COMMUNICATION SKILLS AND PERSONALITY TRAITS AS DETERMINANTS OF NURSES' INTERPERSONAL RELATIONSHIP WITH PATIENTS IN PUBLIC HOSPITALS IN BAUCHI STATE, NIGERIA

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CERTIFICATION

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DEDICATION

This work is dedicated to my late father and late mother, Revd Canon Gabriel Oloruntola and Mrs Juliet AdeotiAlegbeleye.

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me, typing some of the results, acting as driver to the field, sacrificing a car engine, interpreting English to Hausa and following up alongside printing the work, he has been a great source of inspiration to me. He remains ever so, and much more.

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Mabadeje O.O.
May, 2019

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ABSTRACT

There has been myriad of complaints about the poor attitude, interpersonal and unethical behaviour of health care providers, particularly nurses towards patients in public hospitals in Nigeria. This has been attributed among others to their personality traits and poor communication skills. Previous studies have focused largely on provision of infrastructure, funding, work overload, training and quality of nursing care with little emphasis on nurses' communication skills and personality traits. This study was designed, therefore, to examine the extent to which communication skills and personality trait variables influence Nurses' Interpersonal Relationship with Patients (NIRwP) in public hospitals in Bauchi State, Nigeria.

The Big Five-factor Model of Personality, Peplau's Interpersonal Relation and Scudder's Communication theories anchored the study, while the descriptive survey design was employed. Bauchi State was randomly selected from the North East zone, while three tertiary hospitals were enumerated; and six general (secondary) hospitals with the highest number of nurses/midwives and patients were purposively selected. The stratified and proportional sampling techniques were used to select 600 nurses/midwives and 300 patients across the selected nine public hospitals. Communication Skills (r=.0.91), Personality Traits (r=0.79) and Nurse-Patient Interpersonal Relationship (r=0.85) questionnaires were used for data collection. These were complemented with in-depth interview sessions with nurses/mid-wives, and 10 and six sessions of key informant interviews with patients and medical doctors (involved in administration), respectively. Quantitative data were analysed using descriptive statistics, Pearson product moment correlation and Multiple Regression at 0.05 level of significance, while qualitative data were content analysed.

Patients assessed nurses' dominant features as listening (89.0%), verbal (85.7%) and non-verbal (45.2%) communication skills as well as the openness to experience (87.0%), conscientiousness (47.3%) and extraversion (48.1%) traits. Nurses' attitude were affected by work environment (86.0%) and loads (85.8%), followed by mood (46.0%), condition of service (45.5%) and patients' attitude and behaviour (45.0%) were presumptions of nurses' interpersonal relationships. Listening (r=0.50), verbal (r=0.43) and non-verbal (r=0.17) skills had significant relationships with NIRwP. Openness to experience (r=0.35), conscientiousness (r=0.17) and agreeableness (r=-0.11) traits had significant relationships with NIRwP, while neuroticism and extraversion had none. Communication skills and personality traits had a significant joint prediction on NIRwP ($F_{(8;\ 365)}$=28.61, Adj.R^2=0.37); accounting for 37.2% of its variance. Communication skills ($F_{(8;\ 365)}$=58.08, Adj. R^2=0.29) and personality traits ($F_{(8;\ 365)}$=20.34, Adj. R^2=0.19) had relative predictions onNIRwP. Listening skills (β=0.30), openness to experience (β=0.26), verbal skills (β=0.24), conscientiousness (β=0.10), extraversion (β=0.08) and agreeableness (β=0.06) contributed to NIRwP, while non-verbal skills and neuroticism did not. Nurses were initially looked upon with negative perception, which changed with constant contact. Due to myriad of complaints from the patients, managements have taken steps to provide training and mentorship programmes for the nurses.

Listening skills, openness to experience, verbal skills, conscientiousness, extraversion and agreeableness personality traits influenced nurses' interpersonal relationship with patients in public hospitals in Bauchi State. There is the need to re-orientate the nurses on matters of interpersonal relationship with patients.

Keywords: Nigerian health care providers, Nurses' communication skills, Patients in Nigerian public hospitals

Word count: 479

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

The hospital is a human-centred organisation where a substantial proportion of treatments and procedures is undertaken by humans with the patients' goals considered as being of paramount importance. At the heart of this is nursing care, love, empathy and attention, which constitute the fundamentals of nursing practice. It is basically noteworthy that effective nursing practice demonstrates that a person's health needs should be handled in a way that shows concern for the patient's individuality. This is done principally by means of effective interpersonal relationships (Solombela and Ehlers, 2002). Thus, among the health-sector personnel, nurses are considered the most essential, as they spend a greater amount of time with the patients and nursing-home residents than other professionals do in the health sector (Collins, 2015). Nurses ultimately occupy a well-recognised position in the health-care delivery system (Steffen, Almuth, Markus, Kathleen and Johann, 2009).

The very essence of the nursing discipline is care and comfort (Ilesanmi, 2014). Caring is regarded as integral to nursing and, as such, the universal value driving the nursing practice (DeLauneand Ladner, 2010; Ohaeri, 2014). Nursing is a dynamic process incorporating action, coordination and interaction between the nurses and the patients. It also combines the ability to ensure improvement of health and illness at a particular point in life (Laoye, 1988). According to the 2005 International Council of Nurses (ICN) Code of Ethics, as cited by Obadiya (2011), nurses have four basic responsibilities: promotion of health, prevention of illness, restoration of health, and alleviation of suffering. In order to achieve these, nurses tend to be inclined to friendliness, exhibit empathy, and well disposed to understanding the patient as a special individual towards maintaining therapeutic relationship. Show of optimism and re-assurances are of immense benefit to the patient because many of them consider their diagnosis as condemnation to death (Effa-Heap, 1997).

Scholars (Ozochukwu and Onwukekwe, 2004; Onasoga, Ogbebor and Ojo, 2013) have revealed that the health professionals, particularly the nurses in Nigerian hospitals were not so friendly, mostly seen as unpleasant. A good number of the nurses in Nigerian hospitals shout at and nag patients, treating them with disdain and neglect (Emejuiwe, 2015). Obinna (2011) recounts the

story of a 26-year-old pregnant woman, who went to one of the Nigerian university teaching hospitals for delivery. She was in labour on a theatre table when she fell off and sustained head injuries and, in the process, developed complications and died on the fourth day. This could have been avoided if the nurses on duty had acted with diligence. Obviously, this unfortunate woman could be seen as a victim of neglect and carelessness in a Nigerian hospital environment. There are many similar pathetic stories, which often lead to permanent disability or eventual death of patients in Nigeria. Often, this is a daily occurrence across the six geopolitical regions of Nigeria.

The North Eastern region of Nigeria, like most other parts of the North, had long been educationally-disadvantaged. Those who patronise the government hospitals are the common people who have no choice, and who cannot afford anything better than the government hospital. A large percentage of nurses in these hospitals seemingly treat patients nonchalantly. Most of the nurses in these hospitals regard any patient who comes to the hospital without a "big man" hovering over him as not worthy of attention. Notably too the nurses have to attend to so many patients as well as their numerous relations who believe that, unless they keep vigil in these hospitals, their relations on admission may not receive adequate health care. Thus, nurses have to cope with the large population of patients and their relations who have tostayed close at hand to complement the care provided by the nurses. All these, coupled with the recent influx of internally-displaced persons (IDPs), a result of the Boko Haram insurgency, mean an increase in the use of public health facilities. However, in the same government hospitals, there are nurses whose attitudes are at variance with the example given above. This makes one to wonder why nurses who put up these unwholesome attitudes do so. Why would nurses, whose mission is to help the sick get well, put up an attitude that would impede their efforts in achieving their desired goal?

In essence, nurses are expected to show empathy, be positively disposed to all patients and respect them, but the bureaucracy and excessive work burden in most public hospitals in Nigeria, particularly in the northeastern region owing to large patronage arising from over-dependency on public utilities by IDPs, have made the therapeutic relationship between nurses and patients difficult (Ojo,2010). Also, quite a number of other factors, such as personality, attitudes and communication skills, may have affected the totality of public health nurses' relationship with their patients in several respects. The relationship could be pleasant and

affirmative. In this sense, nurses interact in a meaningful sense as well as stay friendly with patients and their other caregivers. At the other extreme, it can be negative, humiliating, tension-filled and crisis-prone (Limber, 2002; Rigby, 2002; Ayodele and Bello, 2008).

Studies have shown that positive interpersonal relationship is an essential element in the success of any organisation (Song and Olshfski, 2008; Morrison, 2009; Zagenczyk, Scott, Gibney, Murrell and Thatcher, 2010). Hospitals function as organisations; therefore, effecient collaboration between nurses and colleagues alongside patients and relatives of patients are necessary for efficient health care delivery (Trenholm, 2011). Interpersonal relationships emphasise mutual, reciprocal and interactive experiences meant to preserve humanity (Lombard, 1998; Ayodele, 2013). Relationship quality tends to reveal individual psychosocial adjustment. Mullum (2008) states that intimate personal relationship include responsibility for individual feelings, thoughts and behaviour in the association besides openness and willingness to reveal personal thoughts and feelings. It also requires display of continuous understanding in communication which is achieved through further knowledge, good listening skills, deep-rooted understanding and love while showing commitment to the welfare of others.

Interpersonal relationship, according to Bach and Grant (2009), varies among people generally and more especially in health care facilities. This is seen in the relationship between nurses and patients which can range from a nurse meeting the complete physical and tangible health care needs of patients who have critical physical ailment to cases of emotional needs which may not be physically seen or support through professional or social interactions. The nature of these encounters varies elaborately. For instance, nurses who care for adults or children in mental health settings or others who have learning disabilities may experience varying aspects of the relationship (Bach and Grant, 2009)

It is imperative for nurses and patients to have smooth interaction for patients to enjoy efficient health-care delivery. Studies (Mannava, Durrant, Fisher and Luchter, 2015) have however indicated that this is often absent and, thus, adversely affects the quality of health-care delivery. In Nigeria, particularly the North-eastern region, an average nurse is not credited with good relationship with the patients and their relatives. For instance, it is revealed that nurses are often too focused on procedural activities at the expense of the patient's interest and satisfaction which should have been the main interest of the nurses (Adereti, Olaogun, Olagunju and Afolabi,

2014). In this case, the patients are relegated to mere jobs to be accomplished and disposed. In corroborating this, Olabode (2015) states that many nurses practise for the sake of practising. They do not understand the intricacies of nursing as a care from nursing professionals; rather, they are committed more to other issues of life than nursing care practice.

Aiyedun, Chukwu and Musa (2014) noted that interpersonal relationship is a line between interaction and transaction, which is absent in the health sector when it comes to policy/decision-making, as nurses are sidelined although they are the custodians of the patients. Working in the health-care sector, whether in clinics or in hospitals, is complex. Interpersonal relationship between the health-care personnel (particularly nurses) and their clients (patients) is a basic requirement for health-care delivery success, while lack of this kind of interaction impedes the health-care service delivery (Anderson, 2013). One may wonder if lack of good interpersonal relationship between nurses and their patients in Nigerian hospitals could be attributed to ineffective communication skills and poor personality traits. Maslach (2003) and Timmins (2007) identify the following as the main reasons for poor interpersonal relationship in most health-care delivery systems: lack of verbal and non-verbal skills, lack of facial expressions, gestures, and body language; and poor personality traits.

Given the view that interpersonal relationship is important in the provision of nursing care, improvements in nursing care can be achieved through interventions by the nurses themselves. These include a change in the personality of the nurses and how they utilise personal communication skills to maximise positive outcomes on patients (Royal College of Nursing, 2007). Through this, a better interpersonal relationship between the nurses and their patients can be achieved. Whatever action is undertaken by nurses alongside their speech and what they present, requires good communicative skills and equally relays meanings, which can be understood in cultural terms (Mohammed and Odetola, 2013). Communication is a critical skill in nursing and an integral part of the nurse-patient relationship.

Communication does not have a generally-accepted definition. It is, however, contextually regarded as a means of exchanging information or feeling between two or more people (Brody, 2003; Kourkouta and Papathanasiou, 2014). It is also seen as a bi-directional process, involving someone transferring a message while another receives it since it is intended to produce feedback. It is continuous, as the receiver gives response, and becomes the source. It could

combine verbal and non-verbal modes. In recent times, however, electronic communication systems/platforms are making an entrance into the system. All the information and data regarding the client are expected to be kept properly to facilitate swift access when required (Bhatti, 2011).

Verbal communication, in this case, refers to the use of spoken words. The words to be used in speech or writing must incorporate appropriate vocabulary and nuances to meet the demands of brevity, simplicity, clarity and even humour. Non-verbal communication entails body language and involves gestures and facial expression among others in addition to dressing which comprises uniform and accessories in the case of nurses. It reveals more of emotion than words spoken. Accordingly, nurses are expected to be able to observe and interpret non-verbal attitube of the patients (Mohammed and Odetola, 2014). Electronic communication is playing a major role in nursing practice. The use of computers is now common in making and confirming appointments, interpreting laboratory results, discussion with patients and following up patients after discharge (Austin, 2006). The use of tele nursing (e-nursing) is also becoming preferred for prompt communication towards ensuring continuity in patient care (Mohammed, 2010; Odetola, 2010).

Based on modules developed by Wright (2012) and Webb (2011), the following skills were selected as requisite for communication in this study: verbal skills, non-verbal skills and active listening skills. Verbal skills involve being able to improve on the ability to use effective plans to repair or avoid possible breakdown in communication; encouraging the use of patient-friendly language and familiarity of nurses with the body language of the patient. Non-verbal skills include body language, gestures, postures/proximity, eye contact, touch and general appearance. Active listening skill entails shutting out extraneous noise and distractions, putting aside one's perception and thus demonstrating acceptance and respect for others.

Apart from sound communication, in any mode, with the patients and their families, the personality traits of nurses are equally important. Nurses' personality traits, in this instance, refer to the stable features of the nurse's character which explains how the nurse behaves. Personality comprises the emotional and behavioural features consistently found in an individual (Shamuganathan, 2007). Many traits which differentiate personality characters have been identified but they seem to cluster around five major dimensions. These are: extraversion,

agreeableness, conscientiousness, neuroticism/emotional stability and openness to experience (Newstrom and Davis, 2002). These are denoted as the five-factor model (FFM) of personality which some authors call the Big-Five. Extraversion reveals how social a person is or how friendly and loving he is. Extraverts can be risk-taking and prone to make mistakes. They also need lots of stimulation and variety. Agreeableness reckons with the individual's kindness, dependability, and tendency to support. People who manifest this trait are trusting, modest and straightforward. Conscientiousness is when an individual has the tendency to show self-discipline. Those who manifest this trait are efficient, organised, reliable, responsible, dependable and prudent. Neuroticism describes deportment of the person. This last description is also termed ''emotional stability''. People with this trait are calm and relaxed and can cope well with stress. Openness to experience is appreciation for art. It also refers to traits such as tendency to conform to societal or cultural norms. People with this trait are curious, flexible, receptive, artistic, imaginative, original and creative. For this study, these five dimensions of Newstrom and Davis (2002), as regards personality traits, were adopted: openness to experience, conscientiousness, extraversion, agreeableness and neuroticism.

Both communication skills and personality traits are essential for strengthening interpersonal relationship among nurses as well as patients and their families. The secret of the care of the patient is in caring for the patient where the term *caring* takes larger-than-life magnitude. Though the treatment of disease may be entirely impersonal but the care of patient must be completely personal, which highlights the value of personal bonding in nurse-patient relationship, for better results in treatment (Peabody, 1984; Hojat, 2007; Hurst, 2011). This then raises the salient question: can the poor quality nurses' interpersonal relationship with their patients in most public hospitals in the North-East of Nigeria be curbed by having a proper and deeper understanding of how their communication skills and personality traits influence such relationships? Although the issue of nurses' communication skills and personality traits are so vital in the nurse-patient interpersonal relationship, previous studies have focused more on nurse-patient interaction (Mona, 2004), effect of work-related stress (Etim, Bassey, Ndep, Iyam and Nwikekii, 2015), formation of interpersonal relationship awareness (Acitelli, 2002), impact of interpersonal interaction on quality health delivery (Adeoti and Lawal, 2012), and health promotion competencies (Kolade, 2016). None of these studies gave much consideration for the combination of the communication skills and personality traits as they influenced nurses'

interpersonal relationship with patients in public hospitals in Nigeria. This necessitated this study.

1.2 Statement of the problem

The greatest challenge to health care delivery in Nigeria, particularly in the North East where there is large patronage of public hospitals due to insurgency, is the unethical behaviour of a number of nurses. The nurse is expected to assist the patient to perform those functions which he could attempt without help if he had the wherewithal in terms of strength and knowledge. However this is a far cry from what obtains in a number of government-owned hospitals in the North East. This is because an average nurse seems not to be displaying good relationship with patients and their relatives. Cases abound of where patients were maltreated in public hospitals by the same nurses who were supposed to aid them to wellness. This trend has been attributed to poor communication skills among the nurses as well as the nature of their personality traits.

Interpersonal relationship occurs to fill a need especially in a hospital environment where it is more relevant to the wellness of the patients. In a hospital environment, the nurse initiates the interaction between the nurse and patient. Nurses are the first contact of the patient and also part of the team of health care providers. In Bauchi State, for instance, where public hospitals are usually patronised by the masses with a large population of non-literates, nurses, treat patients with disrespect and lack of patience most times. This, to a greater extent, has made certain patients patronising these public hospitals in the state to complain bitterly. It is so bad that hardly would someone walk into any of these government hospitals and not find nurses quarrelling with patients or visitors. A number of Nigerian nurses are becoming less dedicated to meeting the needs of clients. This trend has been attributed partly to the issues relating to nurses' communication skills and their personality traits.

Previous studies have focused on formation of interpersonal relationship, interpersonal factors, quality nursing care in Nigeria, and work-related stress, with little emphasis on communication skills and personality traits as well as how they affect interpersonal relationship between nurses and patients. This study was, therefore, designed to examine the extent to which the combination

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of communication skills and personality traits determine nurses' interpersonal relationships with patients in public hospitals in Bauchi State.

1.3 Objectives of the study

The general objective of this study was to examine the extent to which communication skills and personality traits affect nurses' interpersonal relationship with patients in public hospitals in Bauchi State, Nigeria. The specific objectives were to:

i.   assess which of the communication skills (verbal, non-verbal and listening skills) and personality traits (openness to experience, extraversion, agreeableness, neuroticism/emotional stability) is dominant among the nurses;

ii.   ascertain which circumstance or situation warrants the exhibition of the skills and traits;

iii. determine the presumption(s) that dictate(s) the interpersonal behaviour of the nurses with their patients (and their families);

iv.   assess the perception of the patients, their families and the other health care personnel about the interpersonal relationship exhibited by the nurses;

v.   determine the extent to which communication skills relate with nurses' interpersonal relationship with their patients,

vi.   examine the extent to which personality traits relate with nurses' interpersonal relationship with their patients; and

vii. determine the relationship between nurse-patient interpersonal relationship and patient's recovery rate.

1.4 Research questions

The following research questions were raised in this study:

RQ1: To what extent do communication skills and personality traits relate with nurses' interpersonal relationship with patients in public hospitals in Bauchi State?

RQ2: Which of the communication skills and personality traits are dominant among the nurses?

RQ3: Which circumstances or situations warrant the exhibition of the communication skills and the personality traits in nurses' interpersonal relationship with patients?

RQ$_4$: What presumption(s) dictate(s) the interpersonal behaviour of the nurses with their patients and their families?

RQ$_5$: What are the perceptions of the patients, their families and other health care personnel about the interpersonal relationship exhibited by the nurses?

1.5 Research Hypotheses

The following hypotheses were tested at 0.05 level of significance:

HO$_1$: There is no significant relationship between the nurses' communication skills and their interpersonal relationship with patients.

HO$_2$: There is no significant relationship between nurses' personality traits and their interpersonal relationship with their patients.

HO$_3$: There is no significant relationship between nurses' interpersonal relationship and patients' rate of recovery.

1.6   Significance of the study

The findings from the study will greatly benefit the government and management of health care, in general, and nursing service in particular, to formulate policies, implement, direct and evaluate the effectiveness and efficiency of care provided to patients in public hospitals in Nigeria in general and Bauchi State in particular. The findings from the study will contribute significantly to the body of literature on positive nurse-patient relationship as this has direct and indirect effects on the health care delivery of any nation.

The study will also help in providing a healthier atmosphere for patients to receive treatment and recuperate from their ailment. Besides, the findings from this study will lead to improvement in health care service delivery. Economically too, the findings of this study are expected to help check the problem of medical tourism as Nigeria is at the top of the list of Africans going to India, Israel and other foreign countries for medical attention. This means that their economies are being boosted at the expense of the Nigerian economy. This study will also provide insight into the relationship between communication skills, personality traits and nurses' interpersonal relationship with patients in public hospitals. Furthermore, the study adds to the existing literature concerning the importance of interpersonal relationship of nurse-patient in health care

delivery, as it examined communication skills and personality traits as potential determinants of nurse-patient relationship.

Similarly, the findings will help nurses improve their communication skills and personality traits. Through this, their interpersonal relationship with their patients and their families will improve. The outcome will be fulfilment and satisfaction for the nurses. Finally, the findings will help the government in making policies that will boost the health sector. They will equally contribute significantly to future theoretical advancement in public health care service provision alongside broadening the knowledge of the general public on the importance of interpersonal relationship.

1.7 Scope of the study

The study focused on communication skills and personality traits as determinants of nurses' interpersonal relationship with patients in public hospitals in Bauchi State, Nigeria. The choice of Bauchi State was borne out of the fact that, there has been an alarming increase in the rate of use of the public hospitals due to the continuity of violence and its public health consequences in north-east Nigeria in recent times. Also, the state was chosen because it is in the north eastern part of the country where encouragement is required by the population to utilise government-owned hospitals, as quite a larger part of the population still patronises traditional medicine practitioners, popularly called '*Boka*' and other quacks. Additionally, Bauchi State is one of the states affected by Boko Haram insurgency besides facing the onslaught of internally-displaced persons (IDPs). Bauchi State is made up of 20 local government areas, each of which has at least one general hospital. The local government areas are.

1.	Bauchi	11.	Jama'are
2.	Alkaleri	12.	Zaki
3.	Bogoro	13.	Ista Gadau
4.	Dass	14.	Gamawa
5.	Kirfi	15.	Dambam
6.	Tafawa Balewa	16.	Ningi
7.	Toro	17.	Ganjuwa
8.	Azare	18.	Warji
9.	Shira	19.	Misau
10.	Giade	20.	Darazo

Bauchi Local Government Area has 2 tertiary hospitals and 3 general hospitals while Tafawa Balewa and Ningi local governments have 2 general hospitals each. The remaining 17 local government areas have one general hospital each, except Azare that has a tertiary hospital in addition.The local government areas 1-7 mentioned above form Bauchi South, 8-14 are in Bauchi North, while 15-20 are in Bauchi Central. Therefore, Bauchi South has 10 general hospitals and two tertiary hospitals; Bauchi North has seven general hospitals and one tertiary hospital; while Bauchi Central has seven general hospitals. The 24 general hospitals are supervised by the Bauchi State Hospital Management Board.

The three tertiary hospitals are Abubakar Tafawa Balewa University Teaching Hospital (ATBUTH), Federal Medical Centre (FMC) Azare and the Specialist Hospital Bauchi (SHB). Over 60% of the total nurses in public hospitals in Bauchi are working in these three tertiary hospitals; that is, 840 out of 1, 365. They have separate management boards. The remaining 525 (less than 40%) nurses are shared among the 24 general hospitals. Out of these general hospitals, General Hospital Bayara has the highest number of 49 nurses, while General Hospital Burra has the least number (7). Therefore, to ensure that the whole state was covered, the two general hospitals with the highest number of nurses and midwives in each senatorial district were selected. These were general hospitals in Bayara and Toro, from Bauchi South; General Hospitals in Azare and Jama'are from Bauchi North; and the General Hospitals in Darazo and Misau in Bauch Central.

The study, therefore, covered both secondary and tertiary hospitals in Bauchi State. These were: Abubakar Tafawa Balewa University Teaching Hospital Bauchi, Federal Medical Centre Azare, Specialist Hospital Bauchi and the General Hospitals in Bayara, Toro, Misau, Azare, Jama'are, and Darazo. The inclusion of both state and federal hospitals was to ensure that the study covered a greater number of the hospitals in every part of Bauchi State, as two general hospitals were selected from each senatorial district. The study was further restricted to the registered nurses/midwives, administrators and patients in the public hospitals.

1.8 Operational definition of terms

Certain terms in this study require definition in the context of application.

Communication Skills: This refer to skills like verbal skills in the form of spoken words, non-verbal skills and listening skills of nurses in public hospitals in Bauchi State.

Personality Traits: It captures the personality characteristics of public hospital nurses, such as: openness to experience, conscientiousness, extraversion, agreeableness and neuroticism /emotional stability.

Interpersonal Relationship: It denotes the bond formed between the nurses and the patients in the public hospitals in this work.

Public Hospitals: They are hospitals owned by, and under the control of, the Federal Government or the Bauchi State Government.

Secondary Health Care: This is the type of health care usually provided in general or state hospitals.

Tertiary Health Care: This indicates mostly health care provided for patients who are hospitalized and require medication that can only be provided by specialists or consultants in university teaching hospitals and specialist hospitals.

*Boka***:** They are persons patronized in north-east Nigeria for treatment when health care is required, especially among the Hausa/Fulani speakers of the northern part of Nigeria, like the *babalawo* among the Yoruba. They include herbalists, bone-setters, traditional birth attendants and psychiatrists. They usually rely on vegetables, animal and mineral substances alongside other methods for treatments.

Presumptions in Nurse/Patient Interpersonal Behaviour: These are other variables in the situation of nurses apart from communication skills, which dictate the interpersonal behaviour of nurses with their patients in hospital environment. Such variables are workload, mood, condition of service, work environment, attitude and behaviour of patients and their families.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

This chapter explores various concepts and reviews literature relevant to the study. Similarly, the theoretical framework adopted for the study is presented.

2.1.   Concept of interpersonal relationship in health care.

2.1.1. Interpersonal relationship and patients' health care/well-being.

2.1.2. Nurses' interpersonal relationship in Nigerian hospitals.

2.2.   Concept of communication skills.

2.2.1   Importance of communication skills in hospitals.

2.2.2   Communication skills and patients' health care/well-being.

2.2.3   Nurses' communication skills in Nigerian hospital.

2.3   Communication skills and nurses' interpersonal relationship with patients.

2.3.1   Verbal communication skills and nurses' interpersonal relationship with patients.

2.3.2   Non-verbal communication skills and nurses' interpersonal relationship with patients.

2.3.3. Listening skills and nurses' interpersonal relationship with patients.

2.4   Concept of personality traits.

2.4.1. Personality traits and health care provision.

2.5   Personality trait and nurses' interpersonal relationship with patients.

2.5.1   Openness to experience and nurses interpersonal relationship with patients.

2.5.2   Conscientiousness and nurses' interpersonal relationship with patients.

2.5.3. Extraversion and nurses' interpersonal relationship with patients.

2.5.4. Agreeableness and nurses interpersonal relationship with patients.

2.5.5   Neuroticism (emotional stability) and nurses' interpersonal relationship with patients.

2.6   Communication skills and personality traits among nurses.

2.7   Psycho-social factors and nurses' interpersonal relationship with patients.

2.1   Concept of interpersonal relationship in health care

Interpersonal relationship is defined as interactions between a minimum of two people (Cavazos, 2015). It is essential among groups of people and may be personal or professional (College of Registered Nurse British Columbia (CRNBC), 2006). Notably, it fills a need, especially in hospital environment, where it is relevant to the wellness of the patients. In the hospital environment, the nurse is the initiator of interpersonal relationship. Nurses are the first contact of the patient and also part of the team of health-care providers. Therefore, the nurse-patient relationship is a deliberate commitment on the part of the nurse to care for patients and attend to their needs (Sheldon, 2014). Interpersonal relationship is central to any health-care provision. Alli, Maharay and Vawda (2013) posit that it constitutes an important element for improving client uptake of services, satisfaction and overall health outcomes between health-care providers and young clients. Additionally, to establish interpersonal relation, the role of communication cannot be underestimated. Effective interpersonal communication (IPC) between health providers and clients contributes significantly to improvement of client satisfaction, conformity to instructions and health outcome (De Negri, Brown, Hernandez, Rosenbaun and Roter, 2012).

