

Effects of communication skills training on efficacy of Iranian women health volunteers in urban health centers in Shahrekord city

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Abstract

Introduction: Women health volunteers (WHVs) program started since 1990 in Iran to increase the access of population to health services, especially in deprived and suburban areas. WHVs are responsible for promotion of society's health knowledge through being a bridge between society and healthcare centers.

Objectives: This study aimed to investigate the effects of communication skills on efficacy of WHVs in urban health centers in Shahrekord city located in southwest of Iran.

Materials and Methods: In a quasi-experimental study, 45 WHVs working in urban Shahrekord health centers were enrolled and received some training on communication skills. The data were obtained from WHVs as well as their related covered families using a researcher-made questionnaire (with content validity of 86%), before and 6 months after training.

Results: The mean age of WHVs was 41.28 ± 7.55 years (range; 22-55) and 33.3% had diploma. There was a significant difference in communication skills among WHVs before and after training ($P=0.001$). Among families, a significant difference of being familiar with WHVs and their duties, follow-up of health problems and transmitting health messages before and after training was detected ($P=0.001$). Around 91.3% of families were satisfied from WHVs' efficacy before training which increased into 95.9% after training ($P=0.001$). Finally, 83.3% trusted in WHVs before training, increased into 89.7% after training ($P=0.001$).

Conclusion: Training of WHVs about communication skills could enhance the knowledge and satisfaction of families on health issues as well as communication levels between WHVs and the families which in turn will promote the efficacy of WHVs program.

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Introduction

In 1990, the Ministry of Health And Medical Education (MOHME) in Iran began a new program named "women health volunteers (WHVs)" to promote community participation in health services (1). They have indeed been expected to meet urban needs, to fill in the gap between urban and rural areas, because in rural area, rural community health workers (CHWs) cover all health care needs in the rural area (2). This program was started with only 200 volunteers in special areas, i.e., less developed urban areas. Each WHV has to cover the health needs of about 50 households. In fact, her duty firstly is to attend in weekly training sessions and then providing health education and active follow-up to her household members under coverage as well as updating demographic information. These WHVs would in turn

Core tip

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receive regular health education on various topics and would gain self-confidence and respect within their own community as socially active women (1).

WHVs were selected among the most interested and educated women of the society, and were given the basic training on communication skills to contact with the society, collecting data on the covered health status, and delivery of health-related messages and information to the households. In addition, they could act as an interface



between the health services and the community, mainly migrants from rural areas and those living in suburban areas (3). WHVs are usually selected from well-respected members of society who could speak the local language well. Additionally, they must have enough time for training as well as disseminating the messages to their communities with at least completion of primary school (4). Most of the time, they are married women, that is why a written consent of their husbands or other family members is required (4). Generally, WHVs are trained in primary health care (PHC) issues through a series of modules in Persian. They are supposed to transfer health messages to their covered households. They would have a monthly basis training as well as weekly meetings in support groups. They will learn in basic sanitation and hygiene requirements, with a specific focus on mother and child health, immunization, food hygiene and occupational health. It is obvious that they are given a special card, renewable every six months, which introduces them to their neighbours.

There are many studies on empowerment of WHVs. For example, in a survey, knowledge and performance of WHVs were assessed and found that education could have a significant influence on increase of knowledge and efficacy of WHV (5).

Objectives

This study aimed to investigate the effects of communication skills on the efficacy of WHVs in urban health centers in Shahrekord city located in the southwest of Iran.

Materials and Methods

In an interventional study, 45 WHV women and 225 families under their coverage for health services which enrolled in urban Shahrekord health centers were randomly selected. WHVs and their related covered families received some training. The data were collected before (pre-questionnaire) and after (post-questionnaire) intervention for WHVs and their covered families. Educational interventions were conducted in 6 sessions (each lasted hours) and managed by psychologist expert. The reliability of the researcher-made questionnaire was determined by a pilot study before the beginning of the study (with content validity equal to 86%). The questionnaire consisted of demographic information as well as some questions on satisfaction from the received health services and their WHV. The questionnaires were completed before the study and six months after intervention. Teaching communication skills and interpersonal communication were based on the educational package of life skills for adults which was made by the Women Office of Ministry of Health and Medical Education (MOHME) and

Shahrekord University of Medical Sciences (6,7).

Ethical issues

The research followed the tenets of the Declaration of Helsinki and its later amendments. Patients gave their written and informed consent to participate in this investigation by completing the consent form. This research has been approved by ethical committee of Shahrekord University of Medical Sciences (#64-11-88).

Statistical analysis

The study variables were both quantitative and qualitative and the data were analyzed through descriptive (frequency of the samples' information) as well as inferential statistics (analysis of the study results). In this study, the data were entered into the SPSS statistical software (version 16) and analyzed using independent student *t* test and paired *t* test.

