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Communication Between Nursing Manager and Nursing Staff for The Development of Nursing Work in Riyadh Region

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Abstract
***Background**: Healthcare workers are regarded as a critical component in the delivery of health services, as well as community protectors, because they respond quickly to any emergency situations such as crises and disasters, and they advocate for coordinated teams. Communication skills are essential in nursing but difficult to learn.*
***Purpose**: This study determines the impact of communication among staff nurses and nurse managers in the delivery of effective nursing services.*
***Methods**: A descriptive cross-sectional design was used in the study, with a self-administered survey questionnaire collected from 725 participants, comprising nurses and nurse managers from three hospitals in the Riyadh Region.*
***Results**: The findings of the study suggested a moderate level of communication between nurse managers in Riyadh Region hospitals and the nurses (2.58±0.84). It was also found that the hospitals in Riyadh Region displayed a moderate level of communication skills (2.26±0.46). The subscale of manager communication had a strong and positive relationship with the communication skills in the hospitals as provided by all the correlations ranging between (r=0.620, p<0.05) and (r=0.452, p<0.05). Furthermore, there were insignificant relationships between manager communication skills in the hospital and manager communication and demographic factors since p values were over 0.05.*
***Conclusion**: communication is critical since it can determine whether nursing services are effective or ineffective. Staff nurses and nurse managers should communicate effectively to eliminate individual variances and create a nice working atmosphere to fulfill the patient's expectations in order to achieve the overall goals and objectives. As a result, this study proposed an open-door policy that might be implemented in healthcare institutions to allow for two-way communication. When exchanging information with other healthcare professionals, nurses and nurse managers must also consider the value of using appropriate information. Institutions, on the other hand, can implement communication training, including language-culture obstacles and coaching correct interactions among healthcare professionals, to strengthen and build communication skills in nursing practice.*

***Keywords**: Communication, Nursing manager, Nursing staff, Nursing work, and Riyadh.*

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I. Introduction

Nursing, as a health and social care specialization, focuses on meeting the needs of customers as spiritual and biopsychosocial persons. The practice needs not only significant scientific knowledge and experience, but also the exhibition of interpersonal, technical, and intellectual skills. Communication has been acknowledged as a critical component of nursing, particularly in the treatment, preventive, rehabilitation, therapy, health promotion, and patient education areas(Riley, 2015).

Communication can be described as the exchange of information between nurses and nurse management. The ability of nurses to interact and communicate with other healthcare staff and patients aids in the development of relationships, the delivery of high-quality care, and the prevention of errors in care delivery.

In most cases, patients and their families initiate contact and conversation with nurses or nurse managers to clarify their concerns about the care process. As a result, both management and nursing personnel must have strong interpersonal communication abilities. Nurse Managers can facilitate communication by enhancing their accessibility and laying the groundwork for collaboration with healthcare workers(Siirala et al.,

2019). They are also entitled to the responsibility of developing an open-door policy, which creates a comfortable environment for nurses and allows them to express their problems and fears.

Competing demands, background noise, and a lack of privacy are some of the most common hurdles to communication between nursing staff and supervisors, resulting in poor patient care delivery. Given that the position of a nurse management is multifaceted, fast-paced, and demands considerable critical thinking, a lack of communication with the nursing staff results in a failure to satisfy the expectations of the patients, consequently worsening their health outcomes(Phillips et al., 2018; Shahin & Al Suliman, 2022). Poor communication between management and staff is also to blame for medical errors, long wait times, workload and subsequent burnout, incomplete patient follow-up, and poor decision-making and treatment recommendations(Vermeir et al., 2015). Communication is critical in establishing a health-promoting relationship between clinicians and patients. Despite the lack of acceptable evidence supporting communication between nursing staff and managers, communication skills training has been highlighted as a major component of numerous clinical and theoretical nursing curricula courses(Theander et al., 2016).

There are numerous nursing communication theories that define the tactics that nursing personnel must use while discussing the patient's health outcomes. The research idea is crucial since interpersonal skills is required of both nursing personnel and nursing supervisors. This trait is founded on two distinct sorts of abilities: cognitive competence and strategic messaging competence. While the former refers to the ability to read signals, the latter refers to the ability to decide on the appropriateness and efficiency of prospective responses(Dubois et al., 2016). In contrast, the latter refers to the ability to manage and strategically use behavioral capacities such as language in order to achieve the goals of the nursing process.