According to CRNBC (2006), the relationship between nurse and client has five parts. These are trust, respect, professional intimacy, empathy and power. People have advocated patient-centred care in health-care facilities, as nursing is expected to help patients realise wellness. Sheldon (2014) states that the major principle of the relationship is essentially therapeutic. The aim is to encourage the patient as well as facilitate healing, and aid functioning. Indeed, in the quest for a

better nurse-patient relationship, Peplau (1952) proposes the theory of psychodynamic nursing. Peplau's theory emphasizes reciprocity in the interpersonal relationship in the interaction (Sheldon, 2014), and outlines the five phases in the relationship between the nurse and patient as proposed by Peplau; these comprise orientation, identification, exploitation, resolution, and termination.

CRNBC (2006) asserts that the nurse is obligated to initiate and sustain relationship with patients, though it may be difficult for the nurse to be sufficiently objective where a personal relationship exists between them. Therefore, it is advisable for nurses to maintain professional limits in relationship with client so as to avoid tendency to hurt instead of helping achieve the objective of the relationship. Nurses are expected to work on their interpersonal interaction with the patient and other health-care providers so as to make the sojourn of the patients in hospitals tolerable.

2.1.1 Interpersonal relationship and patients' health care/well-being

Interpersonal relationship captures the association between two or more people or groups and the involvement among them, especially their attitude to each other (Bach and Grant, 2009). As noted by Fleischer, Berg, Zimmermann, Wusteand Behrens (2009), it is not only in line with therapeutic relationships, it is a continuous process of communication.

In relation to this, communication is required for the promotion and maintenance of all interpersonal relationships, especially in the realm of health care (Nicotera, 1993). Effective interpersonal relationship between health-care provider and patient is required for improving patients' satisfaction. Patients, who understand their illness and its treatment, and tends to believe the provider is concerned with his welfare, show greater satisfaction with care received and will more likely comply with treatment regimen (Angko and Aboyinga, 2012).

Achieving patients' wellness depends considerably on the health-care providers who could be nurses among others. Indeed, caring for patients is teamwork and, notably, nurses spend the longest time with patients. In order to achieve the desired result, sound interpersonal relationship is required between nurses and other health-care professionals.

It has been established that improper interpersonal communication has negative consequences for the patient as well as health–care personnel (Lapena-Monux, Cibanal-Juan, Pedraz-Marcus

and Macia-Soler, 2014). However, relationship, when positive, gives understanding of the body, mind and spirit while taking care of the transcendental character of man. Accordingly, nursing must get interpersonal to be effective (Solombela and Ehlers, 2002), and effective communication is required for this. O'Daniel and Rosenstein (2008) contend that when physicians, nurses and other professionals work together, it tends to increase their awareness of each other's knowledge and skills, which continues to create improvement in decision-making.

In the field of nursing, the theory of interpersonal relations was proposed by Peplau in 1952 via presentation of a conceptual framework on the therapeutic process between the nurse and the client. Contreras (2014) avers that nurses liaise between patients and medical professionals. Establishing rapport with patients is central to the healing process. It is important for nurses, therefore, to possess interpersonal skills to accomplish this. Thus, apart from having medical knowledge, nurses must be good listeners, exceptionally good in verbal and written communication, be very patient and emotionally stable as well as possess a sense of humour (Contreras ,2014). A healthy relationship between the nurse and patient tend to benefit the patients alongside making the life of the nurse as well as the job easier and more enjoyable.

2.1.2 Nurses' interpersonal relationships in Nigerian hospitals

Interpersonal relations is recognised as helpful to efficient operation in institutions. These are the result of how an individual regards people and responds to them. Both at work and outside, it helps substantially in the development and maintenance of trust and positive feeling (Billikopf, 2006).

Delivery of health care calls for collaboration. As observed by O'Daniell and Rosenstein (2008), this is a situation where health-care professionals work as a team and play complementary roles to decide and execute plans for patient's care. To achieve this, there is need for proper interpersonal communication, which results in sound interpersonal relationship between patients and relevant professionals involved in the provision of health care.

Lapena-Monux, Cibanal-Juan, Pedraz-Marcos andMacia-Soler (2014) state that communication between nurses and teammates is imperative for all to feel comfortable with their work. However, where interpersonal communication is not good, it leads to negative effects for the patient and professionals.

It is notable that the Nigerian health sector has witnessed all manner of turbulence. Oyekwere (2013) blames this on lack of essential infrastructure and drugs. Ayedun, Chukwu and Musa (2014) contend that discrimination in remuneration, exclusion of nurses in policy-making in the health-care sector, and rivalry between nurses and doctors on who heads the health sector are responsible for poor service delivery in the health-care in Nigeria. Ogbimi and Adebamowo (2006) similarly trace the development to inter-professional conflict in the Nigerian health-care system.

It is, therefore, not surprising that nurses in Nigerian hospitals are criticised over their treatment of patients. They have been accused of indifference as well as hostility to patients (Obinna, 2011). It is clear that interpersonal relationship is not taken seriously in the Nigerian health sector. While nurses are grappling with the challenges earlier mentioned, they will definitely pay little attention to improving interpersonal relationship with their patients except they are completely committed to the nursing profession. However, despite the unsavoury reports about the Nigerian health sector, certain nurses have proved unsoiled although they are few.

2.2   Concept of Communication Skills

Communication can be described as the basis of life, as man does not live in isolation. Communication is vital to creation and maintenance of relationship in intimate terms or at professional level with clients (LifeCare, 2011). It entails sharing feelings, ideas and opinions with others. According to Arnold and Boggs (1995), Balzer-Riley (1996), and McCabe (2002), the process of communication involves exchange of roles and information via verbal and non-verbal skills. Resmi (2013) presents communication as any act by which an individual gives to a person or receives from same, information about that person's needs, perception, and knowledge.

O'Daniel and Rosenstein (2008), citing *Webster's Dictionary,* denote communication as the impartation of thoughts or exchange of same, or information by speech, writing or signs. One study, according to them, states that 93 per cent of communication is more influenced by body language and related things than words uttered.This implies that the meaning of spoken words can be affected by the speaker's delivery. Thus, non-verbal elements of communication are very significant.

Communication as a means of maintaining relationship is reciprocal. It incorporates the source, the message and the receiver who responds by sending feedback to the sender, who in turn becomes the receiver. Resmi (2013) asserts that communication is reciprocal and involves sending and receiving messages. It is more than talking and listening. From the first time a newborn cries, to the whisper of a dying person, the purpose of communication is to send information and get response. In nursing, communication is not only a means of relating with other people, it is also healing. Good communication between nurse and patient, in itself, is therapeutic and as important as other forms of care or treatment. In nursing, lack of communication can result in medical errors, which could cause severe injury or unexpected death of patient (O'Daniel and Rosenstein, 2008). Communication goes beyond mere social interaction as it can endanger not only the health of the patient but also the survival (Greenwood, 2014).

A strong relationship exists between communication and the result of health care (Post, 2006). This claim is supported by a March 1986 report in *Annals of Internal Medicine* which shows that, 58 per cent more death of patients than expected were recorded in hospitals with poor coordination and interaction while good coordination and interaction had 59 per cent fewer deaths than expected (Greenwood, 2013). Also, according to O'Daniel and Rosenstein (2008), the 1999 Institute of Medicine (IOM) report, "To err is Human: Build a Safer Health System", shows that, every year, medical errors cause between 44,000 to 98,000 deaths in US hospitals, which is attributable to lack of communication.

In addition, Severllen (2009) asserts that effective communication is central to quality patient care. Based on this, every contact with a patient demands courteous and helpful communication. When patients get impressive response, they are more interested in repeating the visit and cooperating with health-care providers. However, this does not reflect in quite a number of government-owned hospitals in Nigeria, which Uffot (2010) refers to as "consulting clinics". It is common to note nurses in public hospitals are notorious for rudeness to patients. Equally notable, families and patients depend on these nurses for information on patients, liaison with doctors and other care givers, attention and encouragement, support and care during their care experience (Leebov, 2012). Communicating effectively with others is an important part of any health profession. The health-care worker must be able to relate with patients and their families, co-workers, and other professionals (Simmers, Nartker and Kobelak, 2009).

Communication is the foundation of relationship between nurse and patient. The focus in this respect is the patient's welfare. To achieve this, the nurse has to consider certain factors, such as the patient's physical condition, emotional state, cultural preferences, values, needs, readiness to communicate and ways of relating to others (Sheldon, 2014). Peplau, as cited by Solombela and Ehlers (2002), notes that nurses should realise that people are influenced by the environment in which they grew up, and also by their cultural beliefs and customs. In the nurse-patient encounter, these two work together in four phases of orientation, identification, exploration and resolution, which result in the nurse and patient becoming more knowledgeable and mature in the process.

Also, as the closest care provider, communicating with patients is the primary responsibility of a nurse. As Anderson (2013) contends, communication in the nursing profession can be a complicated process. Therefore, to be able to function in any capacity, nurses are expected to possess strong communication skills which are important because the nursing profession is collaborative in nature (Klakovich, 2009). In other words, the care of patients is handled by health-care professionals who assume complementary roles and cooperatively work together, sharing responsibilities for problem-solving and making decisions to prepare and implement plans for patients' care (O'Daniel and Rosenstein, 2008). The nurse, in order to achieve her objective, which is the wellness of the patient, must be armed with required effective communication skills.

Gauntlett and Laws (2012) state that, being able to correspond properly with other health-care personnel, colleagues as well as patients and their relatives, is a basic clinical skill in intensive-care medicine. Nurses and other medical staff must communicate successfully to supply appropriate treatment and medical care. Effective communication skills in nursing create a high level of customer satisfaction and excellence while preventing medical problems (Papa, 2011). Webb (2011), considering the role of the message sender, claims that effective communication depends much on the skill of the message sender and the ability of the receiver to interpret the message.

Several skills have been identified by certain researchers as essential for effective communication. For instance, Alfon (2011) identifies the following: lip reading, finger-spelling, and sign language. He views them as vital for information across for reception and

understanding. It is also the ability someone displays continuously to effectively communicate professionally with clients (patients), colleagues, subordinates and supervisors.

Communication skills are also described as verbal and non-verbal, words, phrases, voice tones, facial expressions, gestures, and body language used in relating with another person (OSCE Home, 2011). McFarlin (2014) recognises verbal communication, non-verbal communication and written communication while Windle and Warren (2014) list verbal communication, non-verbal communication and para-verbal communication. Verbal messages, in their view, are the words chosen, para-verbal messages imply how the words are said, and non-verbal messages refer to body language.

Robinson, Segal and Segal (2013) note that for communication to be effective one needs to make use of a set of skills, comprising non-verbal communication, good listening, management of stress, and being able to recognise and understand one's emotions and those of the persons being communicated with. Communication skills form the basis of good and productive relationship across a range of disciplines. As Stein-Parbury (2009) opines, the difference in the nursing context is what qualifies as "effective" within the context of patient interaction. ''Effective'' in the nursing care context means interpersonal interactions between nurses and patients that are helpful to patients. The nurse-patients relationship is unique and, therefore, requires unique communication skills (Sheldon, 2014).

The communication skills needed in nurse-patient interpersonal relationship have to be tailored to the needs of the relationship and its expected outcome as communication depends critically on culture, social status and relationships between the participants (Fleisher, Berg, Zimmermann, Wuste and Behren, 2009). Boykins and Carter (2012) claim that Advance Practice Registered Nurse (APRN) health care-providers and leaders are expected to be equipped with high level of interpersonal and cross-cultural communication skills to communicate effectively and provide culturally-accepted, safe, effective and quality care to patients. In nurse-patient interpersonal relationship, what constitute effective communication skills are the need for comprehensible pronunciation, active listening skills, non-verbal communication, the ability to bridge professional and lay language, written communication and cultural awareness (Wright, 2012).

Bach and Grant (2009) outline essential communication skills as listening and attending, showing empathy, information-giving and showing support in the context of a therapeutic relationship. Link (2010) views nurse manager communication skills as, written and verbal communication, listening and non-verbal communication. It is obvious that communication is a complex concept as it contains many areas and skills.

2.2.1 Importance of Communication Skills in hospitals

The care of patients in any health-care facility involves an array of both medical and non-medical personnel (Agarwal and Rode, 2009). The medical team includes medical doctors, nurses, dieticians and nutritionists, dentists, pathologists, midwives, social workers and therapists. Although a patient may not necessarily have to be attended to by every member of the medical team, the workers perform complementary roles and cooperatively work as a team, sharing responsibilities to solve problem as well as making decisions to decide and execute plans for patients' treatment (O'Daniel andRosenstein, 2008). However, this cannot be adequately achieved without the effective use of communication skills. Communication plays a major role in health care. It is central to health care and interaction in health care depends on effective communication, right from the patient's visit for registration and entire span of treatment.

Post (2006) asserts that helping patients improve how they communicate with their health-care providers can be a valuable activity. Indication of a strong positive relationship between a health-care provider's communication skills and a patient's adherence to medical prescriptions, self-management of condition and adoption of preventive health actions has been supported by research (Institute for Healthcare Communication (IHC), 2011). Simmers and Simmers (2009) maintain that the health-care workers are obliged to relate to patients and their families and other professionals. According to Brown (2014), nurses have to communicate with people of various status as well as the numerous families and friends who visit patients during the period of stay in the hospital. Scudder and Edmunds (2006) sum up the role of the professional nurse as comprising care coordination, which demands strong communication skills that facilitate interaction among health-care team.

In health-care situation, the importance of communication skills intervention cannot be downplayed as the health-care team communication is a matter of life and death. In every health-care facility and situation, the aim is to achieve the wellness of the patient or help the patient to

die a dignified death. In order to achieve error-free communication in the health-care communication intervention, the three major components, which are a sender, a receiver, and a message, have to be present. Between the sender and the receiver, several things could happen. Anderson (2013) states that, to send the information that needs to be sent in a short period successfully, it is very important to realise that there are factors which could influence how the message is interpreted. Such factors are the environment in which the communication takes place, the past experiences and personal perceptions of both the sender and the receiver, the timing of the message and other factors.

In a health-care environment, patients are affected by the way communication around them is handled. Coonan (2011) avers that communication breakdown between doctors and nurses affects patients negatively. This comprises about 200,000 deaths annually. Effective communication means the use of those important communication skills that are essential in hospital environment. These are collaboration and coordination among others (Apker, Propp, Zabava, Ford and Hofmeister, 2006).

Communication skills that are mostly mentioned as essential for hospital interaction are verbal and non-verbal. As noted by IHC (2011), effective use of communication skills is important and it results in diagnostic accuracy. This is because patients would be given the opportunity to tell their story during clinician-patient visits. From such, accurate data will be obtained, and the right diagnosis done. This aids correct prescription. It is established through research that effective use of communication skills in hospitals leads to diagnostic accuracy. It also leads to patients' adherence. That is a situation in which the behaviour of a patient is in line with recommendations from a health-care provider.

Besides, patients gain satisfaction from effective use of communication skills, as they provide opportunity for the patients to tell their stories. The primary things comprising patients' satisfaction are: expectation, communication, control, decision-making, time spent, clinical team, and referrals among others (IHC, 2011).

Another importance of communication skills in hospitals is patients' safety. Almost thirty-three per cent of adverse effects are attributed to human and system errors. It was discovered from research that was carried out in 1995-2005 that, about 66 per cent of all medical errors at the

period of the research, resulted from ineffective team communication. This means that patients' care often suffers where team members have problems in communicating effectively. Furthermore, vulnerability to medical errors increases when health-care team members experience stress and do not communicate effectively.

Communication skills also bring about satisfaction to the team. This is because communication among the members affects the working relationship, job satisfaction and patients' safety. When communication is achieved, it encourages culture of mutual support while nurse turnover is substantially reduced and job satisfaction improves.

Lastly, medical malpractice risk is reduced when appropriate communication skills are deployed. The cause of medical malpractice is break in communication between patients and physicians (IHC, 2011). Effective communication in hospitals results in quicker diagnoses and more effective treatment plans. Communication with co-workers is particularly important when handing over as the new nurse ought to know all detail about the patient because a very small alteration in the way a message is communicated can make a great deal of difference (Brown, 2014).

2.2.2. Communication skills and patients' health care/well-being.

The patient's health care involves a number of variables. The major one is communication. Antai-Otong (2009) refers to this as therapeutic communication. This concept is consistent with Peplau's classic work of 1952, which states that both the nurse and client bring with them unique experiences into the relationship. Since the patient is at the receiving end of this relationship, the nurse has to be armed with communication skills that would enhance the interpersonal relationship which is expected to result in the wellness of the patient.

Certain communication skills, qualified as "effective", have been discussed by Bhatti (2011). Therapeutic communication skills include getting information from the patient, understanding and responding with consideration and teaching the patient same. Bhatti (2011) further mentions building an interpersonal relationship with the patient which involves the skills to understand and relate with the patient's interests. In this case, the nurse acts like a confidant who advocates and caters for the need of the patients. Josephs (2011) lists courtesy, respect, active listening, being

culturally sensitive, expressing empathy, using touch, using silence and being genuine as good communication skills that health-care providers should possess.

The implication of communication skills for patient health care is that health-care provision is patient-centred. As McCabe (2003) argues, patient-centred communication is imperative in nursing and facilitates development of a positive nurse-patient relationship which combines with other details to deliver quality nursing care.

2.2.3 Nurses' communication skills in Nigerian hospitals

Communication is regarded as a fundamental tool in health-care relationships. Bach and Grant (2009) note that the quality of the communication correlates with its effectiveness. This is what is expected in an ideal situation.

Nursing, as it is practised in the Western world was introduced to Nigeria by the British colonial masters, who made this available mainly for wounded soldiers and government officials. Later, this attempt at health care provision was supplemented by missionaries who built mission homes, dispensaries and medical centres for the health care of the civilian population who were not initially included in the government's health-care plan (Ojo, 2010).

The essence of health-care delivery is to bring the sick to wellness. The very heart of this is caring and the means by which this is passed across is communication. A study carried out by Oyetunde, Kelechi and Oyediran (2014) at University College Hospital, Ibadan, gives credence to the fact that in spite of what nurses do, the rating of their commendable input by co-professionals and patients is not encouraging.

Communication skills are very important in clinical settings. How bad news is delivered matters much in a health-care facility, as it can have severe consequences. Studies carried out by Adebayo, Abayomi, Johnson, Oloyede and Oyelekan (2013) on breaking bad news (BBN) showed that a large population of the respondents were incompetent in BBN because of poor training and little or absence of knowledge of what the activity requires. Accordingly, conscious education in communication skills among the health personnel in Nigeria is advocated (Adebayo, Abayomi, Johnson, Oloyede and Oyelekan, 2013). However, literature on nurses' communication skills in Nigerian hospitals is small, especially with regard to nurses' communication skills with patients.

2.3   Communication skills and nurses' interpersonal relationship with patients

2.3.1   Verbal communication skill and nurses' interpersonal relationship with patients

Verbal communication is through the use of words in talking. According to Sheen (2011), many factors affect the choice of words. These are age, race, socio-economic status, educational background, gender, place and situation. Verbal language is often accompanied by para-verbal cues (Brody, 2003). Also, Tamparo and Lindh (2007), quoting the book, *Legal Nurse Consulting Principles and Practice,* identify five 'Cs' of communication: (1) complete, (2) clear, (3) concise, (4) cohesive and (5) courteous. These apply equally well to therapeutic communications. For instance, a complete message has all the necessary information. It must be spoken in terms understandable to both parties. This is also made clearer when there is eye contact. It is also concise when it does not include unnecessary information. It is cohesive when it is logical and in order. Lastly, it is courteous when it shows consideration and thoughtfulness. Therefore for a message to be therapeutic, it has to be courteous.

Anderson's (2013) view is that communication in nursing can be complicated as sending and receiving wrong messages could occur. The same thought is shared by Sheldon (2014), who states that communication situation in nursing seems simple yet it is often complex, affected by many factors. However, in every relationship, the verbal communication sets the stage for interpersonal relationship or lack of it between nurses and patients or any other health-care provider in the system. Brody (2003) opines that cultural inclinations may create problems in accurate interpretation of verbal messages because it may be difficult to understand spoken language and the para-verbal cues which vary from one language to another.

The importance of verbal communication can be expressed in a better way by the following story related by Dickson, David, Morrow, Hargie, and Owen (1997). pg.3:

> A lady was recovering from laminectomy. Each morning, it was the same routine. The group would move to her bed. The surgeon would be talking to the group, ignoring her completely. The surgeon would pull down the sheet covering her legs, lift her leg and let it drop. This action would be followed by discussion on her progress and the Surgeon would walk off without even pulling the sheet back up. One morning, she made up her mind not to be treated like that anymore. Therefore, the next time the surgeon made his round, as he was about to pull the sheet down, she caught hold of it. She did not utter a word, just held it and for the first time

> the surgeon looked at her. Initially he looked confused, and then he smiled at her and greeted the patient calling her by her name and requested if they could take a look at her leg. She commented that the surgeon was really quite pleasant and that subsequently the surgeon made an effort to treat her like a person not just a laminectomy.

As Servellen (2009) confirms, nurses are expected to show courtesy, thoughtfulness, respect and make helpful communication at every meeting they have with their patients or even the potential ones. When patients have good feelings about their experience, they are more interested in cooperating with health-care providers and repeat the visit.

Verbal communication bridges gaps between men. Without them, life can be tough and chaotic (Ad Choices, 2014). In nurse-patient interpersonal relationship, communication is reciprocal just as it is in any other relationship. The verbal communication that nurses engage in with patients puts the patients in the picture of what they should expect from the healing process and it is the means by which patients confide private information about their condition to the nurses. Trust is required for this. The establishment of trust, as Sheldon (2014) opines, is the basis for every interpersonal relationships and is very essential when building therapeutic relationship in nursing

Rowe and Calnan (2006) argue that one finds in a relationship of trust, people having faith in their helpers' competence and believing that those ones are acting in their best interest. However, "trust" in this context, is what the patients have for the nurses to build a therapeutic relationship with them. It is believed that relationship between nurses and clients is the most basic aspect of the nursing practice in all settings. It is said to be based on trust which also requires the correct use of authority (CRNBC, 2014).Ayodele (2013) posit that intimate relationship includes being responsible for one's feelings and actions as well as openness of feelings. It also requires understanding in communication through increased knowledge, using good listening, being considerate as well as committed to the welfare of others. It equally requires caring for each other's safety and emotional well-being and integrity. Besides, it requires sharing quality time; not being defensive.

Klisiari and Gaki (2012) have established from several studies that proper nurse-patient communication helps a lot in health outcomes. They state that, in a review of 25 articles on communication of health professionals with patients, it was found that the forms of "Open

Communication" directly related to improved levels of blood pressure and blood sugar, reduced pain, improved patients' emotional state and improved general functionality. Stein-Parbury (2009) contends that an attitude of "being for" the patient means that nurses will take time to listen and understand the patient's experience. While Klisiari and Gaki (2012) observe that, to achieve good communication with the patient, a nurse is expected to use simple language so that the message being relayed remains simple and comprehensible. Lockhart (2014) argues that caring and communicating caring are two different things. Job demands and pressures of the present day make people task-oriented to the extent that their caring is not felt. "The language of caring for staff," a dynamic evidence-based strategy designed to help health-care teams demonstrate how much they care, improve the patient outcomes, and financial health; ensure patient safety; and support the organisation's mission.

The importance of verbal communication skills in fostering therapeutic interpersonal relationship between nurses and patients is corroborated by Leebov (2012), who states that patient and families depend on nurses to keep them informed, to link them up with their physician and other caregivers, listen to them, ease their anxiety, and protect and watch over them during their health-care experience.

2.3.2   Non-verbal communication skills and nurses' interpersonal relationship with patients

 Communication has been examined by quite a number of researchers in the field (Hall, 1991; Hamilton, 1993; Muo, 2001; Akinwale, 2003; Soola, 2003; Lanihun, 2003; Yahaya, 2007) as a process of exchanging information between at least two individuals and transmitting information or message from one person or group to another. Montague, Chen, Xu, Chewning, and Barret (2013) define non-verbal communication as the aspect of communication involving exchange of information through non-verbal cues which are not purely linguistics in content. It is message sent via body language rather than words. It is also described as the ability to improve on the expression of ideas and concepts without the use of coherent labels (Brody, 2003).

Non-verbal forms of communication are said to include facial expressions, vocal cues, eye contacts and cues such as gestures, postures, touch, odour, physical appearance, dress, silence, and the use of time (Arnold and Boggs, 2011; Evolve Website, 2014). It is stated that much of our body language is a learned behaviour and mostly coloured by the culture in which people are

brought up (Tamparo and Lindh, 2007). Non-verbal communication helps in understanding complex meanings of the spoken word (Klisiari and Gaki, 2012). In nurse-patient interpersonal relationship, it is necessary for nurses to be conscious of their own and patients' non-verbal behaviours as these are important parts of any communication process (Simmer, Simmer-Nartker, and Simmer-Kobelak, 2009). It is believed that nurses can learn much about the patients and the patients' families by observing and accurately interpreting posture (Brody, 2003). How people sit, stand and move are forms of self-expression. Posture and gait reflect emotions, self-concept and health status (Evolve Website, 2014).

The face is regarded as the ultimate conveyor of non-verbal messages and it reveals emotions (Brody, 2003; Evolve Website, 2014). Nurses enhance the nurse-patient interpersonal relationship when they smile at patients when necessary and are concerned about them (Brody, 2003). Eye contact during conversation makes it possible to monitor people closely, while absence of eye contact may indicate anxiety, and such emotion as well as lack of confidence in communication (Evolve Website, 2014). Although in certain countries, eye contact is regarded as a sign of rudeness, or aggression, a nurse who is adept at reading and interpreting expressions easily knows how to utilize eye contact to an advantage in nurse-patient relationship.

Touching is a non-verbal ways of showing emotion (Klisiari and Gaki, 2012). It is an age-old demonstration of caring. Touching gestures have been discovered to improve the quality of verbal communication (Fleischer, Berg, Zimmermann, Wuste, and Behren, 2009). Simmers *et al.* (2009) assert that touching, patting, handshake, and hugging can relay more emotion than words could accomplish. Indeed, as Fleischer *et al*. (2009) affirm, non-verbal communication is supportive of verbal communication.

2.3.3   Listening communication skills and nurses' interpersonal relationship with patients

Listening is another skill that is identified as passive aspect of communication but very active if done well (Tamparo and Lindh, 2007). According to Simmers, Simmer-Nartker, and Simmer-Kobelak (2009), good listening skills will allow someone to receive the entire message being conveyed. Contreras (2014) claims that listening is the greatest skill a nurse can have while Brody (2003) sees active listening as required for therapeutic communication. Wright (2012) also states that active listening ensures effective interaction by encouraging discussion. Leaning forward and making sounds of encouragement demonstrate that the nurse is listening to the

patient and assimilating the information given towards arriving at diagnosis. Bhatti (2011) adds that when a nurse patiently listens to a patient, he could clarify issues where applicable. This strengthens their bonding and enhances the nurse's understanding of the patient's condition.

One can conclude that listening makes patients to feel that they are being cared for while experiencing a feeling of connection with others; it also builds a sense of trust in them for the caregivers. They also feel less isolated and alone besides making sense of their current situation and/or past experience. By this, they ask for help, provide feedback and get involved in their care planning.

