Research Article

Aidet Communication Style In Nursing Practice: A Step Toward Patient-Centered Care

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ABSTRACT

Effective communication is essential for safe, patient-centred nursing care. The AIDET framework—Acknowledge, Introduce, Duration, Explanation, and Thank You provides a structured approach for improving nurse–patient communication. However, evidence regarding staff nurses' knowledge of AIDET in Indian hospital settings remains limited. A quantitative approach with a non-experimental descriptive research design was adopted. The study was conducted among 402 staff nurses working in selected hospitals. Participants were selected using non-probability convenience sampling. Data were collected using a structured demographic questionnaire and a structured knowledge questionnaire on AIDET communication. The knowledge instrument comprised 21 items, with one mark for each correct response. Descriptive statistics and the chi-square test were used for analysis at a significance level of $p < 0.05$. The instrument was reviewed by 23 experts; the reported item-level content validity index ranged from 0.783 to 1.0, with a mean S-CVI of 0.94. Test–retest reliability was reported as r = 0. 9722.Among 402 staff nurses, 68 (16.92%) had poor knowledge, 275 (68.41%) had average knowledge, and 59 (14.68%) had good knowledge regarding AIDET communication style. Age ($\chi^2 = 3.5815$, $p = 0.4655$) and gender ($\chi^2 = 0.1526$, $p = 0.9265$) were not significantly associated with knowledge. Educational qualification ($\chi^2 = 355.6192$, $p < 0.00001$), years of experience ($\chi^2 = 26.8822$, $p = 0.00015$), and department of work ($\chi^2 = 32.3008$, $p = 0.000014$) showed statistically significant associations with knowledge Most staff nurses demonstrated average knowledge regarding AIDET communication style. The findings indicate the need for structured continuing education and self-learning resources to strengthen nurses' knowledge and support consistent, patient-centered communication. A self-instructional module was developed as an educational resource.

Keywords: AIDET communication, staff nurses, knowledge, nurse–patient communication.

INTRODUCTION

Effective communication is a cornerstone of quality nursing care and directly influences patient satisfaction, safety, trust, and clinical outcomes. Nurses interact continuously with patients and families and are responsible for explaining procedures, providing health education, offering emotional support, and coordinating care.[1] Communication barriers such as high workload, language differences, cultural variation, and inadequate formal training can interfere with these responsibilities.[2]

AIDET is a structured communication framework consisting of Acknowledge, Introduce, Duration, Explanation, and Thank You. It is intended to standardize interactions between healthcare professionals and patients and to promote clarity, trust, reduced anxiety, and a positive patient experience.[3] The framework is particularly relevant in busy clinical areas where nurses need a simple and consistent communication structure.[4]

Existing literature indicates that structured communication approaches can improve communication competence and patient experience. Studies included in the present research manuscript also describe improvements associated with AIDET and other structured communication interventions. However, the researcher's thesis identified a need to assess baseline knowledge of AIDET among staff nurses and to provide a flexible educational resource through a self-instructional module.[5]

MATERIALS AND METHODS

Research approach and design. A quantitative research approach and a non-experimental descriptive research design were used. The design was selected because the study assessed existing knowledge without implementing an intervention or measuring change over time.

Setting and participants. The study was conducted in selected hospitals of the Sangli-Miraj-Kupwad corporation area. The sample consisted of 402 staff nurses who were available and willing to participate during data collection.

Sampling. Non-probability convenience sampling was used. Inclusion criteria were staff nurses working in selected hospitals, available during data collection, willing to participate, and able to understand English or Marathi. Staff nurses on long leave, nursing students, and interns were excluded.

Data collection tools. Section A consisted of demographic variables including age, gender, educational qualification, professional experience, department/unit, and previous exposure/training related to AIDET. Section B consisted of a structured knowledge questionnaire assessing the meaning, components, importance, and application of AIDET communication. The questionnaire contained 21 items, with one mark for each correct answer.

Validity and reliability. Content validity was assessed by 23 experts. Twenty-two items were evaluated for relevance; the reported I-CVI ranged from 0.783 to 1.0 and the mean S-CVI was 0.94. Test–retest reliability was assessed among 25 participants and the correlation coefficient was reported as 0.9722, indicating strong stability of the tool.

Pilot study. A pilot study was conducted among 25 staff nurses, to assess feasibility and clarity. The tool was reported to be clear and understandable, the study was feasible, and no major modifications were required.

Ethical considerations. Ethical approval was obtained from the Institutional Ethics Committee. Permission was obtained from hospital authorities. Written informed consent was obtained from participants, confidentiality was maintained, and participants were informed of their right to withdraw.

