) married and 17 (28.1 %) age means of 43-47 years. In the study status of the communication skills status of employees employed in health centres, Sari, "Punish and encourage skills" with mean and total standard deviation of 4.11±37.0 assigned the highest score and "feedback" skill with mean and total standard deviation of 3.68±045 assigned the less score. **Conclusion:** Findings showed that public relation skill, listening, reward and punishment in good scope and other skills were in the average scope. No need for training skills of empowerment of staff and their mental health. These results could be used for developing similar instruments in other health workers.

Key words: Communication, communication skills, health staff, Interpersonal Communication

1. INTRODUCTION

The communication is a complex subject which includes written material, verbal or non-verbal cues can be included (1). Results emphasized that lack of communication skills in providers of health and therapeutic services originated from insufficient education and also lack of seekers understanding the importance of the main role of communication skills with service (2). Ability in proper communication is one of the basic skills of social life and its significance in human life is to such extent that some scholars individual psychological damage, human development and progress of human knowledge in the process of communication (3, 4).Communication skills can help the individual emotions to express their needs, to achieve more successful interpersonal goals (5). Today, the theoretical aspect of medical education tended towards communication skills. This issue is one of the judgement variables in determining the efficiency and ability of the healthcare staff. In some studies showed kind of adaptive skills to communication skills in order to dampen employees ' job stress has been introduced (6, 7). As well as numerous studies have consistently shown that the ability of the health services provider in the appropriate communication with the visitors will have role in determining of the clients' satisfaction (8).

Obviously, the right of communication between the clients and patients leads the positive effects such as, improvement of vital signs, reducing pain and anxiety and increasing of the sat-

isfaction and better participation in therapeutic program. On the other hand, improper communication can lead to improper diagnosis as a results, reduction of patient's participation in treatment program (9). Considering the importance of the problem and observation of defects in communicating with clients in the health services sector (10, 11). Large number of clients, lack of comprehensive studies the health care center, considering education level and job and workplace, therefor a need to carry out such a study and primary design of interventions and programs for training, empowerment of personnel working in the health sector was felt, to assess the staff interpersonal communication skills of Sari health centres.

2. METHODS AND MATERIALS

Study Design: This study was a descriptive–cross sectional study was done among 85 staff in 12 metropolitan and 9 urban health centers in 2013.

Study Setting and Sample: The study was conducted from January to December 2013 in health centers of Sari city. According to Kerejsi and Morgan's table, 70 staff was determined as samples. Out of 70 distributed questionnaires, 60 questionnaires were examined.

Data Collection: The instrument used for the study was Questionnaire includes: demographic data and measure of communication skills: is a 36-item questionnaire consisting of 36-item instrument consisting of seven domains: General communication (6 items), speaking (5 items), listening (5 items), interpretation and clarification (5 items), asking (5 items), feedback (5 items), and reward and punishment (5 items). The validity and reliability of it was performed in Vakili et al. study .14 experts were asked to rate each item based on the relevance, clarity, and simplicity. Through a literature review, we developed an instrument with 43 items. The validity of the instrument was determined using the impact item method, content validity ratio (CVR), content validity index (CVI), face validity and exploratory factor analysis. Reliability of the instrument was reported by Alpha Cronbach coefficient. The CSS finally contained 35 items, divided into two categories: general and specific communication skills. (12). The verbal and written informed consent was taken from the participants before the intervention.

Data analysis: The results were analyzed by SPSS version 19. For data analysis, SPSS 19 and descriptive statistics (The relative percent frequency, Mean and Standard deviation) and inferential statistical tests (Mann-Whitney U, Kruskal-Wallis and correlation coefficient) was used in Significance level of 5%. Due to ethical considerations, participation in the study was voluntary. Questionnaires were analyzed without identification of respondents. The Mann-Whitney U test, which is also known as the Wilcoxon rank sum test, tests for differences between two groups on a single, ordinal variable with no specific distribution. The data were analyzed with statistical tests(13). Criteria and scoring data were measured on a five-point Likert-type scale (very poor, poor, moderate, good and very good) (ranging from I = very poor to 5 = very good). Its reliability was confirmed by Cronbach's alpha calculation (α=0.89).To increase the accuracy of answering questions by staff, one of the researchers after the necessary arrangement went to the workplace and after describing the research project in order to justify cooperation of staff, the questionnaires were distributed among them.