2.4   Concept of personality traits

Pappas (2013), in presenting the psychologists' view of personality, sums it up as the differences manifested by people in their thought pattern, feelings and behaviour. Sindhurkotagiri (2010) presents it as peoples' ways of reacting in different situations and their interactions with others. Cherry (2014) describes it, from the trait theory, as a characteristic that makes individuals behave in specific ways. As asserted by Clause (2014), attempts to classify what determines individual personality have been long undertaken in personality psychology. Trait theory tends to concentrate on identifying accurately and describing aspects of personality.

This idea is believed to have being in existence since the beginning of human language (Matthews, Deary and White, 2003). Aristotle wrote that dispositions such as vanity, modesty and cowardice are the main determinants of moral and immoral behaviour. Matthews, Deary and White (2003) and Roberts and Mroezek (2008) define personality traits as the patterns of thoughts, feelings and behaviours that differentiate individuals.

According to Cherry (2014), in 1936, it was discovered by Psychologist Gordon Allport that a typical English language dictionary contains more than 4,000 words for personality traits. He categorizes these traits into three while Raymond Cattell wrote about 16 personality factors, and Hans Eysenck created a model of personality based on three universal traits (Cherry, 2014).

The controversy generated by the theories of Cattell andEysernck (1950) led to the emergence of a theory denoted as Big Five Theory (Cherry, 2004). Clause (2014) explains that the "Big Five" are traditionally perceived as consisting of the five personality traits: openness to experience, conscientiousness, extraversion, agreeableness and neuroticism. Pappas (2013) opines that the

"Big Five" are the elements that make up each individual's personality. It is possible for an individual to possess a dash of openness, and some conscientiousness, an average amount of extraversion, plenty of agreeableness and almost no neuroticism at all. As well, a person could be disagreeable, neurotic, introverted, conscientious and hardly open at all.

Openness to experience: Openness describes tendency to conform to norms, how individuals think, and how they accept or reject change (Clause, 2014). Pappas (2013) describes those who are high in openness as those who are curious and appreciate art, imaginative and are interested in new things. To them, variety is the spice of life.

Conscientiousness: Cherry (2014) notes that conscientiousness includes high levels of thoughtfulness, good impulse control and goal-directed behaviour. Those so categorised are organised and attentive to details.

 Extraversion: This captures how social a person is (Clause, 2014). These ones love to go party with as opposed to staying indoors. They could be talkative.

Agreeableness: Those who are high on this according to Wikipedia (2014) have the tendency to show a lot of compassion and cooperation rather than to show suspicion and antagonism towards others. Also it reveals how trusting and helpful an individual is and whether or not a person is generally well-tempered.

Neuroticism: This describes individual level of anxiety as well as self-confidence. These individuals are prone to emotional instability, moodiness, irritability and sadness (Cherry, 2014).

2.4.1   Personality traits and health-care provision

Health-care providers are required to be as effective as they can be to meet the health needs of patients. They should be able to establish therapeutic relationships with clients who are also the patients. There is no doubt that the patient is the focus of the health-care providers in hospitals. As Leggat (2007) posits, teamwork is very important in health-care provision and, indeed, no single professional can provide all the services needed in health-care delivery.

Notably too, the patient's cooperation is integral to achieving success in health care. This can only be achieved if the health-care providers have interpersonal relationship with the patients. Communication plays a major role in this but then the place of personality traits cannot be

ignored. All health-care providers, particularly the nurse, are expected to be imbued with certain personality characteristics (Collins, 2009, Leebov, 2011). The nurses' main responsibility is to cater for the medical needs of a patient; as well, it is to care for the patient's emotional well-being. For this to take place, their relationship requires trust (Florida Hospital College of Health Science (FHCHS), 2011).

CRNBC (2006) lists trust, empathy, respect, professional intimacy and power as the five nurse-client relationship's components. However, the effectiveness of these on health-care provision depends greatly on numerous personality traits that have been postulated. Among these are the Big Five. It is believed that everyone possesses a measure of these characteristics to some degree. In other words, certain people could be stronger or weaker in certain areas. Tramilton (2011) discusses the following personality traits shared by many efficient nurses: compassion, patience, stability, details, tough and critical thinking. These can be fitted to the Big Five in a way.

Compassion: Nurses are expected to be compassionate. For a nurse to perform well, she needs to be inherently caring. A nurse without compassion is of no use to a hospital. Nurses who are effective have the ability to convey genuine care for people, especially when ill or injured.

Patience: Patience for patients is a virtue in a health-care situation as nurses, especially in hospital setting, typically work extremely-long hours. Patience is important in dealing with doctors and other co -workers who may be tired and stressed out. Nurses also need to cater for the need and requests of ill individuals many of whom may feel scared by their situation or grow upset when a doctor orders more tests to diagnose a medical condition. In the case of pediatric nurses, patience is often necessary for answering the many questions posed by concerned parents.

Stability: Although nurses are expected to display a caring nature, a big part of being a nurse is being cool, calm and collected. To keep a situation calm, nurses need to display a sense of unwavering poise, stability and emotional detachment amidst the most stressful and frantic situation. On almost a daily basis, nurses encounter serious suffering from newborns with health problems and people with severe injuries. Nurses need to develop thick skin in order to manage these situations with their professionalism still intact.

Details: A nurse has to pay attention to details. Nurses are required to keep track of important information regarding patients, from allergies and dietary requirements to medicine administrative time everyday. Thus, a good sense of organisation and a good memory for details are very essential in the field of nursing.

Tough: The nursing profession is definitely not for the faint-hearted. Therefore, a good nurse must not be easily upset and must be entirely comfortable with coming in close contact with and viewing bodily fluids.

Critical thinking: Nurses should be able to think critically and focus well. Solving problems without flapping is part of the daily routine. Therefore, they need to be quick thinkers who can come to conclusions rapidly and easily, even in the face of confusion and chaos.

There are other personality traits that correlate highly with being effective in nurse-patient interpersonal relationship. For instance, Jones (2014) lists physical strength, flexibility and great communication among others. Building and maintaining a good relationship with the patient is an essential aspect of the treatment and healing process.

2. 5   Personality traits and nurses' interpersonal relationship with patients

Positive interpersonal relationships at work have positive effect on both organizational and individual variables. Personality theorists and researchers over the years, have come to the conclusion that individuals do not, and cannot, react to situations in the same way (Kester and Esan, 2012). Therefore, it is important to look at the impact which the different personality traits have on the nurses' interpersonal relationship with patients in hospital environment.

2.5.1   Openness to experience and nurses' interpersonal relationship with patients

Openness to experience, one of the Big Five personality traits, comes to play where nurses have to display genuine interest and empathise with the patient in interpersonal relationship (Fleischer et al, 2009). Genuineness is the ability to be oneself within the context of professional roles. According to Sheldon (2014), as nurses develop into experts, their professional selves come into agreement with their personal selves. This is one good part of working in health care because it allows the incorporation of shared humanity and authenticity into nursing care (Sheldon, 2014).

In openness to experience, there is the issue of trust, which is the firm belief in the honesty, integrity, reliability and sense of justice of another person without fear of the outcome. It is the inner certainty that the other person's behaviour is predictable under a given set of circumstances. Trust is extremely important in the nurse-client relationship because the client (patient) is in a vulnerable position (CRNBC, 2006). Building trust is beneficial to how the nurse-patient relationship progresses. This is promoted through attentiveness, competence, comfort measures, personality traits, and provision of information. (Wikipedia, 2011).

Respect is equally seen as essential in building interpersonal relationship with patients. Sheldon (2014) defines "respect" as being able to accept another person's beliefs despite one's own personal feelings. Each patient should be respected and accepted as a unique human being. The goal is to make the patient feel comfortable and legitimize his or her feeling. According to Said (2013), this is achieved in part by making sure that patients have privacy when care is provided, actively listening to the patients and understanding patients' concerns by relating what they have verbalized. Nurses should also speak calmly and slowly in terms that the patients can understand. As pointed out by Fleischer, Berg, Zimmermann, Wuste and Behrens (2009) citing Castledine and Gastmanss, (2004), essential aspects of nursing relationships are dependent on the skills of the nurse, like non-judgmental listening and the ability to convey warmth and understanding. For a therapeutic relationship to work effectively, elements such as showing warmth towards the patient, being respectful by showing the patient that he/she is an individual and a unique being, need to beupheld (UKESSAYS, 2014). The dignity of the patient puts the patient at ease and he/she feels more valued and may, in turn, open up more to the nurse, a development that aids his/her treatment.

In addition, nurses' show of empathy which means identifying closely with patients, because he/she can imagine herself in the patients situation, is also very important. When there is empathy, there is harmony between the nurse and the patient (Maville and Huerta, 2013).

2.5.2 Conscientiousness and nurses' interpersonal relationship with patients

Ganjeh, Arjenaki, Nori and Orieyzi (2009) define conscientiousness as reliability (caution, exactness and responsibility) and volition (hard working and progression). Hafshejani, Fatehizade and Yousefi (2013) see it as a tendency for self-discipline and deliberately aiming for achievement rather than acting by reflex. Lam and Teng (2008) relate conscientiousness to

carefulness, efficiency, achievement, motivation and task orientation. All the above indicate that conscientious people tend to be focused while following the routine to achieve set goals.

As Bhatti (2011) declares that the nursing profession calls for development of strong interpersonal relationship with the patient. The skill of understanding and connecting with the patient's feeling and concerns is also very important. Conscientiousness is considered as the most important point in job performance (Ganjeh*et al.*, 2009). Nurses who are high in conscientiousness try to fulfil their responsibilities as much as it lies in their power and, as a result, are able to accomplish their objectives.

Also, since the aim of the interpersonal relationship between the nurses and the patients is to achieve the patient's wellness, nurses are expected to cultivate attitudes that would strengthen communication with patients (Maville and Huerta, 2013). Burford, Carter, Morrow, Rothwell, Illing, and Mclachlan (2011) view attitude as statements of beliefs and values, including stable traits and qualities. Among the attitude nurses are expected to manifest is unconditional positive regard, especially for the patients. Nurses are therefore expected to unconditionally accept and respect their patients as fellow human beings.

Coffey (2006:313) shares the feeling of a caring nurse who said:

> I care enough to do things right, to give the right information or find it out if I don't know, to return calls promptly", these and other attitudes set the stage for profitable nurse-patient interpersonal relationship.

Smith and Godfrey (2002) look at this from the ethical point of view, citing Kelly who states that ethical nursing is made manifest in a good nurse who performs her nursing duty appropriately. Nursing is, by nature, a moral duty. When someone makes a commitment to care for the health of other people, he is being moral. In all, the nurse takes the first step in initiating the patient-nurse relationship and decides when it terminates.

2.5.3   Extraversion and nurses' interpersonal relationship with patients

Extraversion is described as showing personality traits, such as sociability and activity (Ganjeh el al, 2009). Extraversion combines assertiveness and sociability (Lucas, Diener, Suh, Shao and Grob, 2000; Cameron, 2009). Extraversion impacts the quantity and intensity of interpersonal relationship.

A similar view is held by Hee and Johari (2014) who state that extraversion refers to tendency to be talkative, gregarious, sociable, assertive and active. They further note, citing Lin, Chiu and Hsieh (2001) and Ehrhart (2006), that extroverted people are friendly, outspoken, confident and overbearing. Hee and Johari (2014) also argue that individuals who are high in extraversion will demonstrate high level of customer-oriented or patient-centred behaviour. This may be attributed to the fact that, as Barker, Van Der Zee, Lewig, and Dollard (2002) opine, extraverts generally have tendency to reappraise problems positively. Also, they tend to be associated with the use of rational, problem-solving coping strategies as well as social support-seek and re-appraisal (Don and Matthews, 1992; Watson and Hubband, 1996 and Barker *et al.*, 2002). They are said to view all goals as attainable (Hee and Johari, 2013). Nurses who are highly extraverted are more likely to display customer-oriented behaviour. It is, therefore, safe to state that an extraverted nurse possesses the requirements for building a therapeutic relationship with patients, which is actually the essence of nurse-patient interpersonal relationship.

2.5.4 Agreeableness and nurses' interpersonal relationship with patients

In Dachner's (2011) view, agreeable individuals are compassionate, flexible, fair, generous and considerate. They are also approachable because of their supportive nature and sensitivity. Ganjeh*et al.* (2009) opine that agreeableness shows personal difference in being warm, kind, intimate and sympathetic in social integrations with others and thus avoid interpersonal opposition. Hafshejani*et al.* (2013) describe it as a measure of trust and helpfulness as well as temper. Agreeable individuals tend to be tolerant and accepting rather than cynical and hostile; as a result, they are eager to please others. Cameron, (2009) avers that agreeableness is associated with traits such as trust, cooperation, flexibility and tolerance. Nurses who possess these traits are expected to get along with patients easily. Nurses who possess high level of agreeableness are the best to meet the needs of patients in interpersonal relationship (Ganjeh*et al.*, 2009). High level of agreeableness can have positive impact on interpersonal relations (Cameron, 2009).

2.5.5 Neuroticism (emotional stability) and nurses' interpersonal relationship with patients

Neuroticism is paired with emotional stability by most researchers of personality traits. Ganjeh*et al.* (2009) conceive neuroticism as differences in stress, depression, anger, shyness, anxiety and insecurity. Hafshejani, Fatehizade and Yousefi (2013) view it as experiencing unpleasant

emotion such as anger, anxiety, depression or vulnerability. Cameron (2009) claims that emotional stability reveals details related to individual's adjustment or its lack. People who are strong in this seem to be well-adjusted, calm, secure, and self-confident. These individuals are also expected to be effective in communication and have positive interpersonal relations in teams. Cameron (2009), examining neuroticism or negative affectivity, lists anxiety, anger, depression, and insecurity (Rothmann and Coetzer, 2003).

As Cameron (2009) opines, each of the negative aspects, also captured as neuroticism, tend to contribute to lower levels of skills for building interpersonal relationship. Barker, Van Deree, Lewig and Dollard (2002) contend that those who are high in neuroticism tend to set extremely high goals for themselves and underestimate their own performance. They also perform poorer and are less creative than those who are emotionally stable (Rothmann and Coetzer, 2003). As a result of the above points raised against neuroticism, Hee and Johari (2014) conclude that emotional inconsistency at hospital is not in the best interest of the patient. Thus, a neurotic nurse will not be able to sustain an interpersonal relationship that is therapeutic with a patient. In fact, Ganjeh, Arjenaki, Nori and Oreyzi (2009), citing Allen and Mellor (2002), found that neuroticism goes with emotional exhaustion, depersonalization and reduced accomplishment for the individual. Cameron (2009) found that there is no relationship between emotional stability and interpersonal skills for individuals whereas a small negative relationship exists at group level.

2.6   Communication skills and personality traits among nurses

Communication is the kernel of any relationship, be it in marriage, place of work, in the family and even in the society. However, it is more important in the hospital environment where it may be a very serious matter. Papa (2011) asserts that interpersonal communication is particularly crucial in the nursing profession. Just like most professions, nursing is collaborative and the successful outcome of any health care thrives on effective communication among actors in the health-care delivery. Corroborating this, Gaunttett and Laws (2008) posit that good communication among the health-care professionals positively affects quality of care received by patient and safety. Medical error can arise from lack of open and correct communication with team members (Manojilovich and Decicco, 2007; Tschannen and Lee, 2012; Anderson, 2013). Conversely, effective communication will lead to better information flow and overall

improvement in all aspects of care and fast track the discharge of patient (O'Daniel and Rosenstein, 2008).

There is a relationship between communication and personality traits. According to Highsmith (2013), personality and communication are complementary and understanding their working will engender better communication in the workplace. According to MSG Experts (2013), effective communication skills play a critical role in honing one's personality. Also, studies by researchers tend to prefer the use of the Big Five personality traits. In (Ganjeh, Najme, Abolghassem and Oreyzi, 2009), neuroticism has a positive relation with emotional exhaustion and extraversion, and agreeableness, while conscientiousness has negative relation with reduced personal accomplishment.

There is no way one can discuss communication skills without connecting them with the personality traits, as communication skills are not enough to develop relationship with people. The way those skills are used, the attitude, or emotion injected into the skills will make communication have a desirable effect. The personality traits listed as useful in hospital, according to Joyner (2014), are: being honest, ethical, concern for others, and dependable, having self-control, tolerating as well as managing stress and desire for social orientation. These traits are not only for developing interpersonal relationship or therapeutic relationship with patients but also for developing the nurses' relationship with other health-care givers as they all work together to bring wellness to the patients.

As it has been established, communication skills and personality traits are very important elements in the interpersonal relationships in the hospital environment. This is because the safety of innocent lives may depend on cooperation between these multifunctional groups of people. Patton (2014) states that health-care workers work in challenging settings that give room for tension. Roberts, Grutt and Grosch (2012) observe that multiple pressures in nursing and the health-care environment cause significant stress for nurses. For decades, out of all the health-care professionals, the highest level of job stress has been consistently recorded among nurses. These multiple pressures may be linked to the nurses being the first and the last to have contact with patients. They, at times, act as buffers for the patients. They also have to interpret the doctors' message to the patients and their family members as well as deliver bad news, which they are the

first to receive. There are also the long work hours and the fact that they go on shift-work and are involved in interpersonal conflict (Robert, Grubb and Grosch, 2012; Kato, 2014).

Patton (2014) points out that finding from research shows that most health-care conflicts originate from interpersonal or professional communication problems. Furthermore, Patton (2014), quoting Almost, Doran, Hall and Spencer (2010), asserts that the main cause of conflict in nursing as found in three studies, comprises dispositional characteristics and that such incompatibility among persons can include personality clashes, tension and annoyance. These are actually what happen in the hospital environment. Nurses have squabbles which may affect their relationship with their patients and result in medical errors. As Lindeke and Sieckert (2005) state, the challenge then is to make the most of all interactions in order to make use of the best knowledge and abilities of all health team members and provide positive patient outcome. This can only be achieved when nurses, realizing their delicate yet very important role, work on their communication skills and improve their personality traits to be effective in their profession.

2.7   Psycho-social factor and nurses' interpersonal relationship with patients

The special duty of the nurse is to help the patient perform activities which contribute to their health. Fleischer *et al.* (2009) argue that the purpose of communication and interaction in health setting should be to shape the patients' health status. Also, Jones and Fitzpatrick (2014) state that the relationship between nurses and patients is the cornerstone of all other activities in nursing. That is, establishing a nurse-patient relationship is one of the nurses' primary aspirations.

Pena and Juan (2011) opine that interpersonal relations and effective communication with patients are determinant factors of nurse care quality. In the same vein, Sheen (2011), citing Weaver (2010), argues that, a nurse needs to identify, and be conscious of, the patient's hindrances to accomplish effective communication and empower the patient. Patients' physical hindrances may include sensory impairment and environment issues.

Caris-Verhallen, Kerkstra and Bensing(1999) found that nurses who are educated tend to undertake more task-related communication, such as remarks that guide the patient; also, they spend less time on small talk and banter. Baldursdottir, Jonsdottir and Iceland (2002) discover that the nurse expend more care on older patients. Student nurses tend to give patients more time and actually relate with them better than the senior nurses. The possible reason is that the student

nurses have not fully imbibed communicating in a task-centred way or, many demands are not made on their time because they lack expertise (McCabe, 2004).

There is also what Shattell (2004) refers to as patient care-seeking communication. This is how patient-communication variables influence nurse-patient relationship and health-care outcome. Shattell (2004) claims that patients may have a far greater impact on and responsibility to the health-care relationship than declared by previous provider-patient research. For instance, Stein-Parbury (2009) states that, a factor crucial for interaction in caregiver-patient relationship is the child's stage of psychosocial development. Stein-Parbury (2009) contends that prior to attaining the ability to grasp that their caregiver exists, whether or not they are in sight, infants are basically content to accept anyone who provides their needs. Actually, once children are attached to their primary caregiver, it severely affects their interaction with others. They get upset and even cry when they encounter strangers or when their primary caregiver is not available.

Furthermore, Stein-Parbury (2009) states that adolescents are primarily focused on developing a strong sense of self-identity. Attempting to develop meaningful relationship with adolescents will fail if nurses ignore this reality. Therefore, nurses have to work at these variables in order to boost their interpersonal relationship with their patients. There are so many other variables within the nurse-patient interpersonal relationship that have the tendency to determine the outcome of this relationship.

2.8 Perception of nurses about the impacts of the interpersonal relationship on patients' wellness

Establishing nurse-patient relationship is a deliberate endeavour by the nurse to care for patient (Sheldon 2014). Helping relationships between the nurse and the patients are created with care and skill and involve effective communication (Evolve Website, 2014). According to De Negri, Brown, Hernandex, Rosenbaum and Roter (2011), health-care providers and clients should view health care as a partnership to which they contribute to achieve optimal result. However, certain elements are expected to be present in the nurse-client relationship. CRNBC (2006) provides five components of the nurse-client relationship; namely trust, respect, professional intimacy, empathy and power (CRNBC 2006).

Bowen (2012) avers that the way a nurse handles the care of a patient in health care has impact on the rate at which a patient recovers. Many nurses are exceptional in caring for patients. Nursing is a profession that is full of pressure. It takes a solid collection of interpersonal skills to deal with patients, their families and friends and other medical personnel, in addition to witnessing the tragedy experienced by patients and families (Boyle, 2011). Traditionally, according to McCabe (2011), nurses did not enjoy support in establishing therapeutic relationships with patients. McCabe (2011) opines that the reason for this is to protect nurses from difficult emotional situation, thereby preventing stress. McCabe (2004) adds that studies by Wilkinson (1991) and McColl *et al*. (1996) agree with this, as they found that nurses have the necessary skills to relate well with patients but they do not apply them because they lack organizational support and encouragement.

In recent times, therapeutic nurse-patient relationship is much advocated, as there-in lies, to some extent, the solution to the wellness of the patient. The attention is now on patient-centred care. However, with this comes the attendant effect. A lot is being made of how job stress affects the health and productivity of nurses. For instance, Sabo (2011) contends that a review of the literature on the health of nurses leaves little doubt that their work may take a toll on their psychosocial and physical health and wellness. In support of this, Boyle (2011), cited Fingley (1995), who notes that there is a price to pay for caring for those who listen to clients' stories of fear, pain and suffering as they may feel the same way because they care.

In the same vein, Roberts *et al*. (2012) note that multiple pressures associated with nursing responsibilities and the health-care setting, cause significant stress levels among nurses. Nurses are known to serve as buffer to the patients over time. But then, as Boyle (2011) contends, the reaction of nurses to profound loss and premature death has not been addressed thoroughly. Roberts, Grubb and Groseh (2012) list the following range of psychosocial stressors as what the nurses seem to be overexposed to: lack of control, long work hours, shift work, interpersonal conflicts, insufficient resources, poor reward systems, inadequate structure of communication flow in hospitals and other health-care settings; alongside bullying and physical violence.

Robert, Grubb and Groseh (2012) argue that, in recent times, researchers have addressed consequences of nursing stress such as moral distress and compassion fatigue. The terms, compassion fatigue and burnout have received some research attention. The impression that is

being given is that this nurses' malady may be responsible for certain unwholesome manifestations witnessed in health-care facilities. For instance, Angko and Aboyinga (2013) assert that patients are sometimes exposed to hostile language from care providers. Poor communication therefore hinders effective relationship between health-care provider and the patient.

2.9 Communication skills, personality traits and nurses' interpersonal relationship with patients

Therapeutic nurse-client relationship is the core of nursing (College of Nursing of Ontario, 2013; Gillaspy, 2015). Gillaspy (2015) states that the relationship is like a friendship. Friends through their actions and words encourage us to reach our goals and comfort us when we have a setback. Among the components of this relationships are: trust, respect, professional intimacy, empathy and power (CNO, 2013). Gillaspy (2015) identifies trust, respect, genuine interest and empathy as the components of the relationship. However, this type of relationship between the nurse and the patient is impossible without the use of communication skill and personality traits.

Communication is vital to achieving positive outcomes and is an intervention deliberately to involve patients and families in their own nursing care (Evolve website, 2014). Communication is imperative for nurse-patient relationship and patient-centred care is the focus of communication therein (Sheldon, 2014).

Certain communication skills have been identified for effectiveness in nursing care and productive nurse-patient interpersonal relationship. For communication, Wright (2012) discusses verbal skills as well as active listening skills, voice management and cultural awareness. Sheen (2011) lists verbal and non-verbal communication as very important factors needed to sustain good quality of life, as they allow interaction and provide comfort. According to Fleischer, Berg, Zimmermann, Wuste and Behrens (2009), the nurse-patient relationship is primarily facilitated by verbal and non-verbal communication. Poor communication is a significant cause of medical error in health care (Dunn *et al*. 2007; Sutcliffe *et al*. 2004); cited in Tschannen and Lee, 2012). This also refers to communication among health-care providers. However, it is of more importance when the communication is between patients and nurses, because, when patients feel good about their experiences, they are more willing to cooperate and more likely to repeat their

contact with nurses. However, negative experience is likely to make them avoid and limit further contact (Servellen, 2009) and likely retard the healing process of patients.

There is also the third component of the communication skills in this study, which is listening skills, also referred to as active listening skills. This helps to ensure a successful interaction through techniques that facilitate discussion, like leaning slightly forward and using sounds of encouragement. These are meant to demonstrate that the nurse is truly listening and assimilating the information provided by the patient in order to arrive at an eventual nursing diagnosis (Wright, 2012).

However, as important as communication is to nurse-patient relationship, the aspect of personality traits, as conceptualized by Costa and McCrae (1992), cannot be ignored (Rothmann and Coetzer, 2003). These are captured by the concept of the Big five factors; namely extraversion, conscientiousness, agreeableness, neuroticism or emotional stability and openness to experience. These traits have been interpreted by Northern California Nursing Academy (NCNA) (2013) as having a caring nature, emotional stability, flexibility, physical endurance, problem-solving, quick response and respect as well as being detail oriented. According to Sand (2003) and Rothmann and Coetzer (2003), the attributes of nurses are of great importance to their interactions generally and clinical relationships with patients, and may also lead to work satisfaction.

Extraversion: Sarmand and Bashir (2016), quoting Rusting and Larsen (1997), state that this entails being energetic, sociable, predictable and confident, which enhances optimism. Extraverts view events of life as motivation to strive to satisfy self and others. According to Sarmad and Bashir (2016), quoting Jang, Livesley and Vernon (1966), nurses with high extraversion learn even from negative occurrences and enthusiastically improve performance at workplace. These nurses treat patients with care and uphold the caring behaviour.

Conscientiousness: This, according to Rothman and Coetzer (2003), refers to self-control and planning, organisation and execution of tasks. The conscientious of nurses is leveraged by them to win the satisfaction of their patients. Conscientious nurses treat stressful patients and yet disallow bad experience affect their performance (Johari and Hee, 2013). Nurses with positive

conscientiousness are likely to encourage patients to believe in their healing and relentless in their interest in the patients' striving towards wellness.

Neuroticism: This indicates the tendency to experience fear, sadness, embarrassment, anger guilt and disgust. The person concerned is prone to irrationality, impulsiveness, and coping poorly with stress. A low neuroticism score is indicative of emotional stability (Rothmann and Coetzer, 2003). However, Sarmad and Bashir (2003) opine that neurotic nurses seek other individuals to solve their problems when faced with challenge. Nurses with this disposition treat emotionally-stressful encounter as a personal attack and are easily bothered. Neurotic persons are less likely to show customer-oriented behaviour. It is believed that there is high correlation between neuroticism and job stress (Johari and Hee, 2013).

Agreeableness: The nurses with this disposition are fundamentally sympathetic towards others and eager to help (Rothmann and Coatzer, 2003). Agreeable people or nurses in this instance are trusting, straightforward, modest and tender-minded (Johari and Hee, 2013). Nurses who are agreeable in personality are curious about health issues and strive to make the patient get better (Sarmad and Bashir, 2016). It is also believed that nurses with this trait are less likely to be affected by burntout (Ganjeh*et al*., 2009).