Aim of study

The study assumes that nursing staff and management have basic communication abilities such nonverbal communication, active listening, cultural awareness, written communication, compassion, empathy, and confidence. The primary goal of the research proposal is to evaluate the effectiveness of communication between the nursing director and the nursing staff in the Riyadh region.

Hypothesis

The study has two research hypotheses of the study**:**

H1: There is a significant relationship between the manager's communication subscales and the communication skill.

H2- Demographic factors are associated with the manager's communication subscales and communication skills.

Significance of the study

According toAboshaiqah (2016), Saudi Arabia relies heavily on emigrant labor, which is significant to the nursing profession as well. Saudi Arabia, like other countries, is experiencing a nursing workforce deficit, particularly among women. The global shortage of nurses is external to Saudi Arabia. However, a variety of inherent issues, such as a negative attitude toward nursing and cultural factors, exacerbate the nurse shortage. As a result, the efficient delivery of care services is hampered. According toAlmutairi et al. (2015), the healthcare workforce in Saudi Arabia is culturally diverse. The findings also indicated that nurses working in such culturally diverse contexts struggle to match the cultural expectations of team members and patients, resulting in inefficient communication.

According toAl- Yami et al. (2018) and Alrasheedi et al. (2022), recruitment and retention of nursing staff is a major issue in Saudi Arabia. According to the researchers, transformational leadership is the most prevalent style of leadership demonstrated by nursing leaders in Saudi Arabia. This leadership style was discovered to greatly contribute to organizational commitment in national healthcare organizations. Furthermore, for both nursing staff and nursing managers, perceptions of both transactional and transformational leadership styles grow with age. According to(Albagawi & Jones, 2017), Saudi Arabian and Philippine nurses found more hurdles to effective communication when compared to job criteria, personal/social traits, and environmental elements of other nationalities' staff. Furthermore, nurses with less experience have more communication issues in clinical scenarios with patients.

As a result of the findings presented above, it is clear that Saudi Arabia is facing issues in recruiting and retaining nursing staff, and the existence of efficient communication between nurse managers and staff will play a significant part in overcoming the challenges. As a result, determining the effects of communication between nursing staff and nurse management in Riyadh is critical.

II. Methods

Research design

The research employed a descriptive cross-sectional design which explored the influence of communication skills and the demographic factors of nurses and nurse managers working in the Riyadh Region.

Sampling design

The study utilized purposive meaningful sampling to identify its participants. The participants who are most appropriate to the file of nursing managers and nursing staff who need access to the study were selected. Meaningful homogeneous sampling was performed in this case because the sample members (nurses and managers) have a common set of characteristics.

Sample size

The ample size was calculated using Cochran's Formula, where the z value was used from the z table and a 95% confidence will be anticipated(Ahmad & Halim, 2017). The formula that was used is given below:

Sample size calculation formula:

In the aforementioned formula, 'e' would denote the margin of error (5%), 'p' would denote the population proportion having the attribute, and 'q' would be '1-p'. This will help in determining the sample of nursing staff and nurse managers from the three hospitals.

$$n_0 = \frac{Z^2 pq}{e^2}$$

This study had a total number of 725 participants including nurses and nurse managers coming from the 3 hospitals in Riyadh Region such as Dawadmi, King Khaled Majmaah, and Shaqra. This means that nurses and nurse managers working in the hospitals mentioned will represent the entire nurses and nurse managers of the Riyadh Region.

Inclusion criteria

- ✓ Presence of at least a bachelor's degree for the nursing staff
- ✓ Presence of a master's degree in nursing or master's in healthcare administration for nurse managers
- ✓ An experience of at least one year at the hospital in the surgical-medical unit
- ✓ Proficiency in English

Exclusion criteria

- ✓ Working in other units like ICU, NICU, or CCU
- ✓ Work experience of less than a year at the hospital
- ✓ Lack of appropriate academic qualifications
- ✓ Non-proficiency in English

Research instruments

The participants completed a self-administered survey form that had three sections: first, the demographic profile of the participants, which included their age, educational level, position, hospital, marital status, and gender. The second section includes communication subscales for nursing managers such as openness, mutual understanding, annoyance with contact, relevance and satisfaction, and nursing manager. The 24 items were rated from never to rarely, frequently to severely. The final section used has 24 statements about communication abilities in the hospital. This was assessed using a three-point scale: low, moderate, and high.