For answering the questionnaire, the respondents read each of the items of the questionnaire, and then rated their current skill level of compliance with the contents of the selected item.

3. RESULTS

In this study of 85 staff of health centers in Sari city, 60 staff has fulfilled questionnaires also 38 (63.3%) of respondents were men which 57(95%) were married; in terms of age groups 10(16.7%) were in the group of 28-32 years, 14(23.3%) in group of 33-37years , 17(28.3%) in group of 38-42years , 15(25%) 43-47 years and 4(6.7%) 48-52 years. In the term of education, 27 (45%) has associate degree, 20(33.3%) Bsc, 7(11.7%) in MSc, and 6(10%) has general physician. In terms of occupation were as 4(6.7%) physician, 2(3.3%) dentist, 8(13.3%) nurse, 4(6.7%) paramedics, 16(26.7%) health and 26(43.3%) other jobs (Table 1).

Trait	F	%
Sex		
Male	38	63.3
Female	22	36.7
Total	60	100
Marital		
Married	57	95
Singele	3	5
Total	60	100
Age		
28-32	10	16.7
33-37	14	23.3
38-42	17	28.3
43-47	15	25
48-52	4	6.7
Total	60	100
Education		
Associate Degree	27	45
Bachelor	20	33.3
Master of Science	7	11.7
General physician	6	10
Total	60	100
Occupation		
Physician	4	6.7
Dentist	2	3.3
Nurse	8	13.3
Paramedics	4	6.7
Health	16	26.7
Other	26	43.3
Total	60	100

Table 1. Distribution and frequency of the staff in terms of demographic characteristics

Attitudes towards communication skills of Sari health centers, staff: Considering the mean and standard deviation of total score acquired skills in Table 2 were examined. According to the Table 2, it could be said that the highest score of "General Communication skill" was in the statement of "Communicate the audience with greets" and the lowest score of the statement was "talks with a face beaming and smiling" ; the highest score was in statement of "Using of the head, face, hands and body as appropriate apeakin skill" and the lowest score belonged to statement "Walking and sitting when needed"; the highest score in listening skill was in the statement of "don't look at the book, written and around at the time of listening", the lowest score was found the statement of "listen carefully to what the audience expresses interest"; the highest score in Interpretation and clarification skill was in the statement of "Clarification of the question, if a portion of his talk was vague " and the low-