Openness to experience: This combines active imagination, aesthetic sensitivity and attentiveness to inner feeling (Rothmann and Coetzer, 2003). People with this trait will like to experience all stages of life and will not be disappointed even when they meet with failure in life (Sarmad and Bashir, 2016). Nurses who possess this tend to deploy alternative treatment to offer a patient quality treatment (Needleman, Buerhaus, Mattkes, Steward and Zelevinsky, 2002). To them, handling stressful patients is an opportunity to learn and, therefore, prone to exhibit customer-oriented behaviour (Johari and Hee, 2013). They are more active to win patients' satisfaction in challenging situation (Sarmad and Bashir, 2016).

From the literature reviewed, it is clear that nurses' personality traits have a great influence in building interpersonal relationship with patients (Riggio and Taylor, 2000).However, as Van DeenHeever (2013) opines, nurses and other health workers need special communication skills to address the emotional challenges of patients. These communication skills are active listening as well as constructive verbal and non-verbal affective techniques.

2.10   Review of empirical studies

The role of nurses has always been seen as crucial in healthcare. This is because out of the various categories of healthcare givers, nurses are at the fore-front caring for the sick each day, providing counselling sessions for patients on their health and meeting as much as possible, other health needs of the patients. As a result Webb (2018) pointed that nurses require effective communication and interpersonal skills to provide optional care, and to ensure that patients and their families and care givers have a positive experience of receiving care. Webb (2018) also stated that the new nursing and Midwifery council standard of proficiency for registered nurses, and for nurse education and training, published in May 2018, recognize that future nurses will be practicing in increasingly complex and environments. Thus some of the past empirical findings that are related to this present study are examined in order to point out the major differences and similarities and thus fill the gap.

Previous studies found that there is positive correlation between patient's wellness and nurse-patient interpersonal relationship (Angko and Aboyinga 2013) According to Sheldon (2014) the process of interpersonal relationship has five phases. These are: orientation and termination exploration, resolution and termination. The issue here is how he knows the point at which one phase of interpersonal relationship ends and the next phase begins.

Ehiemere, Nwaneri, Iheanacho and Akpati (2011) carried out a research on the satisfaction helpless patients with quality of nursing care in federal tertiary hospitals, in Enugu, south-east, Nigeria. The study used a descriptive survey research design. Studied one hundred and five helpless patients; that is, those who needed support to cope with the routine of daily living. Questionnaire and interview guide were the tools used. The data were analyzed with descriptive statistics. The result showed the patients satisfied with physical and psychological care. Also, satisfaction with spiritual care was marginal and marginally positive with nurses' attitude.

In the same vein, Oyetunde, Kelechi and Oyediran (2014) did a study on perception of patients and other health-care professionals about nurses with the University College Hospital, Ibadan Oyo State, Nigeria as case study. Two hundred respondents were randomly selected. They were 165 patients and 35 doctors. A pre-tested questionnaire was used for data collection and SPSS version 16.0 for analysis. From the result, nurses were found competent by 68% doctors 58% patients. Others (75% patients and 54% doctors) agreed that the nurses had adequate skills.

Patients (70%) and doctors (49%) agreed that the nurses had a positive attitude towards work. About 74% of the patients and 59% of the doctors agreed that the nurses maintained a professional demeanour. Besides, more patients than doctors rated the nurses higher. A significant difference was established between the views of the patients and the doctors about the communication skills of nurses. The study showed relative satisfaction with the quality of nurses' work as well as behaviour. They concluded that nurses could perform better in relationships with other health-care providers to achieve positive patient-care outcomes.However the study did not specify whether qualitative data were used alongside the questionnaire. Usually information that quantitative data fails to elicit are obtained using interviews.

Adeoti and Lawal (2012) examined how interpersonal factors impact on quality health delivery. Focus was on Kwara State government hospitals. Fourteen factors on interpersonal factors were weaved into a questionnaire. Frequency counts and factor analysis were engaged for statistical analysis. Six of the 14 factors accounted for 61.13%; others were greetings (11.7%), complementary remark (10.17%), personal communication (10.18%), listening (9.9%), handshake (8.7%) and jokes (8.625%). The result indicates that all of these factors will significantly affect patients' satisfaction, which is the quality goal of hospitals. ANOVA was used to test the hypothesis of differences in application of interpersonal factors among the seven local governments sampled. The findings showed that interpersonal factors are crucial to the success of any service business, like health care. Also, the choice of persistent patronage and publicity of the government hospitals is contingent on whether or not the patients were satisfied on their discharge from the hospitals.This study did not reflect the role of the patients in the process of interpersonal relationship. The hospital takes in both the patients and the family members of patients. As Leebov (2011) avers, families and patients depend on the nurses for information on patients, liaison with doctors and other care givers.

Also, Owoseni (2014) conducted a research on adherence, treatment and health communication among tuberculosis patients in Ekiti State, Nigeria. The study employed Health Belief Model, Symbolic Interactionism and Social Action Theory to explain the phenomenon. Quantitative and qualitative research methods were used in the study. The respondents were made up of 509 patients and health-care providers drawn from tertiary, secondary and primary health institutions with Directly Observed Treatment Short course (DOTS) centres in Ekiti. The research made use

of key informant interview of some medical professionals from 4 out of 8 selected hospitals. The study was complemented by in-depth interview. The quantitative data were analyzed using SPSS V18, while the qualitative data were analyzed using manual content analysis. The findings revealed that the majority of the respondents (80.6%) were aware of their rights to be informed about their health status, while 18.7% were ignorant of their right. A total of 91.1% of the patients got their information through different sources. The study provided better information that will improve communication between patients, with impact on health outcomes and the entire health-care system.Owoseni (2014) in his study did not indicate the communication skills that are more effective in the nurse-patient interpersonal relationship. As Contreras (2014) claimed that listening is the greatest skill a nurse can have. This view was supported by Brody (2003) who confirmed that active listening is required for therapeutic communication.

Scott (2011), in his study on empathy in health setting, employed multidimensional model of empathy as a guide for research, which was aimed at understanding the antecedents and behaviours involved in empathic interactions between patients and health-care professionals. The study was cross-sectional and quantitative in design. The findings of studies one and two suggested that perspective taking and empathic concern were closely associated with agreeableness and extraversion. Besides, fantasy was associated with openness to experience but not emotional intelligence. Personal distress was positively related to neuroticism and negatively related to emotional intelligence. Study three investigated the relationships between emotional intelligence, the tendency to empathise, and empathic behaviour among doctors. The tendency to empathise was positively related to observer ratings of empathic behaviour, but not when doctors have qualified in a different country. Finally, study four examined empathy in the health-care context from patients' point of view. Situation and patient characteristics were also identified as antecedents to empathy, further relating to employee engagement and work design. Scott(2011) work on empathy in health setting did not reflect on how empathy and other personality traits are communicated within the health setting. Leebov(2011) confirms that language of caring helps healthcare organizations achieve an unparalleled patient experience and a culture of caring through exceptional communication.

Adereti, Olaogun, Olagunju, and Afolabi (2014) examined the perception of nursing care behaviour by paediatric patients (PPs) and primary caregivers (PCGs) in south-western Nigeria.

In this study, a total of 114 PPs and 114PCGs were selected by convenience sampling participated in the study. A modified Caring Behaviour Assessment (CBA) was used for data collection. The data were analyzed using descriptive statistics, t-test and linear regression. The result revealed that the behaviour mostly perceived as caring by the PPs was "be cheerful and gentle with me" while the behaviour mostly perceived by the PCGs was "call child by real name and not a nickname". Age, education, number of siblings, and position in the family did not have influence on the PPs' perception of nurse caring behaviour. Occupation, level of education, and income did not significantly influence the PCGs' perceptions of nurse caring behaviour. There was no statistically significant difference in the PPs' and PCGs' perception of nurse caring behaviour. This study only concerned itself with perception of nursing care behaviour and not on the effect of communication skills on nurse-patient interpersonal relationship and how this can be improved in a hospital environment.

In another study, Yekini (2013) examined patients' satisfaction with the services in the outpatient clinics of Randle General Hospital Surulere, Lagos. In this study, a cross-sectional descriptive survey was conducted among 187 patients across 5 outpatient clinics in the hospital. Multistage sampling was used. Data was collected by means of self-administered questionnaire. Analysis was done with Epil info software. The overall level of satisfaction was 80.7%. Of all the respondents, 73.7% were satisfied with the convenience/accessibility of services, 80.9% were satisfied with the physical environment and 87.0% were satisfied with the delivery of care by hospital pastoral. Approximately the 80.7% of patients accessing the hospital rated the services obtained in the hospital's outpatient department as satisfactory. This study did not take into consideration the views of the inpatients. Also quantitative data would have been of an advantage in a study of this native.

Also, Angko and Aboyinka (2013) examined the psychological impact of provider-patients relationship on patient satisfaction in Upper West Regional Hospital. The target population of the study included a cross-section of 500 patients in need of health care at the hospital in the course of the research. The results of the study revealed that the patients in the study were highly satisfied with the care given, which then influenced their rate of recovery. It therefore means satisfaction influenced patients' compliance with medical recommendations.This study revealed the relationship between nurse-patient interpersonal relationship and the patients' rate of

recovery. Wright (2012) confirming the findings of this study stated that the body of literature in nursing communication points to "increased recovery rate, a sense of safety and protection, improved levels of patient satisfaction and greater adherent to treatment options." However this study was carved out in a foreign land and to certain extent has no relevance to Bauchi state as the people are different as well as the culture.

In the same vein, Sowole (2007) carried out a study on patients' satisfaction with the care provided by a district dental clinic. He states that patients' satisfaction is critical for the growth of oral health service and practice. That is, the success of an oral health service can be assessed by the degree of satisfaction/dissatisfaction of its patients. The study was conducted on 200 patients who were 18 years and above. The findings indicated that there was good overall level of satisfaction with the dental care that the patients received. This study tended to look at the financial implication of the result of the study rather than the interest of the clients.

The focus of Mohammed and Odetola (2014) is evaluating patients' satisfaction with the care they receive through their interaction with nurses in selected health institutions in Edo State Nigeria. Their findings revealed a strong, direct and positive correlation between nurse-patient communication and nursing care. This study was corroborated by Post (2006) that helping patients improve how they communicate with their healthcare providers can be a valuable activity. However communication skills without the appropriate personality traits to go along with it may not yield the desired result. As Maville and Huerta (2013) confirmed show of empathy is also very important when there is empathy, there is harmony between the nurse and the patient.

Manava, Durrant, Fisher, Chersich and Luchters (2015) carried out a study on attitude and behaviour of maternal health-care providers in interactions with clients across Africa, Asia, Latin America and Middle East. Evidence synthesized from public and private health facilities in 42 low-and middle-income countries (LMICs) showed frequent reporting of negative attitudes and behaviours, most commonly verbal abuse, rude behaviour and neglect. These attitudes were prevalent among doctors, nurses, midwives and paramedics; but they were reported mainly in public health facilities. Positive attitudes and behaviours were much less frequently reported.This study findings revealed another side to what operates in healthcare facilities. The study cased out

by Van Den However, Popenpoel and Myburgh also claimed that nurses and care workers were found to be generally insensitive to patients' emotional needs.

In conclusion quite a number of empirical studies have been done on nurse-patient interpersonal relationship. However empirical evidences in Nigeria offers no empirical studies on the combined effect of communication skills and personality traits on nurse-patient interpersonal relationship in public hospitals in Bauchi state Nigeria. This study is thus timely.

It is evident, from the empirical studies reviewed above, that so much has been investigated in the area of interpersonal relationship between nurses and patients and its attendant effect on the state of patient's health. However, most of these studies were done in foreign countries while the few available in Nigeria are mostly in the south-south and south west. There is need to see areas of need in the hospitals in the north-eastern zone of Nigeria. This is because Nigeria still has a number of challenges in the health sector which are yet to be addressed. Also whatever affects the northern part of Nigeria would reverberate in other parts of the nation.

2.11 Theoretical framework

Among the major attributes of nurses is the capacity to promote good and effective interpersonal relationships with their client and other health-care professionals (Northouse 1991). Therefore, since this research work is based on two independent variables and one dependent variable, this study is anchored on communication theory, personality traits theory and interpersonal relationships theory (Peplau's Interpersonal Relations Theory).

2.11.1 Peplau's Interpersonal Relations Theory

Hildegard Peplau (1952) is a respected theorist in nursing and her work has been used in various practice contexts. Peplau's theory is also called psychodynamic nursing, meaning individual understanding of own behaviour. As described by Marriner-Tomey (1998), psychodynamic nursing is the ability to understand own behaviour and help others to identify felt difficulties, and apply principles of human relations to the problems at all experiential levels. In Peplau's theory, nursing helps others identify their felt difficulties. The theory of interpersonal relationships

argues that each person would react to things differently. Peplau views nurse-patient relationships as interpersonal processes to which nurses contribute understanding of developmental theories. In the nurse-patient interaction, the nurse and the patient work together and become more knowledgeable and mature in the process. Language is accorded major importance in Peplau's theory as it influences the person's thinking and ultimately actions. Communication clarifies perception of reality besides understanding other persons (Reed, 1996). Nurses are expected to communicate with patients on how to achieve certain therapeutic objectives without support.

Belcher and Fish (1990) view nursing as healing concerned with assisting the sick and others in need of health care. Accordingly, nursing is perceived as also involving interaction between people with a common goal. This goal provides the incentive for the process with the nurse and patient respecting each other.

Moreover, interaction determines the subjective experience of relationships (Tuckett,2007).Dornheim (2003) describes the mutuality involved as a process of cognition and action of the participants which can be physical acts, or a contact or bond of communication (Rundell, 1991). While Davies (1994) states that the behavioural component of interaction, is also a continuous process of communication (Caris-Verhallen*et al*. 1999; Moreira, Rodrigues, and Coler1997; Rundell1991; Tuckett, 2007). Verbal and non-verbal expressions make up communication (Darmann2002) with verbal expressions being basic (Lomax 1997). In interactional situations, behaviour communicates and conveys messages (Davies, 1994).

Peplau notes that behaviour is fundamental in nursing. Without good communication skills and personality traits, nurse-patients relationship can be adversely affected. For the purpose of explaining care, sharing information and working with each other, nurses depend heavily on all aspects of communication (McCabe and Timmins, 2008) to interact, get information on the patient's progress, confirm patients' understanding of their illness and treatment while relaying information to other health professionals and the patients and family

The Theory of Interpersonal Relations is a middle-range descriptive classification theory. It was influenced by Henry Stack Sullivan, Percival Symonds, Abraham Maslow, and Neal Elger Miller. It envisages that, nurses and patients work together, and both become more

knowledgeable and mature. Established in Peplau's theory is the significant position of communication in the promotion of interpersonal relationships. In that context, communication is regarded as a transactional and multidimensional process (Northouse, 1991).

The Peplau's theory of interpersonal relations provides understanding of how nurse-patient relationship is influenced through good communication lines. Kreigh and Perko (1983) claim that good communication lines result in significant pain relief for patients. Good interpersonal relationships, in tandem with effective communication techniques, aid eliminating poor health situations. Peplau's theory of interpersonal relation typically depicts the nurse as a complex individual, who personifies all past experiences, rigorous nursing training, and unique personality traits. This theory is relevant to the study as it dwells on the importance of communication to the development of interpersonal relationship between nurses and patients alongside its effect on the patients' health outcome in hospitals.

2.11.2 The Five-Factor Model of personality

The big five-factor model of personality was discovered from Cattell's variable list. Cattell's pioneering work stimulated other researchers to examine the dimensional structure of rating. Several investigators were involved in the discovery of the big five dimensions. The big five-factor personality traits are defined by several independent sets of researchers (Wikipedia2014). Cherry (2014) posits that evidence of the big five-factors personality trait has been growing for 50 years, beginning with the research of D. W. Fiske (1949) expanded by other researchers, among who were Norman (1967), Smith (1967), Goldberg (1981), and McCrae and Costa (1987). The five factors are openness to experience (intellect), conscientiousness, extraversion, agreeableness, and neuroticism (emotional stability). The factors have become widely accepted as basics of personality (O'Brein and DeLongis, 1996).

Numerous empirical studies have shown strong evidence for consistency in personality terminology used by subjects to describe themselves and others throughout adulthood. The Big Five Factor Model has been shown to be predictive of behaviour in many contexts. Ayodele (2013) examined the relationship that exist between the big five personality factors and lecturer-students' interpersonal relationship. It was revealed that conscientiousness, neuroticism, agreeableness, openness to experience and extraversion were potent personality factors with respect to the prediction of interpersonal relationship. Many other studies found the predictive

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value of the Big Five Factor Model across a wide range of behaviour (Barrick and Mount, 1991; Saulsman and Page, 2004). Such statistical evidence demonstrates that the Five-Factor Model is high in validity and useful as a predictive tool. Also, the Big Five personality factors are required in the prediction of human's psycho-biosocial adjustment to life and living. In addition, Srivastava (2015) posits that the big five factor tends to be a useful model for organising people's perception of each other's personalities. The theory is relevant to this study as the study is basically on interpersonal relationship between nurses and patients in hospital as it affects health-care outcome.

Kalish and Robins (2006) suggest that psychological tendencies are critical factors at the most basic level of a social relationship between two individuals. The five-factor model of personality (Barrick, Mount, and Judge, 2001; Hough and Furnham, 2003) provides a meaningful theoretical framework for postulating the likelihood that certain traits lead to the development of interpersonal relationships at work. More specifically, each trait supports the development of social among individuals. Assumedly, one would expect that an extraverted, agreeable, open to experience, conscientious, or emotionally-stable nurse in a public hospital who promotes friendship would have good interpersonal relationship with teammates and patients. On the other hand, if there is no openness to experience, conscientiousness, extraversion, agreeableness, and emotional stability, the reverse is the case.

 In essence, this theory assumes that the extent to which nurses in public hospitals can develop positive interpersonal relationship with patients depends on their different personality traits. The Big Five-Factor Theory is relevant to this study as the study also considers the effect of personality traits on nurses' interpersonal relationship with patients and its health-care implications.

2.11.3 Communication Theory

Communication theory was proposed in 1980 by S. F. Scudder (MSG, 2016). The idea is that all living beings existing on the planet communicate although in different ways. The universal law of communication is that all living beings whether plants, animals or human beings communicate through sound, speech, visible changes, body movements, gestures or in the best possible way to

make others aware of their thoughts, feelings, problems, happiness or any information (MSG, 2016)

Communication is examined from mechanistic, psychological, social, systemic and critical perspectives. The psychological and the critical views would be considered in this study as they express what takes place in a nurse-patient relationship. From the psychological perspective, communication is the flow of information from the sender to the receiver as well as the thoughts and feelings the sender intends to share with the receivers. It includes the reactions and feelings of the receiver after decoding the information. The critical dimension notes that communication is a way through which an individual expresses his power and authority among other individuals. These two views are relevant to the nurse-patient interaction because communication is not ordinarily to pass information, as the patient is obliged to play his/her part and inform the nurse of any changes in his status while asking questions in order to be informed. Nurses employ interpersonal communication skills to retrieve information during evaluation, teach about health issues, explain care and offer comfort and support.

The theory is relevant to this study as communication is crucial to the development of interpersonal relationship between nurses and patients in hospital.

2.12 Conceptual model for this Study

The conceptual model for this Study is shown in Figure 2.1. It is a combination of different concepts, comprising Peplau's interpersonal relations model, communication skills concepts and personality traits. Many of the concepts and variables discussed under literature review are presented in the model. The conceptual research model reveals that the two independent variables; that is, communication skills (verbal, non-verbal and listening skills) as well as personality traits are of great importance in the interactions between nurses and patients. For instance, the five 'C's of communication, namely being complete, clear, concise, cohesive and courteous are identified. This is because good communication applies equally well to therapeutic communication. For instance, a complete message has all the necessary details of the information which has to be spoken in clear terms in a language understood by both parties. This is also made clearer when there is eye contact. It is also concise when it does not include unnecessary information. It is cohesive when it is logical and in order. Lastly, it is courteous when it shows consideration and thoughtfulness. These, combined with personality traits, elicit professional

intimacy, trust, empathy, respect and power equality. These are manifested within the different phases of interpersonal relationship process of patient's and nurse's meeting and problem is identified; nurse encourages patient; patient exploits nurses' resources, and patient's needs are met. These phases lead to a better interpersonal relationship which results in good health outcomes. These good health outcomes may be a better-managed health state, complete healing from a particular ailment or even death, where a patient dies a dignified death in a terminal illness.

Communication skills

1. Verbal communication skills
2. Non-verbal communication skills
3. Listening communication skills

Complete
Clear
Concise
Cohesive
Courteous

Core communication elements needed in interpersonal relationship between nurses and

Process of nurse – patient interpersonal relationship in the Hospital

1. Orientation
2. Identification
3. Exploitation
4. Resolution

Better improved Interpersonal relationship

Personality traits

1. Openness to experience
2. Conscientiousness
3. Extraversion
4. Agreeableness
5. Neuroticism/emotional stability

Professional
Intimacy
Trust
Empathy
Power
Respect

Core personality elements needed in interpersonal relationships between nurses and their patients

Good health Outcome

O

R

FIGURE 2.1 CONCEPTUAL MODEL FOR THE STUDY
Source: Fieldwork (2017)

2.13 Appraisal of Literature

In this chapter comprehensive reviews have been made on past and present literature in areas of communication skills and Personality traits that relate to nurses interpersonal relationship with patients. From the bodies of literature reviewed so far, it was found that for nurses to achieve interpersonal relationship with the patients and also achieve the wellness of the patients for which they aspire, effective communication skills and personality traits have to be employed. Various concepts and theoretical frame works were reviewed. All these were done in order to link the study with how to improve nurses' interpersonal relationship with patients in public hospitals particularly in Bauchi.

Though there are so many literature that support the independent variables of communication skills (verbal, non-verbal and listening skills) personality traits (openness to experience, agreeableness, conscientiousness, extraversion and Neuroticism) each having a relationship with patients) in public hospitals as far as the researcher knows there appears to be no empirical studies in Bauchi state and Nigeria. In general to reflect a combination of communication skills, Personality traits and nurses interpersonal relationship with patients. This study therefore fills such existing gap. Also a conceptual model illustrates the association of the two independent variables and the dependent variable white the appraisal of literature form the concluding part of this chapter.

CHAPTER THREE

METHODOLOGY

3.1 Research design

The research design employed for this study was the descriptive survey research design. It was chosen for its appropriateness in confirming information relevant to the variables studied. Also, the design helped in the exploration and description of the respondents' views without any manipulation of the variables.

3.2 Population of the study

The target population comprised two categories of respondents, namely nurses and midwives as well as patients. At the time of field trip, the total population of registered nurses and midwives in all (27) public hospitals in Bauchi State was 1,365, the target population of the nurses and midwives in the nine selected public hospitals was1,045. Names, locations of public hospitals and population of nurses and midwives in Bauchi State are shown in Appendix 1.

3.3 Sample size and sampling techniques

The stratified and proportional sampling techniques were used to select 600 nurses/midwives across nine public hospitals. A total of 80% of the nurses/ midwives in general hospitals and 51% for the tertiary hospitals was used, as shown in Table 3.1.

Table 3.1. Sample size of nurses and midwives used for the study

Names of public hospitals	Total nurses/midwives	Sample size selected
General Hospital Bayara	49	39
General Hospital Toro	45	36
General Hospital Misau	31	25
General Hospital Darazo	25	20
General Hospital Jama'are	27	22
General Hospital Azare	28	23
Federal MedicalCentre Azare	247	125
Specialist Hospital Bauchi	180	100
ATBUTH Bauchi	413	210
TOTAL	1045	600

Source: Fieldwork, 2016.

The selected sample size of nurses was more than 55% of the population of nurses in the selected hospitals and over 40% of the total population of nurses and midwives in public hospitals in Bauchi State. These 6 general hospitals had a total number of 205 nurses and midwives. Therefore, the total number of nurses and midwives in the 9 selected hospitals was 1,045; that is, over 75% of the total number of registered nurses and midwives in public hospitals in Bauchi State.

The sample size of patients administered questionnaire was 300, using accidental and simple random sampling techniques. According to Daniel (1999), the formula for calculating sample size for patients using prevalence values is:

$$n = \frac{Z^2 \times P(1 - P)}{d^2}$$

n = the required sample size, Z = Value or confidence level at 95% (Standard value of 1.96)

P = Estimated prevalence of level of patients dissatisfaction in public hospital.

P = 100% − 80.7% = 19.3% Patients level of satisfaction in General Hospital Surulere is 80.7 (Yekini, 2013),

d = Precision or margin of error at 5% (Standard value of 0.05)

$$n = \frac{1.96^2 \times 0.193(1 - 0.193)}{0.05^2}$$

n = 226.9 Approximately 227

Therefore, the sample size was 250, to take care of attrition (227 + 10% attrition). This sample size was increased to 300 patients so as to have more patient-participants. Twenty-five patients from each of the 6 general hospitals and 50 patients from the three tertiary hospitals made up the 300 patients needed.

The stratified and proportional sampling techniques were used to select 600 nurses/midwives and 300 patients across the 9 selected public hospitals.
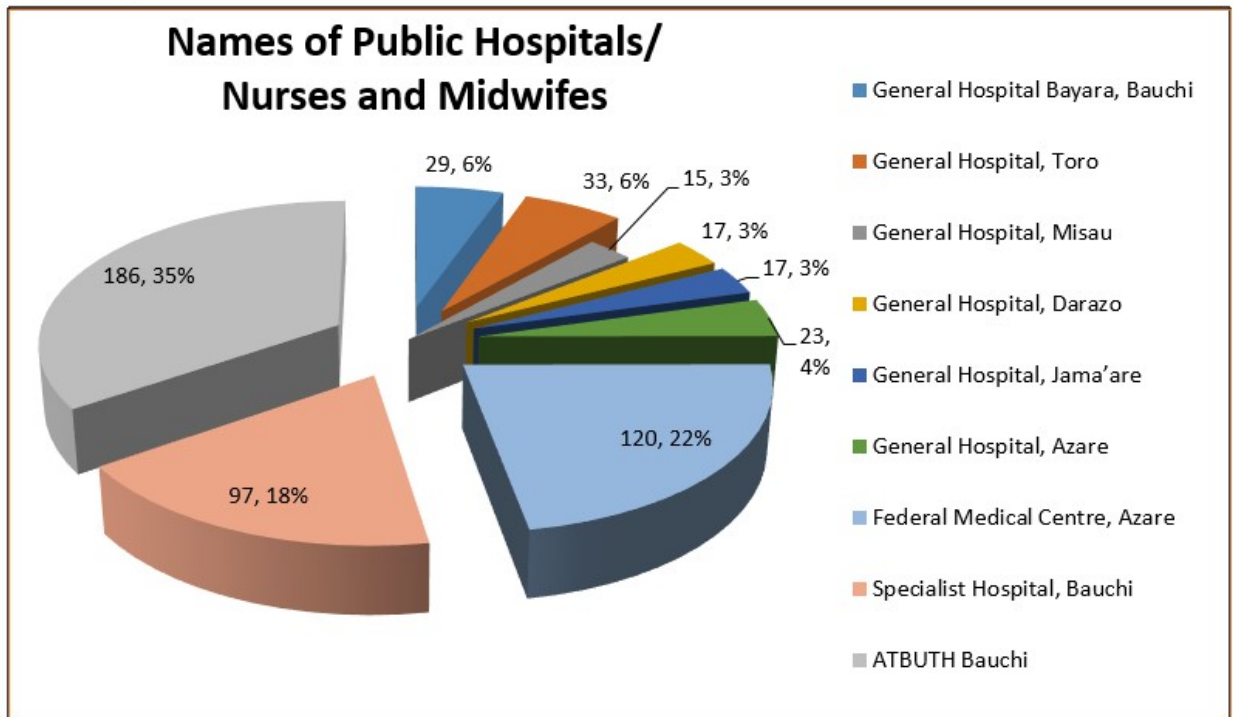
Figure 3.1. Distribution of the respondents by hospital.