Data collection

Following gaining the ethical approval, the researcher began the study by immediately identifying the study's participants. Participants were given a complete copy of the survey questionnaire and told that no sensitive information, such as personal data, would be collected and that the responses and data gathered would be kept confidential. The researcher also outlined the study's goal in order to make the participants aware of what they were dealing with and to clarify how the survey questionnaire would be completed. After gathering the data, it was counted, processed, and evaluated.

III. Data analysis

Data were analyzed using SPSS version 23.0. The frequencies, percentage, mean and standard deviation were computed for the items, subscale, and the main scales; also, it was used for calculating demographic factors. One-way ANOVA and independent t-test were used to test the relationship between the main variables of the study such as openness, mutual understanding, frustration with interaction, relevance and satisfaction, and nursing manager to the demographic information of the participants. A p-value less than 0.05 was considered statistically significant.

Ethical consideration

The ethical approval to conduct the study was granted from the Central Institutional Review Board in the Ministry of Health in Riyadh (IRB No: 20-27M), moreover, the researcher requested permission from the three hospitals included in this study, where the participants are currently employed.

The following concepts were also observed during the course of the study: 1) the principle of respect for each participant, 2) the concept of beneficence where the researcher upholds the welfare of the participants during the conduct of the study, 4) fairness of treatment among the participants, and finally 4) transparency where the participants were equally informed of the things that they were supposed to know during the conduct of this study.

The volunteers, on the other hand, were given consent saying that they participated in the study of their own free will. The study also did not provide incentives to the participants, despite the fact that they participated in the study voluntarily. Furthermore, the researcher did not request any private information from the participants, such as their names, home addresses, or personal contact information. The researcher also did not declare a conflict of interest during the conduct of the study.

3.7 Limitations of the study

A variety of variables in the descriptive cross-sectional study may influence the relationship between the outcome and the assumed cause. Participants may also be affected by cohort variances resulting from specific experiences of a distinct demographic. Because the replies of nurse supervisors and nursing staff may be skewed, questionnaires and scales may fail to provide reliable reporting. Purposive sampling's fundamental weakness is that it is particularly susceptible to researcher bias. This can be attributed to the fact that during participant selection, researchers form generic or subjective expectations. As a result, the reliability of the results will be jeopardized.

IV. Results

As shown in **Table (1)**, 725 healthcare employees participated in the study, including 574(79.2%) females and 151(20.8%) males. 376(51.9%) were married and 312(43%) were singles.483(66.6%) were Saudi and 242(33.4%) were non-Saudi. 338(46.6%) were aged between 30-39 years old, and 206(28.5%) were aged between 18-29 years old.312(43%) worked in Shaqrahospital ,221(30.5%) worked in Dawadmi hospital and 192(26.5%) worked in King Khalid in Majmaah.403(55.6%) held bachelor's degree, and 299(41.2%) got diploma, while only 23(3.2%) held master's degree. 505(59.7%) were nurses and 220(30.3%) were head nurse.

Table 1Sociodemographic information (n=725)

Factor	Group	N	%
Gender	Female	574	79.2
	Male	151	20.8
Marital status	Single	312	43.0
	Married	376	51.9
	Divorced	15	2.1
	Widow	22	3.0
Nationality	Saudi	483	66.6
	Non-Saudi	242	33.4
Age	18-29	206	28.5
	30-39	338	46.6
	40-49	101	13.9
	50or more	80	11.0

Hospital	Dawadmi	221	30.5
	King khaledMajmaah	192	26.5
	Sahqra	312	43.0
Education level	Diploma	299	41.2
	Bachelor	403	55.6
	Master	23	3.2
Position	Head nurse	220	30.3
	Staff nurse	505	59.7

As shown in **Table (2)**theNursing Manager communication scale consists of five subscales (Mutual understanding, Openness, Frustration with interaction, Relevance and satisfaction, and Nursing manager), the scale was measured by 4 points Likert scale (extremely = 4) to (Never=1). The scale was analyzed using descriptive analysis (The frequencies, percentage, mean and standard deviation). The overall mean score for the scale was (2.58±0.84, a Moderate level). The mean score for Mutual understanding was (2.64±1.02, Moderate level), The mean score for Openness was (2.50±0.99, moderate level), The mean score for Frustration with interaction was(2.60±1.01, moderate level), The mean score for Relevance and satisfaction was(2.57±1.90, moderate level), and the mean score for the Nursing manager was(2.58±0.99, moderate level).