Skill	Statements	Mean & SD	Total score of skills	Mean & SD of total score of skill
General Communication	Communicate audience with greets talks with a face beaming and smiling	4.58±0.67	30	4.31±0.48
	Appearing with sophisticated looking, clean and tidy	4.30±0.92		
	Having integrity and privacy in communication	4.16±0.74		
	Attention to physical space conditions (light, sound and ventilation) and comfort	4.25±0.79		
	At the end of the communication, ending a polite manner	4.10±0.62		
Speaking	Talking tough, dignified, quiet, and Fluency	4.06±0.63	25	3.95±0.45
	Use appropriate words, simple and understandable	4.18±0.77		
	Using of the head, face, hands and body as appropriatly	3.78± 0.55		
	Walking and sitting when needed	3.76± 0.87		
	Speak with passion and heat	3.95± 0.79		
Listening	Listen carefully and with to what the audience expresses interest	4.25±0.79	25	4.32±0.42
	Careful attention to the tone and pace of speech and non-verbal gestures	4.30± 0.72		
	In order to better understand him Put himself in his position	4.50± 0.53		
	Stop to interrupting his talk	4.430± 0.46		
	Don't look at the book, written and around at the time of listening	4.15±0.44		
Interpretation and clarification	Repeating the audience in brief and using similar words	3.23±1.06	25	3.83±0.44
	to repeat his talk after getting approval from him	3.83±0.61		
	Not confirming his negative descriptions from himself	3.91±0.74		
	Clarification of the question, if a portion of his talk was vague	4.01± 056		
	Attention to his non-verbal gestures for understanding our perceptions and understanding of verification of his talk	4.18±0.70		
Asking	Planning proper question, for fecognition and deep .....feeling of and audience's concerns	3.98±0.62	25	3.93±0.36
	Friendly and respectful tone and pace of the question	4.46±0.56		
	Sketch a subject (not multi-subjects) and wait to hear the same answer for the the same questions	4.16±0.37		
	Avoid questions with the word "Why?"	3.65±0.86		
	Avoid questions that they answer "Yes" or "No"	3.40±0.69		
Feedback	Evaluation and description the views not what the audience implies	3.90±0.72	25	3.68±0.45
	Giving feedback about his/ her new behaviors, not the behaviors	4.08±0.59		
	Giving feedback about his/her inconsistent behavior	3.56±0.90		
	Refusing in giving feedback on several subjects simultaneously	3.18± 0.98		
	Giving feedback on the proper time	3.68± 0.77		
Punishment-reward	Encouragement to continue talking with the proper words	4.26± 0.44	25	4.11±0.37
	Encouragement to continue speaking with the proper head and body movements.	4.11±0.52		
	Demonstrate understanding of the emotions and the decisions of the audiences	4.11±0.76		
	Show important of feeling and decisions of the audience	4.38±0.64		
	Refrain from blaming and judging about him	3.68±1.12		
Total average Size				4±0.42

Table 2. Frequency of distribution, mean and standard deviation of Sari health centers staff communication skills

est score of the statement was "Repeating the audience in brief and using similar words "; the highest score in asking skill was in the statement of "Sketch a subject (not multi-subjects) and wait to hear the same answer for the same questions " and the lowest score of the statement was "Avoid questions that they answer "Yes" or "No""; the highest score in feedback skill was in the statement of "Give feedback about his/ her new behavior, not the behavior of past " and the lowest score of the statement was "Refusing to give feedback on several subjects simultaneously", and the highest score in Punishment-reward skill was in the statement of "Encouragement to continue talking with the proper words " and the lowest score of the statement was "Refrain from blaming and judging about him".

According to the Table 3, from the viewpoints of respondents between skills of listening, Interpretation and clarification, asking, feedback and reward and punishment with gender insignificant relationship wasn't observed, but between general communication skills, speaking significant relationship was observed, listening, interpretation and clarification, asking, feedback and reward and punishment with marital status significant relationship was observed.

In insignificant relationship between general communications skills, speaking, listening, interpretation and clarification, feedback, reward and punishment with different levels of education was observed, but between asking questions skills with occupation group significant relationship was observed from the viewpoint of the respondents.

4. DISCUSSION

This study was performed to evaluate the interpersonal communication skills among the Sari health centers staff. In this study the mean and standard deviation of the total score of reward and punishment communication skills was 4.11±0.37 (with the cange index of 0.09 that was better than the other skills. The mean and standard deviation of total score of feedback communication skill was 3.68±0.45 (index changes 0.12) lower than the other skills. Self reported done by Zeyghami Mohammadi et.al. (2009) entitled The study of using communication skills with communication and cooperation among nurses and physicians of social security hospital of Karag city in 2009, in that the obtained data was similar to this results findings so that most of the nurses(68%) had good communications, but disagreed with the total given by Mohamed, F , & Sharifirad, G. which showed only 5.4% of health staff performance was good (14). Research evidence indicates that there are strong positive relationships between a healthcare team member's communication skills and a patient's capacity to follow through with medical recommendations, self-manage a chronic medical condition, and adopt preventive health behaviors. Patients' perceptions of the quality of the healthcare they received are highly dependent on the quality of their interactions with their healthcare clinician and team (15, 16).