Source: Field Survey, 2017

Figure 3.1 shows the number of respondents (nurses and midwives) that participated per hospital. General Hospital Bayara had 5.4% of the total respondents and General Hospital Toro had 6.1%. General Hospital Misau had 2.8% while General Hospital Azare had 4.3%. General Hospitals Darazo and Jama'are each had 3.2% of the total respondents. Federal Medical Centre Azare had 22.3% of the total respondents while Specialist Hospital Bauchi had18.1%. Lastly, ATBUTH Bauchi had 34.6% of the total respondents. This is understandable since ATBUTH Bauchi is the largest hospital in Bauchi State.

3.4 Instrumentation

The study employed three sets of questionnaires for data collection: Communication Skill Questionnaire, Personality Traits Questionnaire and Nurses-Patients Interpersonal Relationship Questionnaire. These were complemented with various sessions of in-depth Interview (IDI) with one nurse and one midwife from each of the selected hospitals. Two patients per hospital were interviewed using key informant interview (KII) to elicit information about their view on their relationship with the nurses and midwives. Also, six hospital administrators were interviewed using key informant interview (KII). Below are the details of each instrument used.

3.4.1 Communication Skills Questionnaire (CSQ)

The Communication Skills Questionnaire was a self-structured questionnaire that measured the extent to which the communication skills of the nurses in public hospitals influenced their level of interpersonal relationship with patients. The CSQ had three subscales and was designed on the 4-point rating scale format of strongly agree (4), agree (3), disagree (2) and strongly disagree (1). As well, it contained 12 items relating to such skills as verbal, non-verbal and listening communication skills.

The content of the CSQ was validated using peer review system as well as subjecting it to the criticisms of experts in the area of language and communication. It was tested through pilot study using a sample size of 20 nurses / midwives and 20 patients from the largest private hospital in Bauchi State; that is, Ni'ima Consultant Hospital Bauchi using Cronbach's alpha. Listening communication skill subscale had the internal consistency reliability coefficient of $\alpha = 0.696$ using the Cronbach's alpha method after the pilot test. Verbal communication skill subscale had the internal consistency reliability coefficient of $\alpha = 0.919$ using the Cronbach's alpha method after the pilot test. Non-verbal communication skill subscale had the internal consistency reliability coefficient of $\alpha = 0.940$ using the Cronbach's alpha method after the pilot test.

3.4.2 Personality Traits Questionnaire (PTQ)

The personality traits questionnaire was a self-structured questionnaire that measured the extent the personality traits of the nurses in public hospitals influenced their level of interpersonal relationship with patients. The PTQ was divided into five subscales along the big five characteristics. It was designed on the 4-point rating scale format of strongly agree (4), agree (3), disagree (2) and strongly disagree (1) and contained 15- items relating to agreeableness, neuroticism, extraversion, conscientiousness and openness to experience.

The content of the Personality Traits Questionnaire was validated using the peer review system as well as subjecting it to the criticisms of experts in the area of psychometric evaluation. The criticisms and suggestions enhanced the validation of the questionnaire. The reliability of the questionnaire was done through a pilot study undertaken with the nurses and patients of Ni'ima Consultant Hospital Bauchi, the largest private hospital in Bauchi State. This was done using the reliability test and the reliability coefficient was obtained using Cronbach's alpha.

The extraversion personality subscale had the internal consistency reliability coefficient of α =0.922 using the Cronbach's alpha method after the pilot test. Agreeableness personality subscale had the internal consistency reliability coefficient of α =0.740 using the Cronbach's alpha method after the pilot test. Conscientiousness personality subscale had the internal consistency reliability coefficient of α =0.858 using the Cronbach's alpha method after the pilot test. Neuroticism personality subscale had the internal consistency reliability coefficient of α =0.915 using the Cronbach's alpha method after the pilot test Openness to experience personality subscale had the internal consistency reliability coefficient of α =0.897 using the Cronbach's alpha method after the pilot test.

3.4.3 Nurse-Patient Interpersonal Relationships Questionnaire (NPIRQ)

The Nurse-Patient Interpersonal Relationships rating scale was a self-structured questionnaire that measured the extent of interpersonal relationship of nurses with patients in public hospitals. It is designed on the 4-point rating scale format of strongly agree (4), agree (3), disagree (2) and strongly disagree (1) and contained 8 items relating to the nurses' interpersonal relationship level. The variables covered in the rating scale were: intimacy, trust, respect, empathy, warmth and kindness.

The contents of the instrument were subjected to validation using the peer review system; it was also subjected to critical criticisms and suggestions of experts in the field of psychology, guidance and counselling, and sociology. The criticisms and suggestions made by the experts were integrated into the instrument which helped to ensure the validation of the instrument. Then, a reliability coefficient value was obtained and ascertained through a pilot study which was conducted among 20 nurses/midwives and 20 patients in Ni'ima Consultant Hospital Bauchi (a private hospital). Interpersonal relationship scale had the internal consistency reliability coefficient of α =0.85 using the Cronbach's alpha method after pilot test.

3.4.4 In-depth Interview (IDI) Schedule and Guide

Table 3.2. The conducted IDI sessions

S/N.	Names of Public hospitals	Location	Date of Visit	No. of Personnel used	No. of Sessions
1.	Federal Medical Centre	Azare	1st Dec. 2016	2	2
2.	General Hospital	Azare	5th Dec. 2016	2	2
3.	General Hospital	Misau	7th Dec. 2016	2	2
4.	General Hospital	Jama'are	12th Dec. 2016	2	2
5.	Specialist Hospital	Bauchi	14th Dec. 2016	2	2
6.	General Hospital,	Bayara	11th Jan. 2017	2	2
7.	ATBUTH	Bauchi	18th Jan. 2017	2	2
8.	General Hospital	Darazo	25th Jan. 2017	2	2
9.	General Hospital	Toro	1st Feb. 2017	2	2
10.	Federal Medical Centre,	Azare	8th Feb. 2017	2	2
11.	General Hospital	Misau	15thFeb. 2017	2	2
12.	Specialist Hospital	Bauchi	22nd Feb. 2017	2	2
13.	General Hospital	Bayara	1st Mar. 2017	2	2
14.	ATBU	Bauchi	8th Mar. 2017	2	2
15.	General Hospital, Toro	Toro	15th Mar. 2017	2	2
	TOTAL			30	30

Source: Fieldwork, 2016**.**

The qualitative method of IDI was used to supplement the survey method in order to ensure that, information not captured by the survey technique, was captured through face-to-face interaction of the researcher with the respondents. A total of 30 IDI sessions was conducted with selected nurses and midwives as shown in Table 3.2. This consisted of two IDI sessions each for each selected hospital. The IDI sessions were conducted with the aid of discussion guide, tape and camera in addition to note taking. Two (2) patients per hospital were interviewed using key

informant interview (KII) to elicit information on their relationship with nurses and midwives. Also six (6) hospital administrators were interviewed using key informant interview (KII).

3.5 Process of administration of research instrument

Application letters to conduct a study involving human participation was written to the Bauchi State Honourable Commissioner for Health and the Chief Medical Directors of the tertiary hospitals for ethical approval to administer the questionnaire in selected hospitals. These letters were sent to the Bauchi State Health Research Ethics Committee (BASHREC), the Abubakar Tafawa Balewa University Teaching Hospital Ethics and Research Committee (ATBUTHEREC) and the Federal Medical Centre Ethics and Research Committee. The ethics application forms of the above committees were filled. Protocol in electronic form and hard copies were also submitted with their other requirements.

The researcher received ethical consideration and approval from the Bauchi State Health Research Ethics Committee (BASHREC), the Abubakar Tafawa Balewa University Teaching Hospital Ethics and Research Committee (ATBUTHEREC) and the Federal Medical Centre Ethics and Research Committee. With the ethical approval, it was possible to approach the administrators of the selected hospitals to administer the questionnaire. The questionnaire was administered to consenting registered nurses and midwives in the hospitals. Information sheets and consent certificates were made available for willing participants to enable them know what the research was about and details about the researcher before they signed to participate as respondents.

This was followed by the administration of the instrument which the researcher personally administered to the respondents with the help of research assistants and the human resource managers of each of the selected hospitals. After retrieving copies, the questionnaires were coded, analyzed and interpreted by a data analyst.

Six hundred and fifty (650) copies of the questionnaire were administered to nurses and midwives. Five hundred and ninety-three (593) were retrieved. While five hundred and thirty-seven (537) copies of the questionnaire for nurses and midwives were used (90.56%), fifty-six (56) copies of the questionnaire (9.44%) had various faults and were not used. Statistical Products and Service Solution (SPSS) version 22 was used for the analysis.

Also, about three hundred and fifty copies of the questionnaire (350) were administered to patients, but three hundred (300) were retrieved. While two hundred and fifty (250) copies of the questionnaire were used, that is (83.3%) fifty questionnaire (50), comprising 16.7%, had various faults and were not used. Statistical Product and Service Solution (SPSS) version 22 was used for the analysis.

The respondents who agreed to be interviewed and were interviewed were 6 medical directors of six hospitals, 14 heads of department of nurses and midwives, Chief Nursing Officers-in-charge (CNO i/c) and 10 patients from the 9 hospitals.

3.6 Method of data analysis

The quantitative information collected through the three sets of questionnaire were analyzed using descriptive statistics, correlational matrix and multiple regressions at 0.05 level of significance. The qualitative data collected through the IDI and KII were subjected to content analysis.

CHAPTER FOUR

RESULTS AND DISCUSSION OF FINDINGS

This chapter focuses on analysis of the data collected from the field alongside discussion of findings based on the research questions raised and the hypotheses formulated for the study. First, the demographic characteristics of the respondents are presented, using charts. This is followed by the presentation of the results on the relationship among the independent and dependent variables of the study, using tables, accompanied by interpretation and discussion in line with existing literature in the study.

4.1 Analysis of demographic characteristics of the respondents

This section deals with the presentation of demographic characteristics of the respondents. The demographic characteristics are name of hospital, age, gender, marital status, educational level and years of experience. Each of the demographic characteristics is presented in charts followed by interpretation.
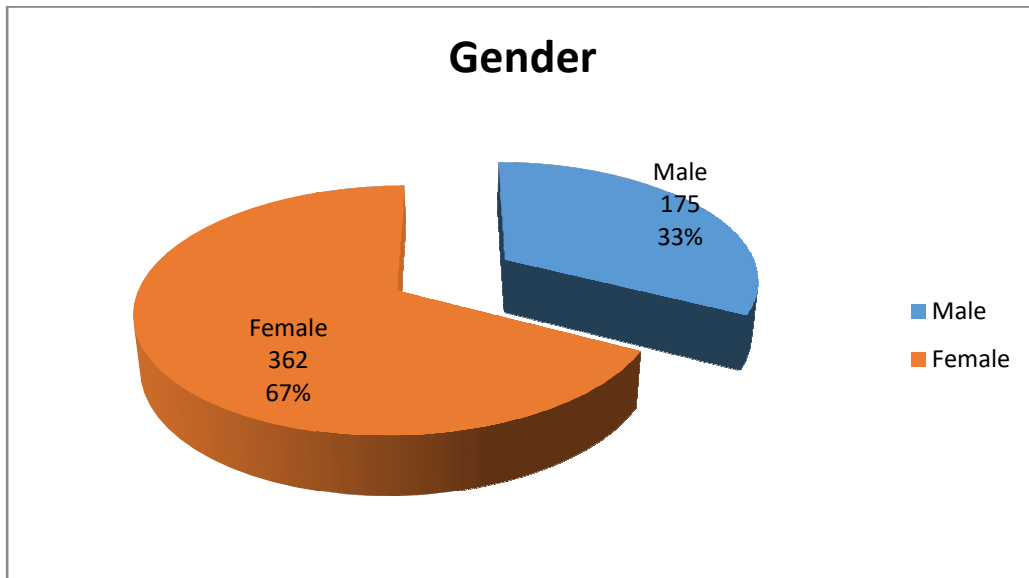
Figure 4.1. Distribution of the respondents (nurses) by gender

Source: Field Survey, 2017.

Figure 4.1shows the participants' distribution by gender in this proportion: male (32.6%) and female (67.4%). The result implies that female nurses were more among the study's respondents,

which is a reflection of the nursing profile. There is a general belief that the nursing profession belongs to the female gender.
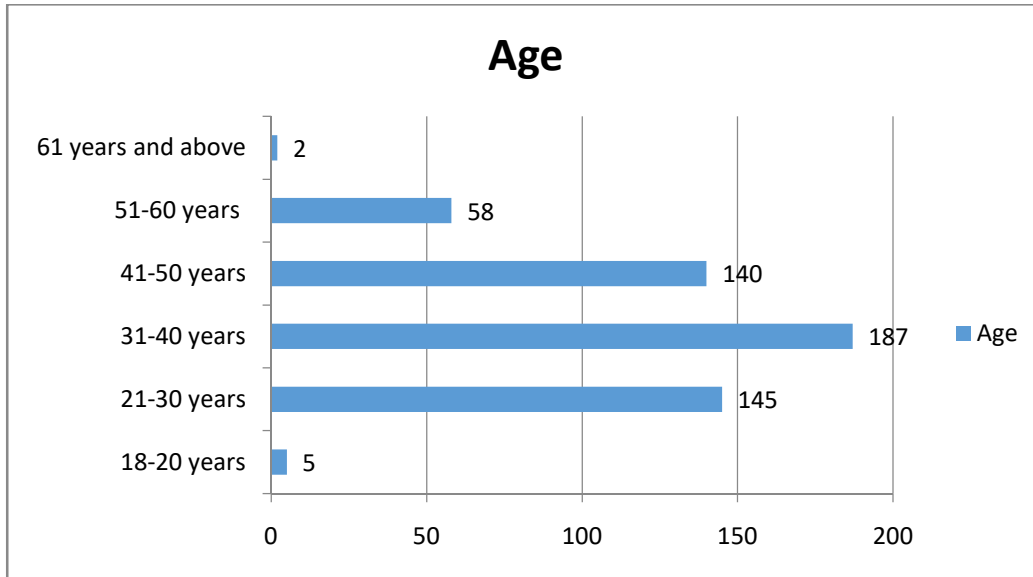
Figure 4.2. Distribution of the respondents (nurses) by age.

Source**:** Field Survey, 2017.

The result in Figure 4.2 indicates that respondents within age18-20 years were 9.0%; others were age 21-30 years (27.0%); age 31-40 years (34.8%); age 41-50 years (26.1%); age 51-60 years (10.8%) and 61 years and above (0.4%). This study reveals that 87.9% of the respondents were between 21 and 50years – prime age (active productive age), which means that nurses and midwives in Bauchi State are mostly young, mature and energetic, which may predispose them to youthful excesses.
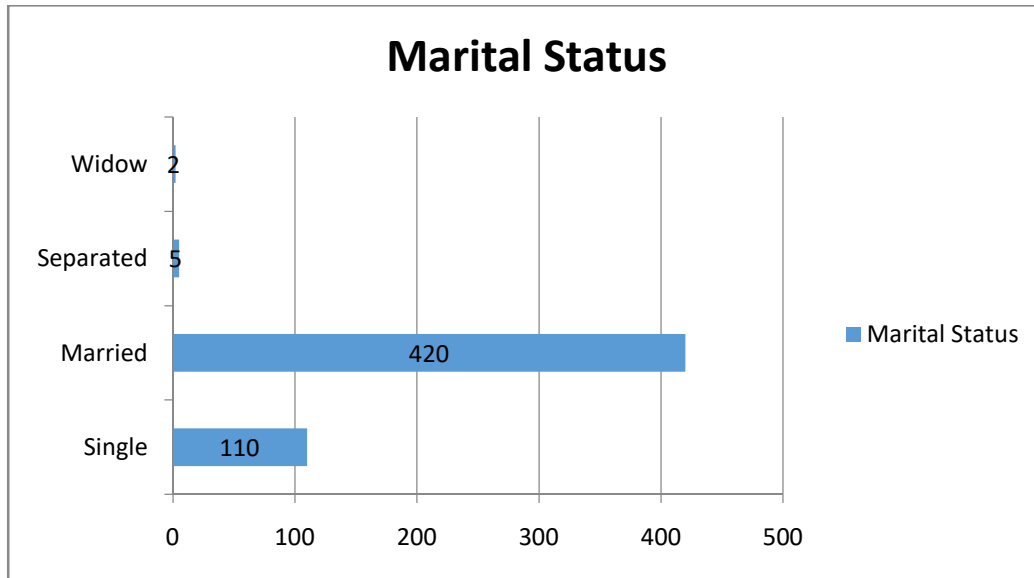
Figure 4.3. Distribution of the respondents (nurses) by marital status.
Source: Field Survey, 2017.

Figure 4.3 indicates that 20.5% of the respondents were singleand 78.2% were married. Also, 0.9% were separated from their spouses while 0.4% were widowed. The majority were married. The implication is that most married women would rather work in towns than accept posting to villages where they may not find the type of schools they want for their children. This means that quite a number of nurses either try to change their posting, where it is possible, or they accept the posting but do not put in their optimum. This is because they travel from the town where they live to the rural areas where they work every working day. The stress involved and the work load usually have effects on how they communicate and relate with their patients. Apart from the above, certain married nurses who are nursing mothers would need a place to keep their babies during working hours and, where this is not readily available, stress is built and this affects communication, and results in negative interpersonal relationship between nurses and patients and their family members.
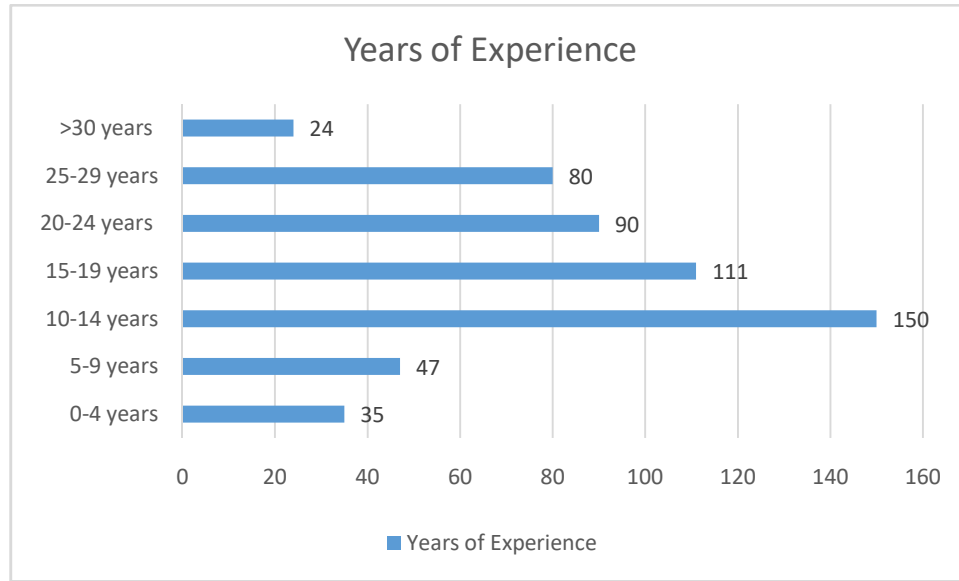
Figure 4.4. Distribution of the respondents (nurses) by years of experience.

Source: Field Survey, 2017.

Figure 4.4 shows that 6.5% of the nurses had work experience of 0-4 years, 8.8% (5-9 years), 27.9% (10-14), 20.7% (15-19 years), 16.8% (20-24 years), 14.9% (25-29 years) and 4.4% (over 30 years). The study showed that more nurses/midwives had been employed in the last ten years because more hospitals were established within the period. Years of experience are presented in a bar chart. The implication of this is that all the nurses were experienced.
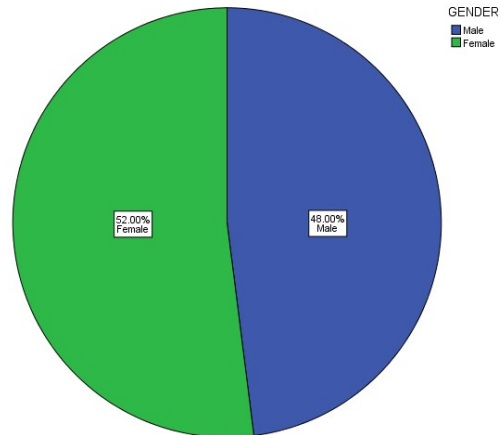
Figure 4.5. Distribution of the respondents (patients) by gender

Source: Field Survey 2017.

Figure 4.5 captures the distribution of the respondents by gender. It demonstrates that 48.0% of the respondents were male and 52.0% female. This indicates that the majority of the respondents were females, hence females patronise the hospitals more than the males.
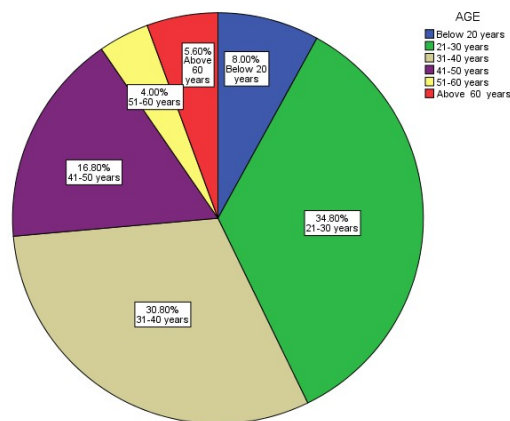
Figure 4.6. Distribution of the respondents (patients) by age.

Source: Field Survey 2017.

As Figure 4.6 indicates, 8.0% of the respondents were below 20 years, 34.8% were 21–30 years old, and 30.8% were 31-40 years old. As well, 16.8% were 41-50 years old, 4.0% were 51-60 years old and 5.6% were above 60 years old. This shows that the majority of the respondents were within the age of 21- 30 years. Accordingly, patients in the public hospitals are young, active and energetic and prone to accidents as well as risk.
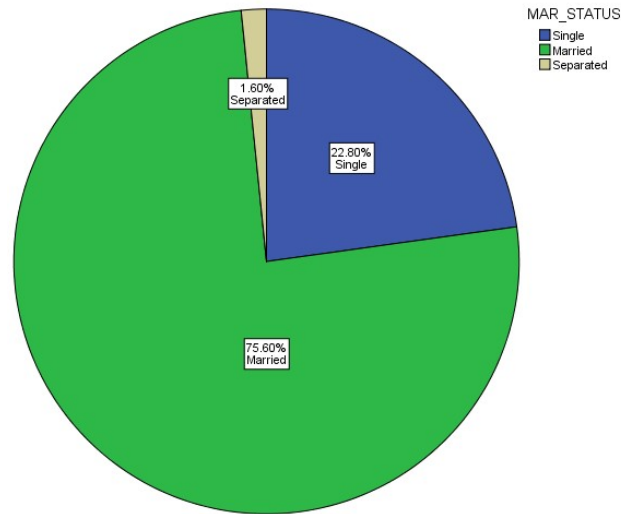
Figure 4.7. Distribution of the respondents (patients) by marital status

Source: Field Survey, 2017.

Figure 4.7 shows that 75.6% were married, 22.8% single and 1.6% had separated from spouses. This implies that the culture encourages early marriage.
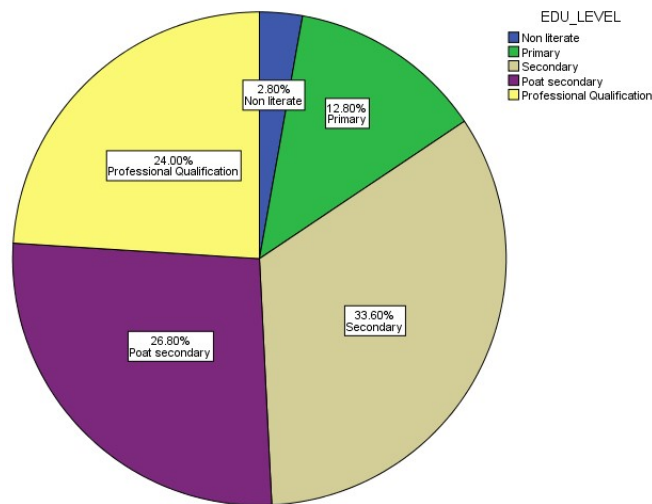
Figure 4.8. Distribution of the respondents (patients) by educational attainment**.**

Source: Field Survey 2017.

Figure 4.8 shows that 33.6% of the respondents attended secondary school, 26.8% had various post-secondary school certificates; 24.0% had professional certificates and 2.8% were non-literate. This means that most of the respondents were educated at secondary level.
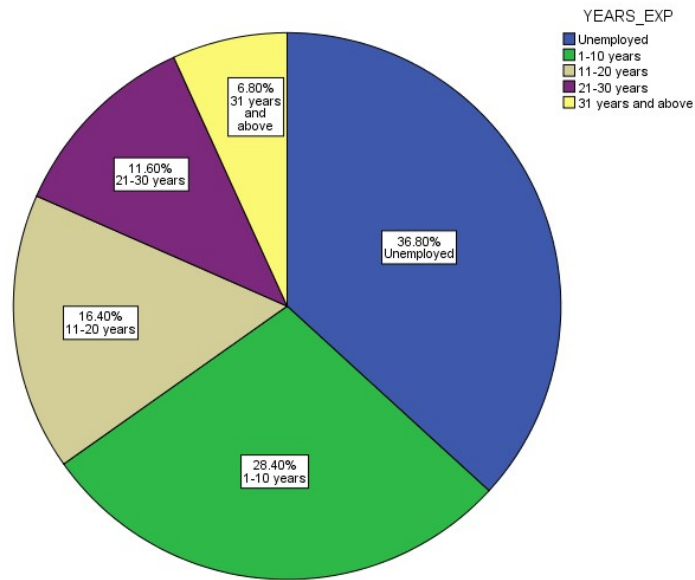
Figure 4.9. Distribution of the respondents (patients) by years of experience

Source: Field Survey 2017.

Figure 4.9 shows that 36.8% were unemployed while others had been working in public hospitals in Bauchi State as follows: 28.4% (1 – 10 years); 16.4% (11–20 years), 11.6% (21 – 30 years) and 6.8% (31years and above). The unemployed respondents were in the majority and they included some full-time housewives.
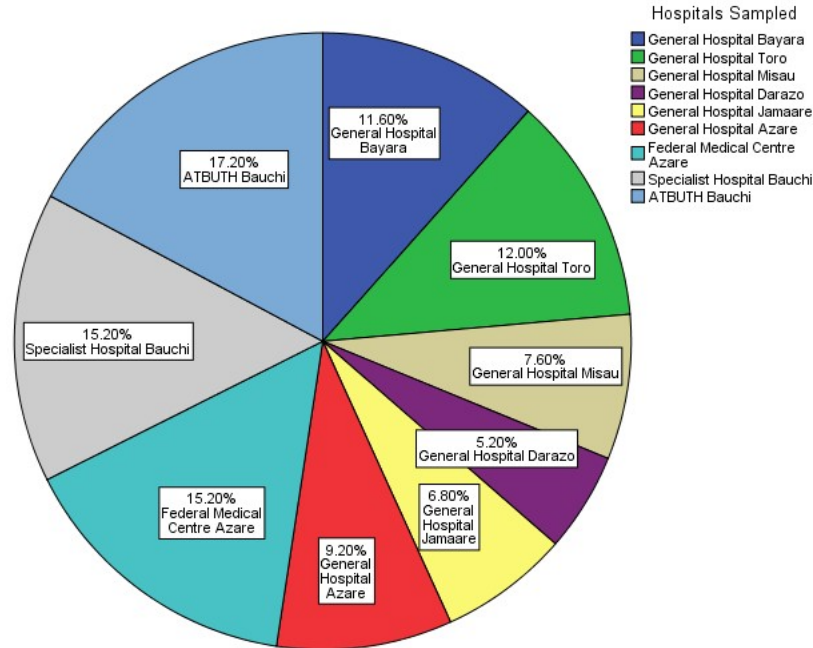
Figure 4.10: Distribution of the respondents (patients) by public hospitals.

Source: Field Survey 2017.