Table 2 descriptive information of Nursing Manager communication scale (n=725)

Dimension	No	N/%	Never	Occasionally	Frequently	Extremely	Mean±SD
Mutual understanding	1	N	149	91	303	170	2.69±1.05
		%	20.9	12.8	42.5	23.8	
	2	N	172	67	247	145	2.58±10.12
		%	27.3	10.6	39.1	23.0	
	Mean±SD/Level						**2.64±1.02, Moderatelevel**
Openness	3	N	177	105	186	150	2.50±1.14
		%	28.6	17.0	30.1	24.3	
	4	N	177	107	217	140	2.50±1.11
		%	27.6	16.7	33.9	21.8	
	5	N	186	105	205	104	2.38±1.10
		%	31.0	17.5	34.2	17.3	
	6	N	196	82	347	76	2.43±1.01
		%	28.0	11.7	49.5	10.8	
	Mean±SD/Level						**2.50±0.99, moderate level**
Frustration with interaction	7	N	195	100	276	132	2.49±1.09
		%	27.7	14.2	39.3	18.8	
	8	N	191	81	180	163	2.51±1.18
		%	31.1	13.2	29.3	26.5	
	9	N	175	63	251	115	2.51±1.18
		%	29.0	10.4	41.6	19.0	
	10	N	166	87	184	176	2.60±1.17
		%	27.1	14.2	30.0	28.7	
	Mean±SD/Level						**2.60±1.01, moderate level**

Relevance and satisfaction	11	N	164	66	405	78	2.56±0.96
		%	23.0	9.3	56.8	10.9	
	12	N	165	52	279	226	2.78±1.12
		%	22.9	7.2	38.6	31.3	
	13	N	169	65	323	161	2.66±1.07
		%	23.5	9.1	45.0	22.4	
	14	N	176	111	292	134	2.54±1.06
		%	24.7	15.6	41.0	18.8	
	15	N	204	100	274	143	2.49±1.10
		%	28.3	13.9	38.0	19.8	
	16	N	189	101	298	131	2.52±1.07
		%	26.3	14.0	41.4	18.2	
	17	N	189	97	311	120	2.50±1.06
		%	26.4	13.5	43.4	16.7	
	18	N	190	78	272	167	2.59±1.12
		%	26.9	11.0	38.5	23.6	
	Mean±SD/Level						**2.57±1.90 , moderate level**
Nursing manager	19	N	178	92	279	158	2.59±1.09
		%	25.2	13.0	39.5	22.3	
	20	N	175	81	322	131	2.58±1.05
		%	24.7	11.4	45.4	18.5	
	21	N	162	90	297	163	2.65±1.07
		%	22.8	12.6	41.7	22.9	
	22	N	179	72	341	122	2.57±1.04
		%	25.1	10.1	47.8	17.1	
	23	N	169	103	329	109	2.53±1.02
		%	23.8	14.5	46.3	15.4	
	24	N	170	88	329	107	2.54±1.03
		%	24.5	12.7	47.3	15.4	
	Mean±SD/Level						**2.58±0.99, moderate level**
Total Mean±SD/Level							**2.58±0.84, Moderate level**

As shown in **Table (3)** the hospital work area was measured by 24 items using a 3-point Likert scale (high =3 to low =1). The overall mean score was (2.26±0.26, a Moderate level). Item (10) had the highest mean (2.62±0.66, high level), and item (23) had the lowest mean (2.05±0.88, low level).

Table 3 descriptive information on communication skills in hospitals (n=725)

No	N/%	Low	Moderate	High	Mean±SD/Level
1	N	178	198	349	2.24±0.82
	%	24.6	27.3	48.1	
2	N	120	169	436	2.44±0.76
	%	16.6	23.3	60.1	
3	N	156	220	349	2.27±0.79
	%	21.5	30.3	48.1	
4	N	192	208	325	2.18±0.82
	%	26.5	28.7	44.8	