Improvement of individual and group behaviors in the service rendering to the clients is possible only through establishment of effective communication n the staff involved in the health care activities (17, 18). Rhezaii, et al. (2006) in their study on physicians found the contrasting data. That is 47.5% with poor communication skills, 35% moderate and only 17.5% with good communication (19). Also, on the study on the midwives performance in rendering the family services had poor consultation

Significant level.	Mann-Whitney U Test or chi-square	Variables	Aspects of communication skills
0.000	223.5	Sex	General communications
0.86	80.5	Marital	
0.29	2.41	Education level	
0.12	8.69	Occupational groups	
0.003	16.07	Age	
0.006	240	Sex	Speaking
0.53	67.50	Marital	
0.26	2.64	Education level	
0.61	3.54	Occupational groups	
0.008	13.79	Age	
0.25	346.5	Sex	listening
0.14	43.5	Marital	
0.42	1.7	Education level	
0.27	6.33	Occupational groups	
0.04	9.58	Age	
0.46	371	Sex	Interpretation and clarification
0.54	68	Marital	
0.63	0.09	Education level	
0.19	7.35	Occupational groups	
0.23	5.54	Age	
0.14	323.5	Sex	Asking
0.59	70	Marital	
0.54	1.21	Education level	
0.006	16.5	Occupational groups	
0.39	4.12	Age	
0.19	336	Sex	Feedback
0.54	1.22	Marital	
0.54	1.22	Education level	
0.14	8.29	Occupational groups	
0.05	9.5	Age	
0.56	382.5	Sex	Punishment-reward
0.35	59.5	Marital	
0.7	071	Education level	
0.93	1.3	Occupational groups	
0.05	9.32	Age	

Table 3. Basic Communication Skills Assessment on sex, marital status, education, occupation and age.

services (10). Studies on the context of quality of services show that the health counsellor have given poor services to the clients, even though they know that what massage should be given, they do not have effective communication(19, 20). Based on the data obtained from this study and the other relevant data, instruction to the service renders who are members of Ministry of Health be given in order to improve the level of skills. Of course the other studies indicate the defect and inefficiency of communication skills among the health staff. A study in London on the relationship between nurses and patients showed the improper communication (21). Since, some similar studies showed the low awareness of communications among health staff (22, 23). It seems that training to indicate the awareness and attitude of the health service renders is the main effectiveness of the communication (23-25).

A significant relationship was observed between the age, with general communication, speaking, listening, asking, feedback and punishment and reward, that is, with increase of age, these skills decline. It corresponds with the report given by Keshtkaran et al (26). It seems that increase of age is followed by bob burn out as a result reduction of communication skills in the workplace. The results of study of Barati et al. (2012) on the Assessment of Communication skills Level among Medical college students: verbal, listening, and feedback skills with our study, showing that there is significant relationship between the gender and speaking (27). Thus, more women than men gained these skills. In this study, the study subjects acquired highest communication skills in listening which agree with the data obtained by Barati (27). In the study of Barati et al. 2.54% of the subjects obtained highest score in listening and the lowest score 49.3% in the feedback which agrees with our findings(27). It is also aligned with the results of other studies (28-30). Lack of feedback could be considered as disorder factor in establishment of effective communication, and feedback information in fact is considered as effective assessment mechanism which should be considered in the educational planning. In most of different literature, there is no difference between the two terms of listening and hearing, while there are differences between them, so that, listening the sense of hearing is simply an activity, but also listen to the senses, mind, and of the human memory involved

Hearing and Listening, though synonymous, are complete different things. You can listen to someone without actually hearing anything. Hearing is one of the five senses of a person and it is the ability to perceive sound by detecting vibrations through an organ such as the ear. According to Merriam-Webster, hearing is "the process, function, or power of perceiving sound; specifically: the special sense by which noises and tones are received as stimuli." In hearing, vibrations are detected by the ear and then converted into nerve impulses and sent to the brain. Listening also known as 'active listening' is a technique used in communication which requires a person to pay attention to the speaker and provide feedback. Listening is a step further than hearing, where after the brain receives the nerve impulses and deciphers it, it then sends feedback. Listening requires concentration, deriving meaning from the sound that is heard and reacting to it. Listening is a process of communication, where if the person is not listening it can cause a break in communication. Listening is defined by Merriam-Webster as, "to hear something with thoughtful attention: give consideration." By learning the skills of how to keep hear and the other communication skills. It is possible to improve the understanding and reduces the misunderstanding and as a result to increase the capability in communication (31). In the studies of Keshtkaran et al. (2011) and Naderian et al., the verbal skills and speaking of the managers was better than listening skill and feedback, but in the present study speaking skill was better than the listening (26, 32), But better feedback skills, may reason of