Figure 4.10 reveals the distribution of the respondents based on hospitals in the following proportion: ATBUTH (7.2%) respondents; Specialist Hospital Bauchi (15.2%); FMC Azare had (15.2%); General Hospital Bayara (11.6%); General Hospital Toro (12.0%), General Hospital Jama'are (6.8%), General Hospital Azare (9.2%), General Hospital Misau (7.6%) and General Hospital Darazo (5.2%). It is notable that ATBUTH Bauchi had a higher number of respondents understandably because it is the biggest and most-equipped hospital in Bauchi State.

4.2 **Presentation of results on test of contributions and strength of the relationship between the independent and the dependent variables**

This section presents results of the test of prediction of the independent variables on the dependent variable alongside the depth of the relationship found in the study. The presentationsare done on the basis of the research questions and hypotheses raised for the study using correlation matrix and linear multiple regression analysis. The results are presented sequentially with tables, interpretations and discussions.

Testing of Research Questions

Research Question 1

To what extent do communication skills (listening skills, verbal skills, non-verbal skills) and personality traits (extraversion, agreeableness, conscientiousness, neuroticism/emotional stability and openness to experience) influence nurses' interpersonal relationship with patients in public hospitals in Bauchi State.

Table 4.1a. Correlation Matrix between communication skills, personality traits and nurses' interpersonal relationship with patients (Nurses'Data)

Variables	NIR	LS	VS	NVS	EP	AG	CN	NT	OE
Nurses interpersonal relationship	1.000								
Listening skill	.497**	1.000							
Verbal skill	.426**	.437**	1.000						
Non-verbal skill	.165**	.235**	.107*	1.000					
Extraversion	.114	.116**	-.163**	.100*	1.000				
Agreeableness	.112*	.068	.100*	.079	.190**	1.000			
Conscientiousness	.174**	.140**	.100*	-.079	.190**	.078	1.000		
Neuroticism	-.056	.086	.070	.151**	.266**	.460**	.036	1.000	
Openness to experience	.353**	.186**	.183**	.127**	.143**	.087	.084**	.030**	1.000
	27.087	13.938	13.416	11.083	7.392	6.724	10.029	6.060	9.4000
Std. Deviation	3.0308	1.5824	1.6311	2.1579	2.0226	1.7652	1.8626	2.1481	1.503

Significant at 0.01** and 0.05* level (2-tailed).

Where:

NIR = Nurse's Interpersonal Relationship

LS = Listening skill

VS = Verbal skill

NVS = Non-Verbal skill

EP = Extraversion

AG = Agreeableness

CN = Conscientiousness

NT = Neuroticism

OE = Openness to Experience

The correlation matrix result in Table 4.1a displays the relationship between the eight independent variables, namely communication skills (listening skill, verbal skill and non-verbal skill) and personality traits(extraversion, agreeableness, conscientiousness, neuroticism/emotional stability and openness to experience) to the prediction of nurses' interpersonal relationship with patients. The Table 4.1a reveals the strength of the relationship of the dependent variable as depicted in the study as follows: Listening skill was most positively correlated with nurses' interpersonal relationship (r =.497**, p<0.05); verbal skill (r =.426**, p<0.05); openness to experience (r =.353**, p<0.05); conscientiousness (r =.174**, p<0.05); non-verbal skill (r =.165**, p<0.05); extraversion (r =.114**, p<0.05); agreeableness (r =.112**, p<0.05);and neuroticism (r =-.035, p>0.05). This shows that listening skill, verbal skills and openness to experience personality trait are perceived as most dominant variables found in nurses' interpersonal relationship with patients.

In the same vein, neuroticism (r =.-.056**, p<0.05) had a negative and lowest correlation coefficients to nurses' interpersonal relationship with patients. Communication skills and personality traits variables had a positive relationship with nurses' interpersonal relationship with patients. This implies that correlations were found significant at 0.01** and 0.05* alpha level. Therefore, optimal performance of nurses' interpersonal relationship is associated with high level of communication skills and personality traits with patients in the public hospitals. This indicates that a positive unit increase among the independent variables will definitely increase nurses' interpersonal relationship with patients in public hospitals in Bauchi State, Nigeria.

Table 4.1b. Multiple Regression Analysis showing joint predictions of communication skills and personality traits on nurses' interpersonal relationship with patients in public hospitals in Bauchi State(Nurses' Data)

Source of Variation	Sum of Squares	Df	Mean Square	F	Sig.
Regression	1348.411	8	168.551	28.606	.000[b]
Residual	2150.640	365	5.892		
Total	3499.051	373			

Model	Unstandardized Coefficients		Standardised Coefficients	T	Sig
	B	Std. Error	Beta		
1 (constant)	6.803	1.584		4.294	.000
Listening skills	.570	.094	.296	6.051	.000
Verbal skills	.480	.095	.242	5.030	.000
Non-verbal skills	.060	.073	.038	.821	.412
Extraversion	.118	.070	.076	1.692	.092
Agreeableness	.096	.083	.057	1.147	.252
Conscientiousness	.166	.073	.100	2.272	.024
Neuroticism	-.053	.069	-.037	-.770	.442
Openness to experience	.568	.094	.261	6.063	.000

significant at .05 levels; R = .621, R^2 = .385, Adjusted R^2 = .372, Std. Error = 2.42738.

The result in Table 4.1b reveals a significant joint contribution of the independent variables (communication skills and personality traits) to the prediction of nurses' interpersonal relationship. It gave a coefficient of Multiple Regressions of R = 0.621 and Multiple R-square = 0.385. This tend to suggest that the combined eight variables of communication skills and personality traits accounted for 38.5% (R^2= .385) variance in the prediction of nurses' interpersonal relationship with patients. The other factors accounting for 61.5% variance in the prediction of nurses' interpersonal relationship were beyond the scope of this study. The

ANOVA result from the regression analysis showed that there was a significant joint effect of the independent variables on nurses' interpersonal relationship with patient, $F_{(8, 365)} = 28.606$, $P<0.001$.

Table 4.1b also displays the results of the relative contributions of the independent variables--communication skills to nurses' interpersonal relationship with patients in public hospitals in Bauchi State.

The predictors are further revealed in hierarchical order. Since the regression weight (β) indicated the relative contribution of each of the independent variables to the dependent variable, the results showed that listening skills was the most significant predictor of nurses' interpersonal relationship ($\beta = .296$, $t = 6.051$, $P< .05$), openness to experience ($\beta = .261$, $t = 6.063$, $P< .05$), followed by verbal skills ($\beta = .242$, $t = 5.030$, $P< .05$), conscientiousness ($\beta = .100$, $t = 2.272$, $P<.05$)extraversion($\beta = .076$, $t = 1.692$, $P< .05$), and agreeableness ($\beta = .057$, $t = 1.147$, $P< .05$) respectively. However, non-verbal skills ($\beta = -.038$, $t = .821$, $P> .05$) and neuroticism ($\beta = -.037$, $t = -.770$, $P> .05$) were not potent indicators of nurses' interpersonal relationship with patients in public hospitals in Bauchi State.

Table 4.1b further indicates that listening skills, openness to experience, verbal skills and conscientiousness were the four major variables that contributed to the prediction of nurses' interpersonal relationship with patients. In addition, non-verbal skills, extraversion, agreeableness and neuroticism had a negative relationship with nurses' interpersonal relationship with patients. The results of the regression analysis showed that listening skills, openness to experience, verbal skills and conscientiousness positively and significantly influenced nurses' interpersonal relationship with patients in public hospitals in Bauchi State.

Table 4.1c. Correlation matrix between communication skills and personality traits variables and nurses' interpersonal relationship with patients (Patients'Data)

Variables	NIR	LS	VS	NVS	EP	AG	CN	NT	OE
Nurses interpersonal relationship	1.000								
Listening skill	.431**	1.000							
Verbal skill	.490**	.472****	1.000						
Non-verbal skill	.308**	.302***	.439****	1.000					
Extraversion	.101**	.083	.092	.088	1.000				
Agreeableness	.091****	-.039	-.029*	.062	.281****	1.000			
Conscientiousness	.298****	.128**	.142*	.084	.370****	.208**	1.000		
Neuroticism	-.133*	-.114	-.077	.149*	.242****	.404**	.131*	1.000	
Openness to experience	.613**	.364****	.402****	.290****	.071	.066	.209****	-.130*	1.000

Significant at 0.01** and 0.05* level (2-tailed).

Table 4.1c displays the correlation coefficients between eight independent variables and the prediction of nurses' interpersonal relationship with patients. The dependent variable − interpersonal relationship − most highly correlated with openness to experience and verbal skills, with correlation coefficient of .613 and .490, respectively. This shows that openness to experience and verbal skills are perceived as the dominant variables. In the same vein, the rest of correlation coefficients among the independents variables are listening skills (r = .431), non-verbal skills (r = .308), conscientiousness (r = .298), extraversion (r = .101), agreeableness (r = .091), and while neuroticism (r = -.133). The finding revealed that communication skills and personality traits variables had a positive relationship with nurses' interpersonal relationship with patients. This implies that correlations were found significant at 0.01** and 0.05* alpha level. Therefore, optimal performance of nurses' interpersonal relationship is associated with high level of communication skills and personality traits with patients in the public hospitals. It also indicates that a positive unit increase among the independent variables will definitely increase nurses' interpersonal relationship with patients in public hospitals in Bauchi State, Nigeria.

Table 4.1d. Multiple Regression Analysis showing joint predictions of communication skills and personality traits on nurses' interpersonal relationship with patients in public hospitals in Bauchi State (Patients'Data)

ANOVA[a]					
Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	12.887	6	2.148	18.951	.000[b]
1 Residual	27.539	243	.113		
Total	40.426	249			

Model	Unstandardised Coefficients		Standardised Coefficients		
	B	Std. Error	Beta	T	Sig.
1 (Constant)	1.350	.058		23.297*	.000
EP	0.282	.056	0.403	5.030	.000
AG	-.024	.045	-.036	-.536	.592
CN	.349	.037	.531	7.556	.000
NT	0.223	.051	.315	4.344	.000
OE	0.408	.053	.604	9.603*	.367
CS	0.310	.037	.390	8.373	.000

$R = .707$, $R^2 = .500$, Adj. $R^2 = .483$ Std error $= .38448$.

The result in Table 4.1d shows that personality traits and communication skills significant joint predictors of Interpersonal relationship ($R^2 = .500$, $F_{(8, 243)} = 18.951$, $P < .05$) with $R = .707$, Adj. $R^2 = .483$ and Std error $= .38448$. This result means that any variations in interpersonal relationship in public hospitals in Bauchi State are jointly accounted for by 50% variation in a combination of the independent variables.

Table 4.1d displays the results of the relative contributions of the independent variables to the prediction of the dependent variable (interpersonal relationship). Since the regression weight (β) indicates the relative contribution of each of the independent variables to the dependent variable, openness to experience was the most significant predictor of interpersonal relationship in public hospitals ($\beta = .604$, $t = 9.603$, $p < .05$), followed by communication skills ($\beta = .390$, $t = 8.373$,

P<.05), conscientiousness (β = .531, t = 7.556, P< 0.5), neuroticism (β = .315, t = 4.344, P< .05), extraversion (β = .403, t = 5.030, P> .05), and agreeableness (β = -.036, t = -.536, P> .05). The results of the regression analysis showed that extraversion, agreeableness, conscientiousness, neuroticism, openness to experience and communication skills positively and significantly influenced interpersonal relationship in public hospitals. So, the prediction equation was developed:

$NIR = a + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_{4+}\beta_5X_{5+}\beta_6X_6$

$NIR = 1.350 + .282EP + .024AG + .349CN + .223NT + .408OE + .310CS$

Where, Interpersonal relationship (INTPER)

X_1 = Extraversion (EP)

X_2 = Agreeableness (AG)

X_3 = Conscientiousness (CN)

X_4 = Neuroticism (NT)

X_5 = Openness to experience (OE)

X_6 = Communication skills (CS)

And 'a' is constant and β_1 ...... β_6 are coefficient to estimate.

The above prediction equation implies that interpersonal relationship is predicable from personality traits and communication skills variables. This implies that, if any of these variables is missing or has a low value, interpersonal relationship variables will not occur or will occur at a very low level.

The results of the analysis of the nurses' and patients' questionnaire revealed that communication skills and personality traits positively influenced nurses' interpersonal relationship with patients in public hospitals in Bauchi State.

The results inTable 4.1 support the central view of an improved health status of the patients. The finding revealed the indispensable patterns of the relationship exhibited by the independent variables (communication skills and personality traits) to nurses' interpersonal relationship with patients. According to Feischer*et al.* (2010), interpersonal relationships are synonymous with therapeutic relationships, and they are a continuous process of communication in healing the patients. Webb (2012) claims that interpersonal relationships require communication, most

especially in a health-care situation. The research conducted by Angko and Aboyinga (2012) is in support of the finding that an effective interpersonal relationship between health-care provider and the patient is important for the purpose of improving patients' satisfaction. Therefore, communication is not only a means of relating with other people, it is part of the healing process.

The finding is also supported by the argument of Webb (2012) that good communication in nurse-patient encounter is as important as other forms of health care. In fact, communication pattern in nursing is so important that, lack of it can result in medical errors which may result in severe injury or unexpected patient's death (O'Daniel and Rosenstein, 2008). This view is supported by Greenwood (2014), who observes that communication goes beyond mere social interaction, as it can jeopardise the health of the patient and even their survival. Similarly, the finding is supported by Anderson (2013), who asserts that communicating in nursing could be a complicated process. Klakovich (2009) claims that nurses are expected to have strong communication skills to function in any realm of the profession, as it is collaborative in nature. In other words, the care of patients is handled by health-care professionals who collaborate for the sake of the patient care (O'Daniel and Rosenstein, 2008).

The fact that personality traits positively influence nurses' interpersonal relationship with patients is confirmed by Baldacchino and Galea (2012) who submit that the attitude of each nurse is partly influenced by individual personality which could affect their interpersonal relationship with patients. Similarly, Rothmann and Coetzer (2003) and Sand (2013) observe that personality traits of the nursing personnel affect their relationship with patients and could determine work satisfaction. Since the aim of nurses' interpersonal relationship with patients is to foster wellness, It is necessary for them to build a strong interpersonal relationship with patients through communication skills (Bhatto, 2011). Additionally, the attitude or the way this is achieved is equally of great importance. Therefore, nurses are expected to cultivate attitude that would strengthen communication with patients (Maville and Huerta, 2013).

Research Question 2

Which of the communication skills (listening skills, verbal skills, non-verbal skills) and personality traits (extraversion, agreeableness, conscientiousness, neuroticism (emotional stability) and openness to experience) are dominant among nurses in public hospitals in Bauchi State?

Table 4.2a. Correlation matrix between communication skills and nurses' interpersonal relationship with patients(Nurses' Data)

Variables	NIR	LS	VS	NVS
Nurses' interpersonal relationship	1.000			
Listening skills	.497**	1.000		
Verbal skills	.426**	.437**	1.000	
Non-verbal skills	.165**	.235**	.321**	1.000
Mean	27.0872	13.9381	13.4162	11.0825
Std. Dev	3.03075	1.58238	1.63109	2.15789

**. Significant at the 0.01 level (2-tailed).

The correlation matrix result in Table 4.2a captured the relationship between the independent variables and the prediction of nurses'interpersonal relationship with patients. Table 4.2a reveals the strength of the relationship towards the dependent variable. It shows that listening skills was most significantly related and positively correlated with nurses' interpersonal relationship with patients (r =.497**, p<0.05); followed by verbal skills (r =.426**, p<0.05); and non-verbal skill (r =.165**, p<0.05). This indicated that listening skill and verbal skill are apparently most dominant variables found in the prediction of nurses' interpersonal relationship with patients.

Table 4.2b. Multiple Regression Analysis showing joint predictions of communication skills and nurses' interpersonal relationship with patients in the public hospitals in Bauchi State(Nurses' Data)

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	1146.619	3	382.206	58.083	.000
	Residual	2770.337	421	6.580		
	Total	3916.955	424			

Model	Unstandardised Coefficients		Standardised Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	10.292	1.318		7.808	.000
Listening skill	.699	.088	.368	7.949	.000
Verbal skill	.508	.088	.265	5.785	.000
Non-verbal skill	.021	.069	.013	.296	.767

$R = .541$, $R^2 = .293$, Adj. $R^2 = .288$*significant at .05.

Table 4.2b reveals a significant joint contribution of the independent variables (listening skill, verbal skill and non-verbal skill) to the prediction of the nurses' interpersonal relationship. The result yielded a coefficient of Multiple Regressions of R = 0.541 and Multiple R-square = 0.293. This suggests that the three factors combined accounted for 29.3% (R^2= .293) variance in the prediction of the nurses' interpersonal relationship with the patients. The other factors, accounting for 70.7% variance in the prediction of nurses' interpersonal relationship, were beyond the scope of this study. The ANOVA result from the regression analysis showed that there was a significant joint effect of the independent variables on nurses' interpersonal relationship with patient, $F_{(3, 421)}$ = 58.083, P<0.001.Table 4.2b displays the results of the relative contributions of the independent variables (listening skill, verbal skill and non-verbal skill) were prevalent among the nurses' interpersonal relationship with patients in public hospitals in Bauchi State. The study further revealed these predictors in hierarchical order. Since the regression

weight (β) indicated the relative contribution of each independent variable to the dependent variable, listening skills was the most significant predictor of nurses' interpersonal relationship (β = .368, t = 7.949, P< .05) and verbal skill (β = .265, t = 5.785, P< .05). However, non-verbal skill (β = .013, t = .296, P> .05) was not a potent predictor of nurses' interpersonal relationship with patients in public hospitals in Bauchi State.

Table 4.3a. Correlation matrix between personality traits variables (extraversion, agreeableness, conscientiousness, neuroticism and openness to experience) and nurses' interpersonal relationship with patients(Nurses' Data)

Variables	NIR	EP	AG	CN	NT	OE
Nurses' interpersonal relationship	1.000					
Extraversion	.014	1.000				
Agreeableness	-.112*	.247**	1.000			
Conscientiousness	.174**	.190**	.078	1.000		
Neuroticism	-.056	.266**	.460**	.036	1.000	
Openness to experience	.353**	.143**	.087	.084	.030	1.000
Mean	27.087	7.392	6.724	10.029	6.060	9.400
Std. Dev	3.0308	2.0226	1.7652	1.8626	2.1481	1.5033

**significant at the 0.01 level (2-tailed).

The correlation matrix result in Table 4.3a revealed the relationship between personality traits and the prediction of nurses' interpersonal relationship with patients. The table indicates the strength of the relationship with regard to the dependent variable. Openness to experience was most significantly related and positively correlated with nurses' interpersonal relationship with patients. (r =.353**, p<0.05); followed by conscientiousness (r =.174**, p<0.05); and agreeableness with a negative correlation coefficient (r = -.112*, p<0.05).Openness to experience and conscientiousness were the most dominant variables found in the prediction of nurses' interpersonal relationship with patients.

Table 4.3b. Joint predictions of personality traits variables on nurses' interpersonal relationship (Nurses' Data)

Model	Sum of squares	Df	Mean Square	F	Sig.
Regression	760.424	5		20.336	.000[a]
Residual	3118.555	417	152.085		
Total	3878.979	422	7.479		

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	19.063	1.132		16.841	.000
Extraversion	-.008	.073	-.005	-.107	.915
Agreeableness	-.281	.084	-.169	-3.364	.001
Conscientiousness	.284	.077	.169	3.706	.000
Neuroticism	-.023	.072	-.016	-.321	.749
Openness to experience	.761	.092	.371	8.252	.000

$R=.443*$, $R^2=.196$, Adj. $R^2=.186$, Std. Error = 2.73469.

Table 4.3b reveals a significant joint contribution of the independent variables (extraversion, agreeableness, conscientiousness, neuroticism and openness to experience) to the prediction of nurses' interpersonal relationship. The result yielded a coefficient of Multiple Regressions of R = 0.443 and Multiple R-square = 0.196. This result suggests that the five factors combined accounted for 18.6% (Adj.R2= .186) variance in the prediction of nurses' interpersonal relationship with patient. The other factors, accounting for 71.2% variance in the prediction of nurses' interpersonal relationship with patients, were not covered in this study. The ANOVA result from the regression analysis showed that there was a significant joint effect of the independent variables on nurses' interpersonal relationship with patient, $F_{(5, 417)}$ = 20.336, P<0.001. Thus, there was a significant relationship between personality variable and nurses' interpersonal relationship with patients.

Table 4.3b displays the results of the relative contributions of the personality trait variables (extraversion, agreeableness, conscientiousness, neuroticism and openness to experience) to the nurses' interpersonal relationship with patients in public hospitals in Bauchi State. Since the

regression weight (β) indicated the relative contribution of each independent variable to the dependent variable, openness to experience was the most significant predictor of nurses' interpersonal relationship (β = .371, t = 8.252, P< .05), followed by conscientiousness (β = .169, t = 3.706, P< .05) and agreeableness (β = -.169, t = 3.364, P< .05). However, extraversion (β = -.005, t =-.107, P> .05) and neuroticism (β = -.016, t = -.321, P> .05) were not potent predictors of nurses' interpersonal relationship with patients in public hospitals in Bauchi State.

Table 4.4a. Correlation matrix between interpersonal relationship and communication skills in public hospitals in Bauchi State (Patients'Data)

		Correlations			
		NIR	LS	VS	NVS
NIR	Pearson Correlation	1	.431**	.490**	.308**
	Sig. (2-tailed)		.000	.000	.000
	N	250	250	250	250
LS	Pearson Correlation	.431**	1	.472**	.302**
	Sig. (2-tailed)	.000		.000	.000
	N	250	250	250	250
VS	Pearson Correlation	.490**	.472**	1	.439**
	Sig. (2-tailed)	.000	.000		.000
	N	250	250	250	250
NVS	Pearson Correlation	.308**	.302**	.439**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	250	250	250	250

**. Correlation is significant at the 0.01 level (2-tailed).

Table 4.4b Multiple Regression analysis showing joint predictions of communication skills and nurses' interpersonal relationship with patients in public hospitals in Bauchi State (Patients'Data)

	ANOVA[a]					
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	21.188	3	7.063	34.726	.000[b]
	Residual	50.033	246	.203		
	Total	71.222	249			

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	.898	.232		3.864	.000
	LS	.269	.066	.247	4.049	.000
	VS	.350	.068	.335	5.179	.000
	NVS	.083	.058	.086	1.438	.152

R=0.545, R^2=0.297, Adj R^2 =0.289, Standard Error= 0.45099.
a. Dependent Variable: INTPER.

Table 4.4a captures the matrix of the inter-correlation coefficient among the three related communication skills--verbal communication, listening communication, and non-verbal communication--in public hospitals. Most of the correlation coefficients were found to be significant and positive, with R =.545 and R^2 = .297. This means that 29.7% of the variability of Interpersonal relationship was jointly accounted for by the predictor variables of verbal communication, listening communication, non-verbal communication as criterion variables.

The information in Table 4.4b shows that verbal communication, listening communication, and non-verbal communication skills were significant joint predictors of interpersonal relationship in public hospitals (F $_{(3, 246)}$ =34.726, P < .05). Hence, the null hypothesis, which states that communication skill variables (verbal communication, listening communication, non-verbal communication) are not significant joint predictors of interpersonal relationship in public hospitals was rejected at .05 level of significance and the alternative hypothesis was retained. The regression model also shows the contribution of each variable to the prediction of interpersonal relationship in public hospitals. The regression weight indicated the relative contribution of each variable. Table 4.4b further shows that communication skills (verbal communication, listening communication, non-verbal communication) were significant joint predictors of interpersonal relationship in public hospitals. The prediction could be represented using the prediction equation below:

INTPER = 0.898 +0.269X_1+0.350X_2 + 0.083X_3
INTPER = 1.898 +0.269LCOM -0.350VCOM +0.083NVC
Where: X_1 = Listening Communication, X_2 = Verbal communication, X_3 = Non-verbal communication

Table 4.5a.Correlation Matrix between personality traits and interpersonal relationship in the public hospitals in Bauchi State (Patients' Data)

		EP	AG	CN	NT	OE	NIR
				Correlations			
EP	Pearson Correlation	1	$.281^{**}$	$.370^{**}$	$.242^{**}$	.071	.101
	Sig. (2-tailed)		.000	.000	.000	.266	.113
	N	250	250	250	250	250	250
AG	Pearson Correlation	$.281^{**}$	1	$.208^{**}$	$.404^{**}$	.066	.091
	Sig. (2-tailed)	.000		.001	.000	.297	.152
	N	250	250	250	250	250	250
CN	Pearson Correlation	$.370^{**}$	$.208^{**}$	1	$.131^{*}$	$.209^{**}$	$.298^{**}$
	Sig. (2-tailed)	.000	.001		.038	.001	.000
	N	250	250	250	250	250	250
NT	Pearson Correlation	$.242^{**}$	$.404^{**}$	$.131^{*}$	1	$-.130^{*}$	$-.133^{*}$
	Sig. (2-tailed)	.000	.000	.038		.040	.035
	N	250	250	250	250	250	250
OE	Pearson Correlation	.071	.066	$.209^{**}$	$-.130^{*}$	1	$.613^{**}$
	Sig. (2-tailed)	.266	.297	.001	.040		.000
	N	250	250	250	250	250	250
NIR	Pearson Correlation	.101	.091	$.298^{**}$	$-.133^{*}$	$.613^{**}$	1
	Sig. (2-tailed)	.113	.152	.000	.035	.000	
	N	250	250	250	250	250	250

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

R= 0.876, R^2 = 0.768, R^2Adj = 0.76, SE = 0.31009.

The correlation matrix result in Table 4.5a showed correlation coefficients between the five personality traits and interpersonal relation in public hospitals. Interpersonal relationship in public hospitals most highly correlated with openness to experience, with correlation coefficient of .613. This shows that openness to experience was perceived as the dominant personality trait, and is significantly and positively correlated with interpersonal relationship. The other

variables had different correlational coefficients; conscientiousness (r= .298), extraversion (r= .101), agreeableness (r=.091) and neuroticism (r = -.133). However, the other relationship amongst the personality traits was found to be significant at .05 and .01 alpha level. Therefore, higher interpersonal relation is associated with extraversion, agreeableness, consciousness, neuroticism, and openness to experience.

Table 4.5b. Multiple Regression analysis showing joint predictions of personality traits on nurses' interpersonal relationship with patients in public hospitals in Bauchi State (Patients'Data)

ANOVA[a]						
Model		Sum of Squares	Df	Mean Square	F	Sig.
	Regression	29.649	5	5.930	34.803	.000[b]
1	Residual	41.573	244	.170		
	Total	71.222	249			
`Model		Unstandardised Coefficients		Standardised Coefficients	T	Sig.
		B	Std. Error	Beta		
	(Constant)	1.407	.198		7.093	.000
	EXTRV	.003	.046	.004	.069	.945
	AGRB	.048	.044	.059	1.078	.282
1	CONSC	.130	.039	.182	3.368	.001
	NEURO	-.072	.036	-.110	-1.996	.047
	OPNN	.446	.041	.557	10.934	.000

R=0.876, R^2=0.876, Adj R^2=0.776, Standard Error = 0.35304.
a. Dependent Variable: INTPER.

Table 4.5b indicates that extraversion, agreeableness, consciousness, neuroticism, and openness to experience were significant joint predictors of interpersonal relationship in public hospitals (R^2 = 0.876, $F_{5, 244}$ = 34.803, R = 0.876, Adj. R^2 =0.766, P< .05). This value means that 87.6% variability in interpersonal relationship in public hospitals was jointly accounted for by the predictor variables of extraversion, agreeableness, consciousness, neuroticism, and openness to experience. Hence, the null hypothesis, which speculates that there is no significant relationship between nurses' personality traits and their interpersonal relationship with their patients was rejected and the alternative hypothesis retained.