5	N	190	171	364	2.24±0.84
	%	26.2	23.6	50.2	
6	N	165	199	361	2.27±0.81
	%	22.8	27.4	49.8	
7	N	192	182	351	2.22±0.84
	%	26.5	25.1	48.4	
8	N	187	185	353	2.23±0.83
	%	25.8	25.5	48.7	
9	N	168	162	395	2.31±0.82
	%	23.2	22.3	54.5	
10	N	70	139	516	2.62±0.66
	%	9.7	19.2	71.2	
11	N	91	170	464	2.51±0.71
	%	12.6	23.4	64	
12	N	102	218	405	2.42±0.72
	%	14.1	30.1	55.9	
13	N	203	155	367	2.23±0.86
	%	28	21.4	50.6	
14	N	129	212	384	2.35±0.76
	%	17.8	29.2	53	
15	N	200	165	360	2.22±0.85
	%	27.6	22.8	49.7	
16	N	141	144	440	2.41±0.80
	%	19.4	19.9	60.7	
17	N	179	171	375	2.27±0.83
	%	24.7	23.6	51.7	
18	N	214	150	361	2.20±0.87
	%	29.5	20.7	49.8	
19	N	213	163	349	2.19±0.86
	%	29.4	22.5	48.1	
20	N	233	189	303	2.10±0.85
	%	32.1	26.1	41.8	
21	N	260	158	307	2.06±0.88
	%	35.9	21.8	42.3	
22	N	245	180	300	2.08±0.86
	%	33.8	24.8	41.4	
23	N	263	162	300	2.05±0.88
	%	36.3	22.3	41.4	
24	N	248	180	297	2.07±0.86
	%	34.2	24.8	41	
Mean±SD/Level					**2.26±0.46/Moderate**

As shown in **Table (4)** Pearson's correlations were conducted to test the relationship between the variable. There was a strong and positive relationship between manager communication skills in the hospital and manager communication and its subscales, the correlations ranged between (r=0.620, p<0.05) and (r=0.452, p<0.05).

Table 4 The correlation between the study variables (n=725)

	Mutual understanding	**Openness**	**Frustration with interaction**	**Relevance and satisfaction**	**Nursing manager**	**Manager communication**	**communication skills in hospital**
Mutual understanding	1						
Openness	0.498**	1					
Frustration with interaction	0.633**	0.693**	1				
Relevance and satisfaction	0.663**	0.730**	0.836**	1			
Nursing manager	0.783**	0.572**	0.688**	0.733**	1		
Manager communication	0.831**	0.810**	0.893**	0.915**	0.871**	1	
communication skills in hospital	0.524**	0.452**	0.565**	0.561**	0.579**	0.620**	1

*** Correlation is significant at the 0.01 level (2-tailed).*
** Correlation is significant at the 0.05 level (2-tailed).*

As shown in **Table (5)** the associations between manager communication skills in hospitals and manager communication and demographic factors were conducted using independent t-test, one-way ANOVA at (0.05). The results showed that there were insignificant relationships, p-values were over 0.05.

Table 5 The associations between Manager communication and communication skills in hospital and demographic factors (n=725)

Factor	Category	Manager communication			Communication skills in hospital		
		M	*SD*	*Statistic /p*	*M*	*SD*	*Statistic /p*
Gender	Female	2.66	0.86	t=-1.24/0.20	2.32	0.43	t=-1.79/0.2071
	Male	2.56	0.83		2.24	0.47	
Martial statue	Single	2.61	0.86	F=0.40/0.75	2.27	0.44	F=0.68/0.56
	Married	2.56	0.84		2.24	0.47	
	Divorced	2.43	0.85		2.25	0.67	
	Widow	2.60	0.67		2.37	0.39	
Nationality	Saudi	2.55	0.86	t=-1.25/0.21	2.25	0.46	t=-0.87/0.38
	Non-Saudi	2.64	0.80		2.28	0.46	
Age	18-29	2.58	0.86	F=1.19/0.31	2.28	0.46	F=1.72/0.16
	30-39	2.60	0.84		2.27	0.46	
	40-49	2.45	0.89		2.16	0.48	
	50or more	2.67	0.73		2.28	0.43	
Hospital	Dawadmi	2.55	0.85	F=0.37/0.69	2.23	0.48	F=1.06/0.35
	King Khaled Majmaah	2.59	0.85		2.28	0.45	
	Sahgra	2.62	0.82		2.29	0.45	
Education level	Diploma	2.66	0.79	F=2.43/0.08	2.28	0.45	F=0.66/0.52
	Bachelor	2.52	0.87		2.24	0.47	
	Master	2.53	0.88		2.31	0.46	
Position	Head nurse	2.56	0.83	t=-0.99/0.21	2.24	0.46	t=-1.61/0.11
	Staff nurse	2.63	0.85		2.30	0.45	
** The relationship is significant at the 0.05 level.*							