difference these studies with the present study is differences in respondents, research environments, time of collection facilities and types of questionnaires were used. It seems that speaking is easier and its learning is more easily, but listening is hard and non-tangible so that average person is a poor listener. The reason of lower score of speaking than the feedback and keep speaking than the feedback and keep listening could be attributed to the much engagement of the staff and lack of sufficient time. It is advised that these skills should be accessible to the more professionals through workshops as well as other skills. In addition, in order to become familiar with the communication process and its associated factors, holding educational workshops and encouragement and appreciation from the authorities moved to establish effective communication, can create motivation to improve communications. It is recommended that future studies should do in this area for intervention. In addition, qualitative studies can be conducted and focus group discussions can present practical solutions to eliminate barriers to communication.

Acknowledgement

This research project approved by the Student Research Committee of Mazandaran University of Medical Sciences. We would like to thank the Deputy for Education and of Allied Medical Sciences School and cooperation of all Sari health centers staff, financial support of Deputy for Research and Technolgy of Mazandaran University of Medical Sciences.

CONFLICT OF INTEREST: NONE DECLARED.

REFERENCES

1. Goske M, Reid J, Yaldoo-Poltorak D, Hewson M. RADPED: an approach to teaching communication skills to radiology residents. Pediatr Radiol. 2005; 35(4): 381-386.
2. Zeyghami Mohammadi S, Haghighi S. The study of using communication skills with communication and cooperation among nurses and physicians of social security hospital of Karag city in 2009. Islamic Azad University Medical Journal. 2009; 19(2): 121-127.
3. Chant S, Jenkinson T, Randle J, Russell G. Communication skills: some problems in nursing education and practice. Journal of Clinical Nursing. 2002; 11(1): 12-21.
4. Namdar H, Rahmani A, Ebrahimi H. The Effect of a Skill-Training Model on Nursing Students' Skills in communicating with mental patients. Iranian Journal of Medical Education. 2009; 8(2): 323-332.
5. Keyvani S. Reviews and interactive communication skills in patients over 18 years of mental (Persian). Tehran: Rehabilitation faculty of Tehran University of Social Welfare and Rehabilitation, 2001.
6. Mehrshadian M, Valaiee N, Abzan S, Ramezani G, Farhangi A, Dadgaran M, et al. Communication Skills of Dentist Faculty Members of Islamic Azad. Journal of Medical Education, 2007: 91-95.
7. Zamani A, Shams B, Farajzadegan Z. The viewpoints of clinical faculty members about teaching communication skills to medical students(Persian). Iranian Journal of Medical Education. 2003; 3(1): 45-51.
8. Farber B. Understanding and treating burnout in a changing culture. JCLP. 2000; 56: 589-594.
9. Rezaii S, Hossein iA, Fallahi M. Evaluating impact of communication skills training on level of job stress among nursing personnel working at rehabilitation centers in cities: Ray- Tehran- Shemiranat. (Persian) Tehran University Medical Journal. 2006; 64(1): 21-26.
10. Brown JB, Boles M, Mullooly JP, Levinson W. Effect of clinician communication skills training on patient satisfaction. A randomized, controlled trial. Annals of Internal Medicine. 1999; 131(11): 822-829.
11. Sabzevari S, Soltani Arabshahi K, Shekarabi R, Koohpayehzadeh J. Nursing Students' Communication with Patients in Hospitals Affiliated to Kerman University of Medical Sciences. Iranian Journal of Medical Education. 2006; 6(1): 43-49.