The regression model in Table 4.5b revealed the relative contributions of each of the personality traits to the dependent variable (interpersonal relationship). Openness to experience was the most

significant predictor of interpersonal relationship in public hospitals (β = 0.557, t = 10.934, P < .05), followed by conscientiousness (β =0.182, t =3.368, P< .05), agreeableness (β = 0.059, t = 1.078, P < .05),   extraversion (β = 0.004, t = 0.069 P> .05) and neuroticism (β = -0.110, t = -1.996 P> .05), with a coefficient of determination of R^2 = 0.876. This result means that any variation in interpersonal relationship in public hospital was accounted for by 87.6% of variation in a combination of the predictor variables. Also, Openness to experience and Conscientiousness were the only variables of personality traits that contributed to prediction of interpersonal relationship. Extraversion and neuroticism had non-significance influence (P> 0.05) on interpersonal relationship in the public hospitals. However, extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience were significant joint predictors of interpersonal relationship. So, the squares prediction equation is depicted as:

$$NIR = a + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \beta_5X_5$$

$$NIR = 1.407 + 0.003X_1 + 0.048X_2 + 0.130X_3 - 0.072X_4 + 0.446X_5$$
Where:

NIR = predicted Interpersonal relationship

X_1 = Extraversion

X_2 = Agreeableness

X_3 = Conscientiousness

X_4 = Neuroticism,

X_5 = Openness to experience.

The squares prediction equation *a* is constantly represented and $X_1...X_5$ are the regression coefficients of the personality traits variables. The finding showed that personality traits significantly influenced interpersonal relationship in the public hospitals in Bauchi State.

The results of the analysis of the nurses' and patients' questionnaire revealed that listening skills, verbal skills, openness to experience and conscientiousness were the most dominant variables found among the nurses in public hospitals in Bauchi State.

The results are summarized by the charts below:

Chart 4.1. Findings on communication skills

Communication Skills	High	Average	Low
Listening	✓	#	#
Verbal	✓	#	#
Non Verbal	#	✓	#

Chart 4.2. Findings on personality traits

Personality	High	Average	Low
Openness to Experience	✓	#	#
Conscientiousness	#	✓	#
Extraversion	#	✓	#
Agreeableness	#	#	✓
Neuroticism	#	#	✓

The above results confirm the findings of Post (2006) that a strong relationship exists between communication and health-care outcomes. This claim is supported by a report in the *Annals of Internal Medicine* which showed that hospitals which were poorly coordinated and with poor interaction had 58 per cent patient deaths more than expected while it was 59 per cent fewer deaths than expected for good coordination and interaction (Greenwood, 2013). The result also agrees with the study of O'Daniel and Rosenstein (2008) that the 1999 Institute of Medicine (IOM) report, ''To err is Human: Build a Safer Health System'', revealed that between 44,000 and 98,000 people die every year in US hospitals because of medical errors arising from lack of communication. This result corroborates the views of Gauntlett and Laws (2012), who note that the ability to communicate well with professional colleagues, patients, and the patients' relatives

is a fundamental clinical skill in intensive-care medicine. Papa's (2011) study lends credence to the result, noting that nurses and other medical staff have to communicate effectively to give the needed care. Effective communication skills in nursing provide a high level of customer satisfaction and excellence while preventing medical mishap.

The results also agree with Stein-Parbury (2009) that good interpersonal skills are needed across disciplines. In nursing, what is seen as ''effective'' is in interpersonal interactions between nurses and patients that helps patients. The importance of verbal communication skills in fostering therapeutic interpersonal relationship between nurses and patients, as indicated in the result, is corroborated by Leebov (2012), who claims that nurses are needed by patients and families to get information and contact with other caregivers, listen to them, ease their anxiety as well as protect and watch over them during their health-care experience. Also, the result agrees with Contrera's (2014) view that listening get the view of the patient or his family. Brody (2003) denotes active listening as an important element in therapeutic communication.

Moreover, the results are also confirmed by Wright (2012) who argues that active listening skills facilitates successful interaction. Bhatti (2011) avers that a nurse should take time to actively listen to what a patient has to say very patiently and, if there is something the nurse did not understand, the nurse should ask politely again and probe the patient in a concerned manner. This not only makes the bond stronger but also allows the nurse to understand the health condition of the patient in a much better way (Bhatti, 2011). Quan (2014) also confirmed that effective communication includes being a good listener as well as a good speaker. Similarly, Contreras (2014) states that nurses are expected to be good listeners, effective with verbal and written communications, must possess patience, and be emotionally stable and humorous.

Johari and Hee (2013) note that personality traitspredicted nurses' customer-oriented behaviour in Malaysian health tourism hospital. As the leader in nurse-patient relationship, nurses should develop a positive quality and get rid of negative quality to establish a good basis for nurse-patient relationship (Ad choice, 2011).

Similarly, the findings agree with those of Cameron (2009), who observed, citing Vinchu, Schippmann, Switzer and Roth, that agreeableness is associated with traits such as trust, cooperation, flexibility and tolerance. When these are found in nurses, they tend to get along

with patients easily. This assertion is supported by Ganjeh*et al*. (2009) who assert that nurses who possess high level of agreeableness are the best to cater for patients in interpersonal relationship. Therefore, high level of agreeableness can be expected to positively influence interpersonal relationship (Cameron 2009). In line with the findings of this study, Hee and Johari (2014:372) note that inconsistency of emotion will not serve the patients well in a hospital setting. Thus, a neurotic nurse will not be able to sustain an interpersonal relationship that is therapeutic with a patient. Also, Ganjeh, Arjenaki, Nori and Oreyzi (2009), citing Allen and Mellor (2004), found that neuroticism has relationship with emotional exhaustion, depersonalization and reduced personal accomplishment for nurses.

In conclusion, a healthy nurse-patient relationship will be hugely beneficial to both parties and, ultimately, the treatment of patients will improve.

Research Question 3

Which circumstances or situations warrant the exhibition of the communication skills and the personality traits in nurses' interpersonal relationship with patients?

When the patients are making their first booking or registration, or the first interaction or at any level in the course of treatment to follow up the treatment and find out whether there is any improvement, these variables become useful. Also, when a patient refuses to come for follow-up or refuses to take medication, the nurse will have to talk to and convince the patient (verbal). However, during emergency or when the patient is brought in unconscious, the nurse acts more than talk. The nurse will have to listen to get feedback and observe for non-verbal cue (listening and non-verbal).The nurse listens when the history of sickness or the medical history of the patient is being given. Non-verbal skills are also used in situations when dealing with deaf patient or one with language barrier.

In addition, the background of the patient is important. Patients from low educational and economic background and those who brought them usually have problems understanding the explanation of the health care personnel. Most times, these types of patients are followed to the hospital by a retinue of relations--uncles, aunts, grandfathers and as many as can make the trip-especially among the Fulani. So, the nurse has to explain to every one of them and. in the

process, has to exercise considerable patience, understanding, longsuffering and restraint (communication skills and personality traits).

The communication skills and personality traits of the nurse are also exhibited during ante-natal, as nurses have to take time to teach the women what to expect during pregnancy and what to do at certain stages of the pregnancy. The midwives will have to show kindness and empathy to the pregnant patients. There are times when a midwife has to be a bit harsh to get the required response, especially during delivery. The midwife will later pet the patient and tell her the reasons for being harsh.

According to one of the CNOs i/c:

> Communication skills and personality traits of the nurse are needed when patients come to the hospital for the first time, when they refuse to come for follow-up and there is language barrier. For instance, when the patient is a Fulani woman that does not understand Hausa or English. The non-literate Fulani do not take their wives to the hospital without their parents and relations.

The findings are summarized in Table 4.6.

Table 4.6. Circumstances or situations that warrant the exhibition of the communication skills and the personality traits in nurses' interpersonal relationship with patients

Communication Skills	Circumstances or situations that warrant the exhibition of the communication skills or the personality traits	Personality Traits
Verbal	Adult patient with no language barrier.	Conscientiousness
Non-verbal	Deaf adult patient or patient with language barrier	Conscientiousness
Verbal	Patients come to the hospital	Conscientiousness
Verbal	Day to day care of patients	Conscientiousness
Non-verbal	Delivery of baby in labour room	Conscientiousness
Non-verbal	Lifting patients involved in accidents	Openness to experience
Listening	When history of sickness or medical history needs to be taken	Openness to experience
Non-verbal	A gentle touch to a child or use of toys make a child respond to a nurse	Openness to experience
Listening/ Verbal	When counselling a patient, you must be open and straightforward with patients as regards the Doctor's Diagnosis. To encourage patients, share experience as per such diagnosis	Agreeableness
Verbal	When patients are bent on being discharged without doctor's permission, agree but make sure they sign against medical advice. Patients must not be forced to do anything.	Agreeableness
Verbal	Treat patients with dignity and respect	Conscientiousness
Non-verbal	Nurses have to observe for non-verbal cues suggesting that communication is effective or not	Conscientiousness
Verbal	When dealing with patients' relations	Openness to experience
Listening	When patients come to register for the first time	Conscientiousness
Non-verbal	When the patient is brought in unconscious	Conscientiousness
Verbal / Listening	When interacting with patients at any level	Agreeableness / Conscientiousness
Verbal	When a relationship is being developed with the Patient	Extraversion
Verbal	When the nurse is carrying out teaching functions to the patients or their families.	Extraversion
Non-verbal	When the nurse is assisting in carrying out operations	Conscientiousness
Verbal	When patients refuses to take medication or refuse to come for follow up	Openness to experience
Verbal	When the nurse is doing follow up on patients.	Extraversion
Verbal	When patients have to be encouraged to take his meals.	Agreeableness

The findings lend credence to the conclusion of Kourkouta and Papathanasiou (2014) that communication between nurses and patients commences with the first meeting of the two and continues till the end of treatment. Additionally, nurses are obliged to bond with theirpatients right from the first contact. In addition, Collins (2015) notes that nurses spend the longest time and interact more with patients than other health professionals. Specifically, nurses serve as bridge between patients and others involved in the treatment.

Research Question 4

What presumption(s) dictate(s) the interpersonal behaviour of the nurses with their patients and their families?

Chart 4.3.   Showing descriptive statistics analysis of presumptions of nurses' interpersonal relationship with patients

Variables	High	Average	Low
Work Load	⌣	#	#
Mood	#	⌣	#
Condition of service	#	⌣	#
Work Environment	⌣	#	#
Attitude and Behaviour of patients and their families	#	⌣	#

The result in the chart is the descriptive statistics analysis of the presumptions that dictate the nurses' interpersonal relation with patients in public hospital Bauchi State. In the chart, the highest presumptions that dictate nurses' interpersonal relationships with patients are workload and work environment. While mood, condition of service and attitudes and behaviour of patients and their families were average presumption that dictate nurses' interpersonal relationships in public hospital in Bauchi State.

The opinions of respondents during the in-depth interview showed that, in most of the general hospitals in Bauchi State, a large proportion of the patients were either Fulani or Hausa. Therefore, most of the nurses are familiar with their cultural beliefs and religion. These rural people have their own ways and they usually tend to waste the nurses' time. The nurses are

aware of this which, to an extent, influences how they handle the patients. One of the Medical Directors said:

> When patients come, you explain to them what the ailment is about. Sometimes people find it difficult to understand, they will tell you "My brother is here, he will want to hear from you". After you have explained to the brother, they will tell you that "our uncle is here, he will want to hear what you are saying". By the time a nurse finishes all these explanations to a retinue of relations, he or she is already stressed out. Most of the time, the nurses do not usually allow the patients' family to start talking much because they already know that once they start, they will delay them.

Another Chief Nursing Officer stated that:

> The training the nurses received in the Nursing School on Psychology and Psychiatry formed the presumptions that dictate the interpersonal behaviour of the nurses with their patients and their families. It helps them to learn the psychological problems of patients which may be responsible for the ailment of the patients and to handle the patients who feigned sickness just to gain the attention of relations.

Furthermore, a few respondents submitted that there were times when the social position and economic status of the patients or the families affected the behaviour of certain younger nurses who showed partiality and bias by treating the rich and the educated better and faster than the poor and the non-literate. A patient captured it as follows:

> Nurses usually treat patients the way they come to the hospital. They try to follow protocol, that is, first come, first served. However there are still those who look at the patient's appearance or status to know how to treat them.

The view of Boyle and Carter (2012) is that meaningful explanations of illness are important to the patients. Therefore, critical influences such as values, beliefs, as well as personal and social issues should be considered by health care providers. Patton (2014) notes that direct patient-contact health care employee work in environments that are prone to conflict. Roberts, Grutt and Grosch (2012) claim that multiple pressures associated with nursing responsibilities and the health-care setting translate into significant stress levels among nurses. Over the past decade, nurses, of all health care professionals, have consistently reported the highest level of job stress. These multiple pressures may be linked to the nurses being the first and the last to have contact with patients. They, at times, act as buffers for the patients. They also have to interpret the doctors' message to the patients and their family members as well as deliver bad news, which

they are the first to receive, and which they have to develop a shock absorber to take in, before summoning enough courage to pass it to the patient or the family.

The factors that have increased stress among nurses are many, one of which is the work load. Indeed, Roberts, Grubb and Groseh (2012) identify a wide range of psychosocial stressors which nurses seem to be excessively exposed.

Research Question 5

What is the perception of the patients and their family members and other health personnel about interpersonal relationship exhibited by the nurses?

Table 4.7. Perception of patients, their families and other health care personnel on the interpersonal relationship exhibited by nurses in the public hospitals in Bauchi State

S/N	Items	EU (%)	U (%)	T (%)	ET (%)	Mean	Std. Rank Dev
1	Nurses communicate openly and truthfully admitting mistakes and accepting responsibility for their	2	16	209	298		
		.4	3.0	39.8	56.8	3.53	.578 1st
2	Nurses accept and appreciate the patients for who they are.	4	9	222	290	3.52	.575 2nd
		.8	1.7	42.3	55.2		
3	Nurses try to get the trust of the patients.	12	11	229	269	3.45	.655 3rd
		2.3	2.1	44.0	51.6		
4	Patients can share and entrust private information tonurses.	4	20	240	260	3.44	.608 4th
		.8	3.8	45.8	49.6		
5	Nurses are flexible and can adapt to change.	4	23	253	236	3.40	.613 5th
		.8	4.5	49.0	45.7		
6	Nurses make patients feel unique in the way they are treated.	6	34	277	204	3.30	.642 6th
		1.2	6.5	53.2	39.2		
7	Nurses see the world through patient's eyes and understand their feelings and actions.	32	16	257	209	3.25	
		6.2	3.1	50.0	40.7		.791 7th
8	Nurses have the same mutual expectation with their patients (wellness).	9	23	143	101		.731
		3.3	8.3	51.8	36.6	3.22	8th
	Weighted mean= 3.39						

The ranking of participants' responses, based on the perception of the patients about interpersonal relationship exhibited by nurses, is presented in Table 4.7. It reveals that the majority of the patients agreed that: nurses accept and appreciate the patients for who they are (97.5%); nurses communicate openly and truthfully admitting mistakes and accepting

responsibility for their actions (96.6%); and patients can share and entrust private information to nurses (96.4%). The result implies that the patients and their family members see the nurses as honest, accountable and respectful. The weighted mean = 3.39 out of the 4.00 line of margin in the study. This presupposes that there is a positive perception of the patients, their families and other health personnel about the interpersonal relationship exhibited by nurses.

Analysis of data from the key informant interviews revealed the perception of the patients. The patients and their family members saw the nurses as the best people to contact in the hospital and they found it easy to talk to them. The patients sought the advice of nurses on issues that they might not feel comfortable to discuss with their loved ones as a result of the good interpersonal relationship that existed between them and the nurses. This helped the patients to cooperate with the nurses in their treatment. Generally, people who patronised general hospitals in Bauchi State, especially in Azare, Jama'are and Darazo developed strong confidence in the nurses, as the nurses were the ones who attended to them most of the time because of shortage of medical doctors, particularly in Darazo. Certain patients would prefer to extend their stay in the hospital after they had recovered. Thus, a number of adult patients believed that nurses would help them to get healed while the children saw the nurses as wicked because the nurses used to give them injections. Most patients and their families believed that nurses are caring, helpful and hard working. One of the Medical Directors said:

> Patients and their relations have good opinion of the nurses. They are very good to patients. Sometimes patients believe that the nurses are not caring enough when handling situations in the labour room. They used to have problems in the past but now things are a little bit different. People generally believe that nurses are harsh until they come to the hospital and they find out that it is not so.

Some patients and their relatives have some misconceptions about a few of the nurses. These include: some nurses are wicked, patients are afraid to talk to some nurses, some nurses are not approachable, some nurses behave badly at times and some nurses are not patient with their patients. The misconceptions are proved wrong when the patients and their families visited the hospitals in Bauchi State. However, there will still be some bad eggs among the nurses. It is believed that no matter the misconception of patients and their families, nurses are expected to show care (Coffey, 2006:313). In fact, this and other attitudes set the stage for profitable nurse-patient interpersonal relationship

Some patients have the feeling that nurses react negatively at times when they are under serious stress, especially where the number of patients overwhelms them and the patients are not cooperative. Despite the fact that patients and their families see nurses as helpers, other health-care workers see them differently. A Medical Director declared:

> The patients are afraid of nurses. They also feel that some of the nurses do not exercise enough patience when dealing with patients, especially the female nurses. The worse scenario is in the labour room. Their belief is that the older nurses are more caring than the younger ones who easily get distracted.

Also, one of the Chief Medical Directors believed that the shortage of nurses has its effect, as nurses are few and have to handle many patients. Thus, the nurses are overstretched and are usually stressed out. Another Medical Director asserted:

> The workload of the nurse is such that even if you want to do things properly, there are times when you do things you would normally not do. The workload of five people is handled by just one person. This contribute to what you see manifested in hospitals.

This result agrees with the position of Oyetunde, Kelechi and Oyediran (2014) who concluded on the need for nurses to improve interaction with other health care providers to achieve successful patient-care outcomes.

The finding from the study of Adereti, Olaogun, Olagunju and Afolabi (2014) showed the nurse-caring behaviour mostly perceived as caring by the pediatric patients was being "… cheerful and gentle with me;" while the behaviour mostly perceived by the primary caregivers was "call a child by real name and not a nickname". Age, education, number of siblings, and position in the family did not have influence on the pediatric patients' perception of nurse caring behaviours. Occupation, level of education, and income did not significantly influence the primary care-givers' perceptions of nurse-caring behaviour. There was no statistically significant difference in the pediatric patients and primary caregivers' perception of nurse caring behaviour.

4.3   Testing of hypotheses

Hypothesis One

There is no significant relationship between the nurses' communication skills and their interpersonal relationship with patients

Table 4.8a. Correlation matrix between communication skills and nurses'interpersonal relationship with patients(Nurses'Data)

Variables	NIR	LS	VS	NVS
Nurses' interpersonal relationship	1.000			
Listening skills	.497**	1.000		
Verbal skills	.426**	.437**	1.000	
Non-verbal skills	.165**	.235**	.321**	1.000
Mean	27.0872	13.9381	13.4162	11.0825
Std. Dev	3.03075	1.58238	1.63109	2.15789

**. Significant at the 0.01 level (2-tailed).

The correlation matrix result in Table 4.8a demonstrates the relationship between communication skills (listening skills, verbal skills and non-verbal skills) to the prediction of nurses' interpersonal relationship with patients. The table reveals the strength of the relationship towards the dependent variable. Listening skills was most significantly related and positively correlated with nurses' interpersonal relationship with patients (r =.497), followed by verbal skills (r =.426); and, finally, non-verbal skills (r =.165). This means that listening skills and verbal skills are, notably, the most dominant variables found in the prediction of nurses' interpersonal relationship with patients.

Table 4.8b. Correlation matrix between communication skills and interpersonal relationship in the public hospitals in Bauchi State (Patients'Data)

Correlations		COMSK	INTPER
COMSK	Pearson Correlation	1	.524**
	Sig. (2-tailed)		.000
	N	250	250
INTPER	Pearson Correlation	.524**	1
	Sig. (2-tailed)	.000	

	N	250	250

**. Correlation is significant at the 0.01 level (2-tailed).

The relationship between communication skills and their interpersonal relationship with patients indicated as positive, with r = 0.524 and significant at 0.01 level of (2-tailed). The result confirmed that there was significant relationship between communication skills and nurses' interpersonal relationship with patients in public hospitals in Bauchi State.

The results of the analysis of the hypothesis revealed that there was significant relationship between communication skills and nurses' interpersonal relationship with patients in public hospitals in Bauchi State.

This is in tandem with Sheldon (2014) who notes that nurse-patient relationship is based on communication and the focus of which must be patient-centred care. The verbal communication sets the stage for interpersonal relationship or lack of it between nurses and patients or any other health care provider in the system.This finding corroborates Gaunttett and Laws (2008) who state that good inter-professional communication has a positive influence on quality of care and patient's safety. It is believed that failure to communicate openly and accurately with members of the health care team can result in medical error (Manojlovich and Decicco, 2007; Tschannen and Lee, 2012; Anderson, 2013). Conversely, effective communication improves information flow, treatment and quicker discharge of patient (O'Daniel and Rosenstein, 2008).

The opinions of the respondents indicated that the patients, friends and their family members often have different views of nurses. Some appreciate the nurses whereas others have bad opinion of nurses until such changes after frequent contact with nurses.

The finding is further supported by Post (2006), who confirms that helping patients improve how they communicate with their health care providers can be a valuable activity. Indication of a strong positive relationship between a health care team communication skills and patients' ability to follow instructions (IHC 2011). Josephs (2011) lists courtesy, respect, active listening, being culturally sensitive, empathy, touching, silence, and being genuine as good communication skills health care providers should possess.

Hypothesis Two

There is no significant relationship between Nurses' personality traits and their interpersonal relationship with their patients.

Table 4.9a. Correlation matrix between personality traits and nurses' interpersonal relationship with patients(Nurses'Data)

Variables	NIR	EP	AG	CN	NT	OE
Nurses' interpersonal relationship	1.000					
Extraversion	.014	1.000				
Agreeableness	-.112*	.247**	1.000			
Conscientiousness	.174**	.190**	.078	1.000		
Neuroticism	-.056	.266**	.460**	.036	1.000	
Openness to experience	.353**	.143**	.087	.084	.030	1.000
Mean	27.087	7.392	6.724	10.029	6.060	9.400
Std. Dev	3.0308	2.0226	1.7652	1.8626	2.1481	1.5033

**significant at the 0.01 level (2-tailed).

The hypothesis was put to test based on items measuring personality traits and interpersonal relationship on the questionnaires used for the study. The results obtained from testing the hypothesis are summarized in tables 4.9 (a & b) as follows

The correlation matrix result in Table 4.9a demonstrated the relationship between the Personality traits (independent variable) and prediction of nurses' interpersonal relationship with patients. The table revealed the strength of the relationship towards the Interpersonal relationship (dependent variable) in the study. Openness to experience most significantly related and positively correlated with nurses' interpersonal relationship with patients. (r =.353**, p<0.05); followed by conscientiousness (r =.174**, p<0.05); agreeableness, with a negative correlation coefficient (r = -.112*, p<0.05). This shows that openness to experience and conscientiousness were apparently most dominant variables found in the prediction of nurses' interpersonal

relationship with patients. The result showed that there was definitely a significant relationship between the personality variables and nurses' interpersonal relationship with patients.

Table 4.9b. Correlation matrix between personality traits and interpersonal relationship in public hospitals in Bauchi State **(Patients'Data)**

Correlations		INTPER	PERTRT
INTPER	Pearson Correlation	1	.311[**]
	Sig. (2-tailed)		.000
	N	250	250
PERTRT	Pearson Correlation	.311[**]	1
	Sig. (2-tailed)	.000	
	N	250	250

**. Correlation is significant at the 0.01 level (2-tailed).

The nurses' personality traits and interpersonal relationship with their patients also indicated a positive relationship with r = 0.311 at 0.01 level (2-tailed), as shown in Table 4.9b. The results revealed a significant relationship between personality traits and nurses' interpersonal relationship with patients in public hospitals in Bauchi State.

The results of the analysis of the nurses' and patients' questionnaires revealed a significant relationship between personality traits and nurses' interpersonal relationship with patients in public hospitals in Bauchi State. Baldacchino and Galea (2012) note that individual attitude stems partly from their personality, which may affect interpersonal relationship with patients. Rothmann and Coetzer, (2003) and Sand (2013) confirmed that personalities and qualities of the nursing personnel are of great importance to their interactions and nursing relationships with patients and may also have effect on work satisfaction. Since the aim of nurses' interpersonal relationship with patients is to foster wellness, it is necessary for nurses to build a strong interpersonal relationship with patients through communication skills (Bhatti, 2011). The attitude or the way this is achieved is equally of great importance. Nurses are expected to cultivate attitudes that would strengthen communication with patients (Maville and Huerta, 2013). Johari

and Hee (2013) found that personality traits predicted nurses' customer-oriented behaviour in Malaysian health tourism hospitals. As the leader in nurse-patient relationship, nurses should develop a positive quality, and get rid of negative quality to establish a good basis for nurse-patient relationship (Ad choice, 2011).

Hypothesis Three

There is no significant relationship between nurses' interpersonal relationship with patients and patients' rate of recovery.

Table 4.10. Summary of Field Interview Report

S/N	QUESTIONS	ANSWER
1	Dominant Communication Skills	VS 80.6%, NVS 13%, LS 4%
2	Dominant Personality Traits	AG 28%, EP 28%, CN 24%, OE 18%, NT 2%
3	Circumstances or situations that warrants the exhibition of skills and traits	Educational / Social status of the Patients, State or condition of the Patients, Health history of the patients, background of the patients and the patients culture and religion
4	Presumptions that dictates the interpersonal behaviour of the nurses with patients and their families	Work load 35%, Work environment 35%, Mood 10%, Condition of service 10% and behaviour of patients and family 10%.
5	What are the perceptions of the patients, their families and other health care personnel about the interpersonal relationship exhibited by nurses?	Nurses are good, caring and friendly 67%, Nurses are uncaring, harsh and wicked 35%
6	Communication skills enhance nurses' interpersonal relationship with their patients	100%
7	Personality traits enhance nurses' interpersonal relationship with their patients	100%
8	No significant relationship between nurses interpersonal relationship with patients and patients' rate of recovery	There is relationship between nurses-patients interpersonal relationship and patients' rate of recovery

Where:
NIR = Nurse's Interpersonal Relationship

LS = Listening skill
VS = Verbal skill
NVS = Non-Verbal skill
EP = Extraversion
AG = Agreeableness
CN = Conscientiousness
NT = Neuroticism
OE = Openness to Experience

Table 4.10 shows the summary of the field interview report. The responses obtained from the respondents via in-depth interviews and key informant Interviews indicated in Table 4.10 showed that all (100%) agreed that a good nurse-patient interpersonal relationship encourages fast recovery rate of patients. It is believed that, when there is an effective interpersonal relationship between nurses and their patients, patients develop trust as well as confident in their nurses, which propels them to adhere to nurses' advice and take their medication, which, in turn, makes them healthier by the day until they become well. This result is supported by Bowen (2012) who confirmed that the nurse's care for a patient can impact on extent of recovery and duration of treatment. Angko and Aboyinga (2013), in their research on the effect of provider-patient relationship on the rate of patients' recovery among in-patients at Wa Regional Hospital, found that the patients' high level of satisfaction with care had positive effect on their recovery rate.

When the patients have a good interpersonal relationship with the nurse, trust is built and this leads to faster rate of wellness. The patients recover very fast because they know the nurses have their interest at heart and, as such, want to encourage the nurses by taking their medication. They get better with encouragement from nurses. The approach of a nurse to a patient determines the patient's response to the nurse and this either enhances or hinders genuine interpersonal relationship. There are situations where nurses have to improve on their personality to draw more information from patients and the patient's relations. This is part of the hallmark of the professionalism. A relationship of trust between the nurses, and the patients and their relatives, means that the patients can rely on their nurses in any situation.

The opinion of respondents revealed that there is significant relationship between nurses' interpersonal relationship with patients and the patient's rate of recovery. According to a medical doctor in charge, it is psychological when there is a good interpersonal relationship between the

nurse and the patient. The patient feels cared-for and the interest the nurse shows makes the patient build trust in the nurse, which makes him want to cooperate with the nurse in the health care procedure. He stated that patients communicate better in situations like this. They are not afraid to tell health care givers how they are feeling at any particular time so that, if there is a problem with the medication, it is easily rectified on time, which leads to quick rate of recovery for the patient.