V. Discussion

The purpose of the study was to measure and evaluate the impact of communication between nurse managers and staff nurses in the Riyadh Region. Communication is essential in creating a happy and healthy environment among healthcare workers. The construction of a better healthcare setting through communication affects various aspects of the personnel as well as the patient. Communication ability is essential for nurse managers because it contributes to the creation of a pleasant environment in which staff nurses feel comfortable seeking assistance and explanation from them(Pope, 2010).

In this study, it was revealed that the nurse managers interact well with their subordinates as provided by the result of a moderate level of communication between them and the staff nurses (2.58±0.84). Openness in this study has been moderate which means that the nurse managers welcomed any information and advice from other healthcare staff. This attribute shows that the nurse managers foster a two-way communication system wherein they not only give orders and directives, but they also accept opinions and ideas as well coming from staff nurses. This is in line with the results ofPope (2010) that the accommodating behavior of the nurse managers can help the nurses feel at ease whenever they are asking for help.

In fact, in the study conducted byChang et al. (2016), the quality of openness is directly related to patient safety. This means that when there is openness established among healthcare professionals, there are possible chances that it may improve patient outcomes. Mutual understanding between the nurse managers and nurses was also seen to be moderate in this study (2.64±1.02). This shows that nurse managers sometimes find it

difficult to decipher what the nurses want to convey and vice versa. This is probably because of some barriers that may affect the communication of nurse managers with the nurses. In a study conducted in Ireland, it was revealed that channels of communication such as post-it notes, to-do lists, and patient charts were observed to be significant barriers to communication(Brady et al., 2017).

Poor transmittal of messages through this means of communication could be one of the reasons why nurses may not get what the nurse managers want them to do. In addition, the nurse managers may get overloaded with information, which results in the dismissal of the nurse's concerns(Kraut, 2018). All of this will eventually affect the delivery of care to the patients that's why both nurse managers and staff nurses must ensure clarity whenever they initiate communication. The study also revealed that the frustrations of nurses after interaction with the nurse managers were observed to be moderate (2.60±1.01).

This is in line with the idea ofGrissinger (2017) that nurses and nurse managers may get frustrated with how communication is being delivered. For example, nurse managers may get frustrated whenever they receive information from the nurses which are too long and detailed rather than getting straight to the necessary point. This is like the case of the nurses they may also feel frustrated whenever the nurse managers do not exhibit interest in the information being given to them. In addition, the feeling of frustration can also be observed when there is a disagreement regarding the plans or not being involved with sudden decisions (Kerr et al., 2020).

This frustration can lead to work dissatisfaction and may affect the delivery of patient care. This seems to hinder the harmonious communicative relationship between the nurse managers and the nurses therefore, it is suggested that both must consider the process of interacting with one another, considering how the information will be delivered to them. The present study also revealed that the information provided by the nursing managers is relevant and that nurses feel satisfied after the interaction. This is proved by the data that the overall satisfaction and relevance of the information provided by the nurse managers are moderate (2.57±1.90). In nursing practice, it is important that the information being provided must be precisely communicated and relevant because when health workers aren't effectively communicating, patients' safety is compromised(O'Daniel & Rosenstein, 2008).

Nurse Managers should be able to communicate andgive proper instructions because this may affect the capacity of the medical team to provide patient care(Cullen & Gordon, 2014). Some of the reasons why patient safety is at risk are because information may get misinterpreted by the nurses or unclear orders may be given by the nurse managers. This is the reason why relevant communication is needed to ensure that patients receive an accurate diagnosis and proper medication(OnPage Corporation, 2020).

Miscommunication between healthcare professionals can result in medical errors and it can eventually lead to patient death(Latner, 2015). This seemingly delicate situation suggests that the information being communicated must be delivered with accuracy. Lastly, the nursing manager subscale in the present study showed moderate results (2.58±0.99). It is expressed by some of the statements that the nurses felt being taken advantage of and that they usually experience an authoritarian approach. This type of leadership approach does not create trust nor even promote communication between the members of a team(Cornell, 2020)but instead, it forms a system where the opinions of the nurses remain untapped.