12. Vakili MM, AR H, S. N. Development and Psychometrics of an Interpersonal communication skills scale (A.S.M.A.) among Zanjan Health Volunteers. Hayat Journal of Faculty of Nursing and Midwifery Tehran University of Medical Sciences. 2012; 18(1): 5-19.
13. McKnight PE, Najab J. Mann-Whitney U Test. The Corsini Encyclopedia of Psychology: John Wiley & Sons, Inc.; 2010.
14. Mohamed F, Sharifirad G. Knowledge, Attitude and Practice of Family Health Personnel of the and Boyer Ahmad Regarding the Interpersonal Communication Skills in 2004. Dena. 2008; 23(6): 53-60.
15. Clark PA. Medical practices' sensitivity to patients' needs: opportunities and practices for improvement. The Journal of ambulatory care management. 2003; 26(2): 110-123.
16. Wanzer MB, Booth-Butterfield M, Gruber K. Perceptions of health care providers' communication: relationships between patient-centered communication and satisfaction. Health communication. 2004; 16(3): 363-384.
17. Graeff JA, Elder JP, Booth EM. Communication for health and behavior change: a developing country perspective. 1993.
18. Ministry of Health TamE. Communications for health and communication management for health. Tehran: Ministry of Health, Treatment and Medical Education, 2002.
19. Rhezaii S, Hosseini A, Fallahi M. Evaluating impact of communication skills training on level of job stress among nursing personnel working at rehabilitation centers in cities: Ray-Tehran-Shemiranat. Tehran University Medical Journal. 2006; 64(1): 21-26.
20. Moshrefi M. Comments and how midwives in family planning services in health centers of Tehran Medical Sciences University (Persian), Tehran. Tehran University of Medical Sciences, Faculty of Nursing and Midwifery, 1996.
21. Cornwall J, Cornwell J, Jarrett L, Boyce J. What seems to be the matter: communication between hospitals and patients: HM Stationery Office, 1993.
22. Ahmadian Yazdi N. The investigation of the ratio of education of interpersonal communication skills on Associate degree of family health staff on their satisfaction in health care facility centers of Mashhad, Tehran. Tarbiat Modares University, 1998.
23. Wilkinson S, Roberts A, Aldridge J. Nurse-patient communication in palliative care: an evaluation of a communication skills programme. Palliative medicine. 1998; 12(1): 13-22.
24. Maguire P, Booth K, Elliott C, Jones B. Helping health professionals involved in cancer care acquire key interviewing skills - the impact of workshops. European Journal of Cancer. 1996; 32A(9):1486-1489.
25. Naghibi, G. ed., The investigation of interpersonal communication skills and some of effective factors on technical staff of health facility center of Sari city. National Conference of Health Education: 25-27 Khordad, 2003, Isfahan Univeristy of Medical Sciences, Isfahan, Iran, 2003.
26. Keshtkaran A, Heidari A, Bastani P. Study of Managers' Communication Skills Based on The Staff's View In Shiraz University Of Medical Sciences. Payavard Salamat. 2012; 5(4): 41-48.
27. Barati M, Moeini B, Samavati A, Salehi O. Assessment of Communication skills Level among Medical college students: Verbal, Listening, and Feedback Skills. Journal of Urmia Nursing & Midwifery Faculty. 2012; 10(2).
28. Bayer J. Social competence and social skills training for children and adolescents: a literature review. Australian J Guidance Counsel. 1996; 6: 1-13.
29. Hamidi Y, Barati M. Communication Skills of Heads of Departments: Verbal, Listening, and Feedback Skills. Journal of Research in Health Sciences. 2011; 11(2): 91-96.
30. Hosseinchari M, Fadakar M. Investigating the Effects of Higher Education on Communication Skills Based on Comparison of College and High School Students. Daneshvar Raftar, 2006.
31. Saffari M, Shojaeizadeh D. Health Communication. 1st ed. Tehran: Asare Sobhan Publisher, 2010.
32. Naderian M, Amir Hosseini SE. Human skills for managers in sports (Persian). Movement and Sport Science Journal. 2006; 4(8): 87-95.