Results

The mean age of WHVs was 41.28 ± 7.55 years (range: 22-55) and 33.3% had diploma degree. The effect of education was significant after and before the education of families ($P < 0.001$). Totally, 69.8% and 75.9% of families have believed that the message of WHVs was transferred to them before and after, respectively ($P < 0.001$) (Table 1). Generally, 91.3% were satisfied (prior to training) which increased to 95.9% after training ($P < 0.001$). In addition, 83.3% had confidence in communicators prior to training, increased to 89.7% after training ($P < 0.001$). Among them, 94.4% (before) and 99.9% (after) believed that WHVs had respective relation with them ($P < 0.001$) (Table 2).

This survey showed that knowledge and performance of health volunteers after the training course increased by 44% and 56% with a mean of 7.53 before education to 10.84 after the course, and from 1.12 to 1.75, respectively. The effect of the training course in terms of the level of literacy and age group were assessed resulted in meaningful differences, as well (Table 2).

Discussion

The finding of this study revealed that the knowledge and performance of WHVs could improve after the training course. The effect of the training course in terms of the level of literacy and age group was assessed, resulting in meaningful differences. WHVs of this study were young and relatively literate (most of them had at least diploma). It is obvious that to work with communities, having higher education is more useful for conducting program and personnel as well as covered families. They can better communicate and transfer their knowledge with a more effective way.

In a study conducted in Tehran rehabilitation center, the

Table 1. Educating skills for effective communication and interpersonal communication

Education	Score before education	Score after education	df	P
Skill of interpersonal communication in WHVs	2.377±1.466	4.266±1.46	44	0.001
Skill of effective communication in WHVs	2.955±1.043	4.044±0.975	44	0.001

Table 2. Satisfaction of family from performance of WHVs

Variables		Performance before education	Performance after education	P
Recognition of WHVs	Yes	89.1	93.8	0.001
	No	10.2	6.3	
	I don't know	0.7	0.4	
Transferring healthy message from WHVs to families	Yes	69.8	75.9	0.001
	Sometimes	19	18.5	
	No	11.1	5.6	
Satisfactory from WHVs contact	Yes	91.3	95.9	0.001
	Sometimes	4.8	3.6	
	No	4	0.5	
Trust on WHVs	Yes	83.3	89.7	0.001
	Sometimes	11.9	9.2	
	No	4.8	1	
Permit to expressing feeling and anxious by WHVs	Yes	76.2	86.2	0.003
	Sometimes	17.5	12.3	
	No	6.3	1	
Knowing base duty of WHVs	Recognizing Health problems of catchment area and participation for it	4	5.1	0.001
	Transferring education	16.7	7.7	
	Continuing all of issue about catchment area	9.5	11.3	
	Cases 1 and 2	69	75.9	
Respectably communication with WHVs	Yes	94.4	99.5	0.001
	Sometimes	4	0.5	
	No	1.6	-	

effect of training communicative skills on job stress among nurses was assessed. They found teaching communication skills could decrease the job stress among nurses (8). To identify the effect of learning communicative skills and their effect on satisfactory of patients, a study was done in Mashhad University. In this study the increasing patients' satisfaction was seen (9). These results were replicated in another study in Tehran university students (10) as well as high school students (11). However, the effect of training was different for teachers and learners in Tehran (12). In a comparison between Iran (located in Tehran) and Kermanshah medical universities, the communication training was positive in both teachers and medical students (13). The effectiveness of communication skills on social stress among junior high school boys in Ahvaz, located in south west of Iran, was assessed by the results of the training of their teachers, which was evaluated through decreasing of stress and fear of assessed students compared to control students (14).

Considering the above mentioned studies, teaching communication skills to all people especially WHVs is necessary due to effective verbal and non-verbal communication skills in the community. Our results also showed that by improving communication skills, the families could have more and closer relationship with WHVs and might have more satisfaction from them. In fact, when WHVs learn the manner of more effective relationship with covered families, they can affect the healthy behaviors. Trust is very important in the relationship between people, especially WHVs and families. Therefore, learning the communication skills could improve the health promotion of urban families.

It should be mentioned that being successful in WHV program needs to be constant and effective. In fact, a better relationship between WHVs and their covered families could help both of them to challenge more effectively with potential health problems. Thus, scheduling training courses on communication skills (by local experts) for WHVs in all provinces is inevitable. However, to avoid potential personal influences, the educational module should be prepared at the national level, in ministry of health.

Conclusion

The results of this study suggest that the managing for teaching communication skills to WHVs could have substantial effect on the promotion of knowledge and attitude of covered families. In fact, the education has a significant influence on increase of knowledge and performance of WHVs, and in turn on the community. Therefore, continuous use of these educational courses may result in a decline in prevalence of many diseases.

Study limitations

Small sample size can be mentioned as a limitation of this research. We suggest larger investigations on this aspect of women health.

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Authors' contribution

SKG, FR, NK and MA made a substantial contribution to the conception, design, analysis and interpretation of data. SKG

and MA were involved in drafting the manuscript and revising it critically for important intellectual content. SKG, FR, NK and MA collected data. SKG and MA revised the manuscript critically for important intellectual content. All authors read and signed the final manuscript.

Conflicts of interest

The authors declare no conflict of interest.

Ethical considerations

Ethical issues (including plagiarism, data fabrication, double publication) have been completely observed by the authors.

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