The nurse managers should not only act as the source and provide comprehensive explanations, but also nurse managers should teach and give feedback to the nurses to offer a good support system in developing nurses' self-confidence and in enhancing the quality of patient care(Rouse & Al- Maqbali, 2014). Feedbacking and allowing the nurses to learn will give them the chance to grow and develop their expertise on their own.

The present study also found that the communication skills existing in the hospital are moderate (2.26±0.46). This is slightly lower compared to the results of a study conducted in Iran that the communication skills were expressed to be 2.70±0.43(Zangeneh et al., 2021). This result is much lower compared to the communication skills of nurse managers in the USA which was found to be 3.46±0.50(Cullen & Gordon, 2014), and the communication skills of the nurses in Tobago which was found to be 3.45±0.85 and managers which were 3.96±0.41(Steele & Plenty, 2015). This indicates that the status of the communication system in other countries may be better compared to the hospitals in Riyadh Region.

This result can be traced back to the dominating number of expatriates or non-Saudi nationals working in the country. Several non-Saudi nurses have narrow knowledge not only in language but also of culture and religion(Alshammari et al., 2019). This is probably one of the reasons why the present study revealed a lower value of communication skills compared to the US and other countries mentioned since most of the nurses cannot communicate well with the presence of language and culture barriers. A moderate level of communication because of the present study is not inferior to others and this can be improved. This seems to suggest that the healthcare institutions in the Riyadh region must reinforce the communication between the healthcare professionals specifically intensive training in the language and speaking to promote harmonious communicative relationships and a healthcare environment that is safe for the patients.

A noteworthy result was revealed in the present study that there is a strong and positive link between communication skills to the subscales of manager communication. This means that the communication skills in the hospital can be attributed to how the nurse managers deliver information to the nurses, how the nurses

completely and clearly understood the instructions, what their would-be reactionsareafter communicating with one another, how accurate and relevant the exchange of information exists and how the nurse managers employ an approach that promotes communication among healthcare workers. These attributes determine how well the communication skills of the nurses and nurse managers are in the profession. Developing these attributes will create a solid foundation of communication skills which is essential to deliver better performance in the healthcare setting.

The study also revealed a notable result that there is no significant relationship existing between subscales of the manager communication and communication skills to demographic factors as shown by the *p* values which were over 0.05. This indicates that the demographic information of the nurses and nurse managers in this study regardless of their gender, marital status, age, hospital, educational attainment, and position does not influence the subscale of the communication and communication skills. This is in contrast with the study ofKounenou et al. (2011) that the demographic variable that seems to affect the communication skill of nurses is the educational level. According to this study, nurses with higher educational attainment displayed several aspects of communication skills. However, this might not be the case in this setting.

The current study revealed that the educational level does not influence the communication skills and communication scale of the nurse managers (p=0.08; p=0.52).This is not to say that persons with advanced degrees may only demonstrate greater communication skills. There could be several explanations why these demographic parameters have no effect on the participants' communication skills. For example, regardless of educational level, healthcare workers can build openness and mutual understanding. Regardless of other demographic criteria, information relevance can be offered, and frustrations can emerge. As a result of this research, developing communication skills will always be dependent on how nurses and nurse supervisors convey information. Practicing various characteristics that promote a strong communicative relationship amongst healthcare workers, on the other hand, can contribute to improved performance in the profession.

VI. Conclusions

Finally, nurses in the Riyadh Region rated nurse managers' communication as moderate. In addition, hospitals in the Riyadh Region had a moderate level of communication abilities.

The nurse management communication subscale was found to be directly connected to communication skills. Furthermore, demographic information about nurses and nurse managers has no effect on or contributes to the development of communication abilities and subscales of manager communication.

VII. Recommendations

In healthcare institutions, a policy of open doors can be implemented so that there is the possibility of two-way communication. This fosters an environment in which nurses are permitted to pose questions and express their ideas, allowing nurse managers the opportunity to cultivate and support dialogue with other members of the healthcare staff.

It is important for nurses and nurse managers to examine the significance of giving accurate information as well as the practice of doing so. Institutions have the ability to provide training on various aspects of communication, such as language and cultural obstacles, as well as coaching on how healthcare professionals should communicate with one another, in order to strengthen and grow nursing professionals' communication skills.

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