Another patient's mother who was also nursing a baby agreed that when nurses treat patients well, talk to them and encourage them even when they have to do something to the patients that is painful, like giving injection, they still trust the nurse. They are ready to cooperate with the nurse who shows interest in them and, accordingly, recover fast.

This finding is supported by Angko and Aboyinga (2013) who revealed that the patients had high level of satisfaction with the care given. It was also found that, being satisfied, influenced patients' compliance with medical recommendations among others, and subsequently influenced their rate of recovery. This finding is also supported by Sowole (2007) who carried out a study on patient satisfaction with care provided by a district dental clinic. He claimed that patients' satisfaction is critical to the growth of oral health service and practice. The study was conducted on 200 patients who were 18 years and above. The findings revealed that there was a good overall level of satisfaction with the dental care that patients received. Also, Mohammed and Odetola (2014) evaluated patients' satisfaction with the care received through their interaction with nurses in selected health institutions in Edo State Nigeria. Their findings revealed a strong, direct and positive correlation between nurse-patient communication and nursing care. It can, therefore, be concluded that patients' satisfaction with the care given, which emanates from positive nurses-patients interpersonal relationship, tends to influence the rate of recovery.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

The study examined the extent to which communication skills and personality traits determine nurses' interpersonal relationship with patients in public hospitals in Bauchi State, Nigeria. This chapter presents the summary of the study, conclusion and recommendations alongside limitations to the study and contributions to knowledge as well as suggestions for further studies.

5.1   Summary

The study employed the required format of five chapters recommended by the University of Ibadan, beginning with the first chapter, which focused on the general introduction of the study and its background. The second chapter reviewed recent literature and discussed the theoretical framework. Chapter three was for the methodology and chapter four presented the results as well as discussion. Finally, the fifth chapter presents the summary, conclusion and recommendations. The study established that:

1. Listening skills, verbal skills, openness to experience and conscientiousness were the most dominant variables in nurses' interpersonal relationship with patients. Therefore, optimal performance of nurses' interpersonal relationship with patients is associated with high level of communication skills and personality traits in the public hospitals in Bauchi State.

2. There was significant joint contribution of the independent variables (communication skills and personality traits) to the prediction of nurses' interpersonal relationship with patients. This suggests that the eight factors combined accounted for 38.5% (R^2= .385) variance in the prediction of nurses' interpersonal relationship with patients.

3. There was a positive perception of the patients, their families and other health care personnel about the interpersonal relationship exhibited by nurses. This also affected the patients' rate of recovery.

4. Listening skills most significantly related and positively correlated with nurses' interpersonal relationship with patients, followed by verbal skills, according to nurses while the reverse was the case from the patients' view.

5. Openness to experience most significantly related and positively correlated with the nurses' interpersonal relationship with the patients, followed by conscientiousness.

6. The four factors combined accounted for 18.6% (Adj.R2=.186) variance in the prediction of the nurses' interpersonal relationship with the patient. However, openness to experience was the most significant predictor of nurses' interpersonal relationship in the study.

7. Presumptions in nurse-patient interpersonal behaviour included workload, mood, condition of service, work environment, attitude, behaviour of patients and their families, culture and religion.

8. When the nurse is counselling a patient and when the patient's family medical history is required are situations necessitating the exhibition of verbal / listening skills and openness to experience personality traits among nurses.

5.2   Conclusion

Interpersonal relationship between nurses and patients in public hospitals is a key element that fosters satisfactory health care experience which may also propel wellness to the patients. Communication skills (listening skills and verbal skills) and personality trait (openness to experience) were perceived most dominant variables found in nurses' interpersonal relationship with patients. Although there was a positive perception of the patients, their families and other health care personnel regarding interpersonal relationship exhibited by the nurses, they believed that improvement could yet be made.

Moreover, to maintain a healthy relationship with patients, their families and other health personnel, registered nurses and midwives should be very patient, tolerant and show considerable care. They should also accommodate the different personality traits exhibited by patients and their families in the hospital environment and other public places. Finally, registered nurses and midwives should constantly do self-appraisal to aid better performance.

It can, therefore, be concluded that, if nurses improve their communication skills and personality traits, their interpersonal relationship with patients will improve.

5.3   Recommendations

Based on the above, the following points are recommended:

1. The communication skills and personality traits of nurses and midwives in public hospitals in Bauchi State should be improved towards achieving better healthcare.

2. Government should provide hospital managements with funds for training and retraining programmes or seminars on communication skills and personality traits to improve nurses' performance in their relationship with patients, their families and other health care personnel.

3. Attempts should be made to reduce the burden and stress of the nurses in the general hospitals because a large percentage of nurses are overstretched. More nurses and midwives should be employed by the Hospital Management Board. Incentives should also be provided for nurses and midwives who work outside the major towns in Bauchi State.

4. Work environment should be improved. For example, there is need to give Darazo General Hospital a facelift to make it more welcoming in order to encourage both the patients and health care providers.

5. Government should use the media and other means to sensitize the general public on how to behave when they visit the hospitals because health workers, especially nurses and midwives, deserve respect and cooperation from them to be able to serve them better. In other words, patients should know their rights and limits.

6. Educational programmes on interpersonal relationship should be organized regularly by the management of each hospital for nurses and midwives to help them in self-appraisal for improvement.

7. Nurses should be accommodating, tolerant and full of love and care towards the patients and their families.

8. Finally, registered nurses and midwives should constantly undertake self-appraisal for better performance.

5.4   Contributions to knowledge

The study tends to contribute to knowledge as stated below:

i. Communication skills and personality traits positively influence interpersonal relationship between nurses and patients.

ii. Listening skills, verbal skills, openness to experience and conscientiousness are the most dominant variables in nurses' interpersonal relationship with patients.

iii. Listening skills, openness to experience, verbal skills and conscientiousness are the four major variables that contribute to the prediction of nurses' interpersonal relationship with patients in Bauchi State.

iv. When the nurse is counselling a patient and when the patient's family medical history is required are situations that warrant the exhibition of verbal / listening skills and openness to experience among nurses.

v. Excess workload, mood, condition of service, work environment, attitude, behaviour of patients and their families, culture and religion are the presumptions in nurse-patient interpersonal behaviour.

vi. Nurse-patient interpersonal relationship plays a positive role in patient's rate of recovery.

5.5 Limitations to the study

This study, like any other research, has some limitations. For instance time, hospital policy, language barrier, fund and scope constrained the administration of the survey questionnaire and the key informant interviews to the patients in only nine public hospitals out of 27 public hospitals in Bauchi State. In the general hospitals in Darazo and Jama'are, it was difficult to get an in-patient who could speak and understand English for key informant interview, so patients' questionnaire was filled by the patients with the help of interpreters. The Chief Nursing Officer-in-Charge of Misau General Hospital only allowed the administration of the questionnaire to the nurses/midwives and out-patients through his staff, without allowing direct access to the nurses/midwives and the in-patients. However, the Medical Director-in-Charge agreed to partake in the key informant interview. The distance between the general hospitals within the state and the limited number of nurses/midwives in these general hospitals were some of the identified limitations of the study.

Also, potential generalization of the study to a wider population of hospital workers tends to be limited by these constraints. Basis for a wider survey is inherent in the approach of the research and factors identified. Besides, though communication skills and personality traits portrayed a

big portion of the variance in nurses' interpersonal relationship with patients, there is still a part of the variance left unexplained. The role of religion and culture in nurses' interpersonal relationship with patients is an example of this.

The scope of this study was limited to registered nurses and midwives in Bauchi State public hospitals. This may impede the generalization of the results when considering private hospitals and medical centres in higher institutions in Bauchi State.

There was a prolonged staff-verification exercise around this period and several nurses were on leave (annual and maternity), others were on study leave, and yet others were on transfer besides constraints of other social responsibilities. All these made it somehow challenging for them to respond to the questionnaire in time and it affected retrieval, collation and analysis of the questionnaire.

Scheduling time for in-depth interviews posed a challenge to a few of the nurses and midwives who considered the exercise an honour that should be deferred to superiors, specifically the Heads of Nurses or the Chief Nursing Officers-in-Charge.

However, the limitations listed did not affect or invalidate the results, findings as well as recommendations of this study.

5.6 Suggestions for further studies

Attempt has been made in this study to investigate communication skills and personality traits as they influence nurses' interpersonal relationship with patients in public hospitals in Bauchi State. The following are suggested for further investigation:

1. A research on communication skills and personality traits as they determine nurses' interpersonal relationship with patients in private hospitals in Bauchi State to know whether there is variance in the results and the reason for it.

2. A study on gender difference in performance level on the nurses' interpersonal relationship with patients.

3. A study targeting other states in the north-eastern part of Nigeria would make it possible to generalize the findings in this study.

4. The study should be extended to other geopolitical zones of the country to enhance the generalization of the result.

5. Other communication skills, not considered in this study, as they influence nurses' interpersonal relationship with patients.

6. Further studies incorporating other components of communication skills to expand the conceptual model of this study.

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APPENDIX I

Types of public hospitals in Bauchi State, their locations in terms of senatorial zone and the total population of Nurses and mid-wives in the hospitals

S/N	Names of Public Hospitals	Total population of Nurses and Midwives	Sample Size	Location Senatorial Zone	Type of Hospital
1	Women and Children Hospital, Bauchi	21	-	Bauchi South	Secondary
2.	General Hospital Bayara, Bauchi	49	39	Bauchi South	Secondary
3	IDH Bayara, Bauchi	30	-	Bauchi South	Secondary
4	General Hospital, Dass	29	-	Bauchi South	Secondary
5	General Hospital, Boto	11	-	Bauchi South	Secondary
6	General Hospital, Bogoro	18	-	Bauchi South	Secondary
7	General Hospital, Tafawa Balewa	20	-	Bauchi South	Secondary
8	General Hospital, Toro	45	36	Bauchi South	Secondary
9	General Hospital, Alkaleri	19	-	Bauchi South	Secondary
10	General Hospital, Kirfi	17	-	Bauchi South	Secondary
11	General Hospital, Burra	7	-	Bauchi Central	Secondary
12	General Hospital, Gamawa	14		Bauchi North	Secondary
13	General Hospital, KafinMadaki	18	-	Bauchi Central	Secondary
14	General Hospital, Misau	31	25	Bauchi Central	Secondary
15	General Hospital, Ningi	23	-	Bauchi Central	Secondary
16	General Hospital, Danbam	13	-	Bauchi Central	Secondary
17	General Hospital,	25	20	Bauchi	Secondary

	Darazo			Central	
18	General Hospital, Giade	18	-	Bauchi North	Secondary
19	General Hospital, Itas Gadau	12	-	Bauchi North	Secondary
20	General Hospital, Jama'are	27	22	Bauchi North	Secondary
21	General Hospital, Shira	18	-	Bauchi North	Secondary
22	General Hospital, Warji	15	-	Bauchi Central	Secondary
23	General Hospital, Zaki	17	-	Bauchi North	Secondary
24	General Hospital, Azare	28	23	Bauchi North	Secondary
25	Federal Medical Centre, Azare	247	125	Bauchi North	Tertiary
26	Specialist Hospital, Bauchi	180	100	Bauchi South	Tertiary
27	ATBUTH Bauchi	413	210	Bauchi South	Tertiary
	TOTAL	1365	600	3	3T/24G

Source: Fieldwork, 2016.

DEPARTMENT OF ADULT EDUCATION
UNIVERSITY OF IBADAN, IBADAN
NIGERIA

Dear Respondent (s),

This questionnaire is designed to collect data on "**Communication Skills and Personality Traits as Determinants of Nurses' Interpersonal Relationship with Patients in Public Hospitals in Bauchi State, Nigeria.''** Your participation is likely to help improve your communication skills and personality traits. This will be of great benefits since a better interpersonal relationship with patients will make them show more interest in taking their medication and thereby hastening their rate of wellness and therefore make nurses' effort yield better result in health-care facilities. Information given will remain confidential and used only for research purposes. Your participation is voluntary, and indeed your name is not required, but for ease of analysis please indicates your personal details as presented in the questionnaire. Your opinions, precious time and participation will be a great contribution towards the noble cause of knowledge creation.

Thanks for your cooperation.

Mrs. O.O. Mabadeje – Senior Lecturer, Dept. of Pre-ND and Remedial Studies, Federal Polytechnic, Bauchi. 08052130158, 07082659211 & 081606613785. oomabadeje@yahoo.com

PERSONAL Information

1. Hospital: ....
   Put a tick (✔) in the space that is most appropriate for you.

2. Gender : Male   [   ]   Female   [   ]

3. Marital Status: (a) Single [   ]   (b) Married [   ]   (c) Separated [   ]

4. Age: ---

5. Educational Level: (a) primary school [   ] (b) secondary school [   ]
     (c) Post- secondary [   ] (d) professional courses [   ]

 6. Designation: ....

 7. Years of Experience: ....

8. Registered or Non-Registered Nurse…………………………………………….

Nurses Questionnaire

COMMUNICATION SKILLS QUESTIONNAIRE

Please, complete the following questionnaire by placing a tick mark (✔) in the box that corresponds to your level of agreement from **strongly agree (SA), agree (A), disagree (D) to strongly disagree (SD). Please answer every question and select only one response for each question.**

S/N	Items	SA	A	D	SD
	Listening Communication Skills				
1.	Listening in the fullest sense helps me to understand the patient's problems very well.				
2.	I often use silence rather than interrupt when listening to patients.				
3.	I take an appropriate amount of notes when listening to patients.				
4.	I listen to my patients' complaints to gain their confidence.				
	Verbal (Spoken) Communication skills				
5.	Being able to Communicate effectively with the patient on any difficult issues promotes the patient's health status.				
6.	I am always willing to provide patients with information about the surroundings (hospitalisation).				
7.	I frequently use shared language to connect to patients' life world				
8.	I communicate at critical/key points to ensure understanding.				
	Non-Verbal Communication skills				
9.	Conveying clear messages through friendly voice enhances my responses to cues from patients. .				
10.	I sometimes use silence to show my concern for the patient.				
11.	I sometimes do not have the courage to touch the patients.				
12.	I use gestures and facial expressions that convey clear messages to reinforce verbal content.				

PERSONALITY TRAITS SCALE

Please use the following response scale to fill the table below by ticking (✔) the number which presents the most appropriate answer as illustrated below. Kindly be as objectives as possible.

Extremely True = 4, True = 3, Untrue = 2, Extremely Untrue = 1

S/N	Items	4	3	2	1
	A. EXTRAVERSION				
1.	I am quiet around patients.				
2.	I talk a lot to different people in hospital.				
3.	I like to draw attention to myself.				
	B. AGREEABLENESS				
4.	I feel little concern for others.				
5.	I am not interested in other people's problem.				
6.	I feel other's emotions.				
	C. CONSCIENTIOUSNESS				
7.	I follow my schedule in the hospital.				
8.	I pay attention to details.				
9.	I like order.				
	D. NEUROTICISM (EMOTIONAL STABILITY)				
10.	I get stressed out easily.				
11.	I worry about things a lot.				
12.	I get irritated easily.				
	E. OPENNESS TO EXPERIENCE				
13.	I am full of ideas.				
14.	I am quick to understand things.				
15.	I have a rich vocabulary.				

INTERPERSONAL RELATIONSHIPS QUESTIONNAIRE

Instruction: below are listed a variety of ways that one person may behave in relation to another person. Please consider each statement with your present relationship with patients in your hospital. Please read each statement carefully, and then tick (✔) the number which best describes how much you agree with the statements. Kindly be as objective as possible. Use the following format as a guide:

Extremely True = 4, True = 3, Untrue = 2, Extremely Untrue = 1

S/N	PERFORMANCE	DESCIPTION	4	3	2	1
1.	Empathy	I see the world through the patient's eyes and understand his feelings and actions				
2.	Respect	I accept and appreciate the patients for who they are				
3.	Trust	I try to get the trust of the patients				
4.	Flexibility	I am flexible and can adapt to change				
5.	Self Disclosure	Patients can share and entrust private information with me.				
6.	Irreplaceable	I make my patients feel unique in the way I treat them.				
7.	Honesty and Accountability	I communicate openly and truthfully, admitting mistakes and accepting responsibility for my action				
8.	Mental Expectations	I have the same mutual expectation with my patients (Wellness).				

INFORMATION SHEET

Dear Respondent (s),

I am Olusolabomi Oluseyi MABADEJE, a Senior Lecturer in the Department of Pre-ND and Remedial Studies, School of General Studies, Federal Polytechnic, Bauchi. I teach English Language and Communication Arts. I am also a PhD student of the Department of Adult Education, University of Ibadan. My PhD research title is "Communication skills and Personality traits as determinants of Nurses' Interpersonal Relationship with Patients in Public Hospitals in Bauchi State, Nigeria." This research aims at finding out the effect of Communication Skills and Personality traits on the interactions between Nurses and Patients.

I am the Principal Investigator in this research work and I have more than twenty years of experience in teaching and research work in English language, Communication Arts and Education.

Your participation is likely to help detect challenges in and improve your communication skills and personality traits. This will result in a better interpersonal relationship between nurses and patients. It will hasten the rate of wellness of patients as they will show more interest in taking their medication and make nurses' efforts yield better result in health care facilities. There is no potential risk involving in filling the questionnaires or answering the interview questions.

Information given by respondents will remain confidential and used only for research purposes. Your participation is voluntary, and indeed your name is not required. To aid analysis, please state your personal details as presented in the questionnaire. You are free to stop your participation whenever you wish. Be assured that your decision will not be used against you in any way.

Your opinions, precious time and participation will be a great contribution towards the noble cause of knowledge creation. The findings of this research work will greatly benefit the government / management of health care in general and nursing service specifically for formulation of policies, implementation, and evaluation of the effectiveness and efficiency of care provided to patients in public hospitals in Nigeria and Bauchi State in particular.

Thanks for your cooperation.

Mrs Olusolabomi Oluseyi MABADEJE

Senior Lecturer, Dept. of Pre-ND and Remedial Studies, Federal Polytechnic, Bauchi.

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Certificate of Consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate in this study.

Print Name of Respondent _____

Signature of Respondent_____

Date _____

      Day/month/year

If unable to read or write

A witness who can read and write must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are unable to read and write should include their thumb print as well.
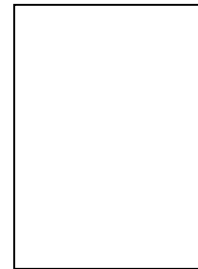
I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness_____   AND   Thumb print of participant

Signature of witness _____

Date _____

      Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the person understands that the following will be done:

1. Questions will be asked concerning communication and interpersonal relationship between Nurses and Patients.
2. Questionnaires will be filled

I confirm that the respondent was given an opportunity to ask questions about the study, and all the questions asked by him have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the respondent ____.

Print Name of Researcher/person taking the consent_____

An Informed Assent Form will _____ OR will not _____ be completed.

Patients Questionnaire

COMMUNICATION SKILLS QUESTIONNAIRE

Please complete the following questionnaire by placing a tick mark (✔) in the box that corresponds to your level of agreement from **strongly agree (SA), agree (A), disagree (D) to strongly disagree (SD). Please answer every question and select only one response for each question.**

S/N	Items	SA	A	D	SD
	Listening Communication Skills				
1.	Listening in the fullest sense helps nurses to understand the patient's problems very well.				
2.	Nurses often use silence rather than interrupt when listening to patients.				
3.	Nurses take an appropriate amount of notes when listening to patients.				
4.	Nurses listen to their patients' complaints to gain their confidence.				
	Verbal (Spoken) Communication skills				
5.	A nurse being able to Communicate effectively with the patient on any difficult issues promotes the patient's health status.				
6.	Nurses are always willing to provide patients with information about the surroundings (hospitalisation).				
7.	Nurses frequently use shared language to connect to patients' life world..				
8.	Nursesalways communicate at critical/key points to ensure understanding.				
	Non-Verbal Communication skills				
9.	Conveying clear messages through friendly voice enhances nurses' responses to cues from patients.				
10.	Nursessometimes use silence to show their concern for patients.				
11.	Nurses sometimes do not have the courage to touch patients.				
12.	Nurses use gestures and facial expressions that				

S/N		convey clear messages to reinforce verbal content.				

PERSONALITY TRAITS SCALE

Please use the following response scale to fill the table below by ticking (✔) the number which presents the most appropriate answer as illustrated below. Kindly be as objectives as possible.

Extremely True = 4, True = 3, Untrue = 2, Extremely Untrue = 1

S/N	Items	4	3	2	1
	A. EXTRAVERSION				
1.	Nurses are quiet around patients.				
2.	Nurses talk a lot to different people in hospital.				
3.	Nurses want to be centre of attention.				
	B. AGREEABLENESS				
4.	Nurses feel little concern for others.				
5.	Nurses are not interested in other people's problem.				
6.	Nurses feel other's emotions.				
	C. CONSCIENTIOUSNESS				
7.	Nurses follow a schedule in the hospital.				
8.	Nurses often forget to put things back in their proper place.				
9.	Nurses like order.				
	D. NEUROTICISM (EMOTIONAL STABILITY)				
10.	Nurses get stressed out easily.				
11.	Nurses worry about things a lot.				
12.	Nurses get irritated easily.				
	E. OPENNESS TO EXPERIENCE				
13.	Nurses are full of ideas.				
14.	Nurses are quick to understand things.				
15.	Nurses have a rich vocabulary.				

PERSONAL Information - Patient

1. Hospital: ....

   Put a tick ( ) in the space that is most appropriate for you.

2. Gender : Male   [   ]   Female   [   ]

3. Marital Status: (a) Single [   ]   (b) Married [   ]   (c) Separated [   ]

4. Age: ---

5. Educational Level: (a) primary school [   ] (b) secondary school [   ]

   (c) Post- secondary [   ] (d) professional courses [   ]

6. Occupation: ....

7. Year of Experience...

8. In-Patient/Out-Patient: …………………………………………………

INTERPERSONAL RELATIONSHIPS QUESTIONNAIRE

Instruction: below are listed a variety of ways that one person may behave in relation to another person. Please consider each statement with your present relationship with patients in your hospital. Please read each statement carefully, and then tick (✔) the number which best describes how much you agree with the statements. Kindly be as objective as possible. Use the following format as a guide:

Extremely True = 4, True = 3, Untrue = 2, Extremely Untrue = 1

S/N	PERFORMANCE	DESCIPTION	4	3	2	1
1.	Empathy	Nurses see the world through the patients' eyes and understand their feelings and actions				
2.	Respect	Nurses accept and appreciate the patients for who they are				
3.	Trust	Nurses try to get the trust of the patients				
4.	Flexibility	Nurses are flexible and can adapt to change				
5.	Self-Disclosure	Patients can share and entrust private information to nurses.				
6.	Irreplaceable	Nurses make patients feel unique in the way they are treated.				
7.	Honesty and Accountability	Nurses communicate openly and truthfully, admitting mistakes and accepting responsibility for their actions.				
8.	Mental Expectations	Nurses have the same mutual expectation with their patients (Wellness).				

APPENDIX III

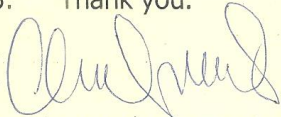Our ref: FMCA/COM/36/VOL.II   Date: 15th November, 2016

Mrs. O.O. Mabadeje,
Department of Pre-ND and Remedial Studies,
School of General Studies,
Federal Polytechnic, Bauchi,
P.M.B. 0231.
Bauchi State.

APPROVAL TO ADMINISTER QUESTIONAIRES ON NURSES AND INTERVIEW PATIENTS AND SENIOR NURSING OFFICERS IN FMC, AZARE IN DECEMBER, 2016

Your correspondence on the above subjected dated 1st November, 2016, refers.

2.   I am directed to write and convey to you approval in respect of the above subject in the Centre.

3.   Please note that you are to submit your findings and conclusion of the research work to the Ethics and Review Committee of the Centre for perusal.

4.   You are to abide by the rules guiding health research in the Centre.

5.   Thank you.

SANUSI UMAR CHINADE
Secretary Ethics & Review Committee
FOR: MEDICAL DIRECTOR

GOVERNMENT OF BAUCHI STATE
MINISTRY OF HEALTH

Bello Kirfi Road, Off Murtala Mohammed Way,
P.M.B. 065, Bauchi.

E-mail: bauchismoh@gmail.com

MOH/GEN/S/1409/I

12th January 2017

Reference... *Date..*

PROTOCOL REG. N0: BSMOH/NREC/58/2016
PROTOCOL APPROVAL N0: NREC/12/05/2013/2017/03

Mrs Olusolabomi. O. Mabadeje,
Dept of Pre-ND and Remedial Studies,
School of General Studies,
Federal Polytechnic,
Bauchi.

ETHICAL CLEARANCE FOR SUBMITTED PROTOCOL:
"Communication Skills and Personality Traits as Determinants of Nurse's Interpersonal Relationship with Patients in Public Hospitals in Bauchi State".

The Bauchi State Health Research Ethics Committee (HREC) under the State Ministry of Health has received the above named protocol for ethical clearance and approval in line with the guidelines set by the Committee. The protocol was reviewed and the committee noted that that the research falls under the low risk Category which does not entails clinical trials or any invasive procedures.

2.   Consequently, the Committee hereby granted approval for the research to be conducted. However, you should share with us your workplan clearly indicating the start date, where and when to visit the research site(s) and also **the final results of your findings**.

3.   The Committee requires you to comply with all Institutional Guidelines, Rules and Regulations and with the tenets of the National Health Research Ethics Committee Code including that all adverse events are reported promptly to the Committee. **No changes are permitted in the research without prior approval by the Committee** except in circumstances outlined in the Code. The Committee reserves the right to conduct compliance visit to your research site without prior notice.
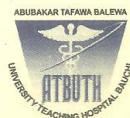
4.   Thank you.

(Usman U. Muhammad)
For: Hon. Commissioner.

ABUBAKAR TAFAWA BALEWA UNIVERSITY
TEACHING HOSPITAL BAUCHI

Hospital Road off Yandoka Street,P M B 0117,Bauchi Email:atbuth28@gmail.com.

website :www.atbuth.org

Chairman Governing Board Of Management
Maj.Gen. Suleman Barau Said mni (Rtd)

Chief Medical Director
Dr.Mohammed Alkali BM,BCH,FWACP
(Gastroenterologist)

Ref No : ATBUTH/ADM/4 2/Vol. I

Date: 23rd February, 201 7

OLUSOLABOMI OLUSEYI MABADEJE

RE: COMMUNICATION SKILLS AND PERSONALITY TRAITS AS DETERMINANTS OF NURSES' INTERPERSONAL RELATIONSHIP WITH PATIENTS IN PUBLIC HOSPITALS IN BAUCHI STATE NIGERIA

ATBUTH (REC) Assigned Number – 05/02/2017
Date of Approval: 23/02/2017
Address of Researcher: No. 67, Ikum Road, Ebo Quarters, Oka Akoko, Ondo State.
Email: oomabadeje@yahoo.com
GSM: +2348052130158, 07082659211, 08160613785

RE: NOTICE OF FULL APPROVAL

This is to inform you that the research in the submitted protocol, the consent forms and other vital documents have been reviewed and given full committee approval from 1st February, 2017 to 31st December, 2017. If there is any delay in starting the research please inform REC so that the date can be adjusted accordingly. Note that participant accrual or activity related to this research should not be conducted outside these days.

All informed consent forms used in the study must be carrying the assigned REC number and the duration of REC approval of the study. The national code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations and with the tenants' of the code including ensuring that all adverse events are reported promptly to REC. No changes are permitted in the research without prior approval by REC except in circumstances outlined in the code. The REC reserves the right to conduct compliance visit to your research site without prior notice.

24/02/17

Dr. IBRAHIM ADOGU
Chairman Research & Ethics ATBUTH, Bauchi

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