Data collection and analysis. After obtaining permission and informed consent, data were collected using the structured questionnaire. The reported time required for data collection was approximately 20–25 minutes. Frequency, percentage, mean, and standard deviation were used as descriptive statistics, and the chi-square test was used to determine association between knowledge level and selected demographic variables. Statistical significance was set at $p < 0.05$.

Development of the self-instructional module. The SIM was developed using literature review, expert opinion, and clinical relevance. It included an introduction, objectives, learning units, clinical examples, benefits and barriers, summary, self-evaluation, references, and key points for remembering AIDET.

RESULTS

Section I: Demographic Characteristics of Staff Nurses

The demographic information of the staff nurses showed variation in age, gender, educational qualification, professional experience, and working department. The participants included nurses from different educational and clinical backgrounds. This diversity helped the researcher understand the characteristics of the study group and provided a clear background for interpreting their knowledge regarding AIDET communication style.

Table 1: Frequency and Percentage Distribution of Demographic Characteristics of Staff Nurses

Variable	Category	Frequency	Percentage
Age (years)	18–28	130	32%
	29–39	171	43%
	40–50	101	25%
Gender	Male	137	34%
	Female	265	66%
Qualification	ANM	118	29%
	GNM	163	41%

	B.Sc. Nursing	56	14%
	Post B.Sc.	65	16%
Department/Unit	Ward/OPD	166	42%
	ICU	146	36%
	ER	90	22%
Experience	0–1 year	170	42%
	1–3 years	190	47%
	Above 3 years	42	10%

Table no 1 showed that 171 (43%) participants were aged 29–39 years, 130 (32%) were aged 18–28 years, and 101 (25%) were aged 40–50 years. Females constituted 265 (66%) and males 137 (34%). Regarding qualification, 163 (41%) were GNM, 118 (29%) were ANM, 65 (16%) were Post Basic B.Sc. Nursing, and 56 (14%) were B.Sc. Nursing. Ward/OPD had 166 (42%) participants, ICU 146 (36%), and ER 90 (22%). In terms of experience, 190 (47%) had 1–3 years,
170 (42%) had 0–1 year, and 42 (10%) had more than 3 years of experience.

Section II: Overall, Knowledge Regarding AIDET Communication Style

The knowledge of staff nurses regarding AIDET communication style was assessed using a structured questionnaire. The findings showed different levels of knowledge among participants, including poor, moderate, and good categories. Most nurses demonstrated moderate knowledge, indicating a need for further learning and regular educational activities to improve their understanding and communication practices.

Table 2: Frequency and Percentage Distribution of Knowledge Score Levels

Knowledge Level	Frequency	Percentage
Poor	68	16.92%
Average	275	68.41%
Good	59	14.68%
Total	402	100%

The overall assessment showed that the majority of staff nurses had average knowledge regarding AIDET communication style. Of the 402 participants, 275 (68.41%) had average knowledge, 68 (16.92%) had poor knowledge, and 59 (14.68%) had good knowledge.

Section III: Association Between Pre-test Knowledge and Selected Demographic Variables

The researcher examined whether staff nurses' knowledge regarding AIDET communication was related to their selected demographic characteristics. The findings indicated that educational qualification, professional experience, and department of work had an association with knowledge levels. Age and gender did not show a significant association, suggesting that knowledge may depend more on education and clinical exposure**.**

Table 3: Association Between Pre-test Knowledge and Selected Demographic Variables

Variable	Chi-square (χ^2)	p-value	Result
Age	3.5815	0.4655	Not significant
Gender	0.1526	0.9265	Not significant
Educational qualification	355.6192	<0.00001	Significant
Years of experience	26.8822	0.00015	Significant
Department of work	32.3008	0.000014	Significant

Table no3 shows that Chi-square analysis was used to determine the association between knowledge level and selected demographic variables. Age and gender were not significantly associated with knowledge. Educational qualification, years of experience, and department of work were significantly associated with knowledge levels.

DISCUSSION

The present study assessed knowledge regarding AIDET communication style among 402 staff nurses. The findings showed that 68.41% had average knowledge, while 16.92% had poor knowledge and 14.68% had good knowledge. The predominance of average knowledge suggests that many nurses may have basic awareness of structured communication but may require further education to strengthen comprehensive understanding and consistent application[8].

The finding of predominantly moderate knowledge is consistent with the literature reviewed in the thesis. Gul et al. reported that nurses demonstrated mainly moderate knowledge regarding therapeutic communication, while Sangeetha reported substantial gaps in nurses' knowledge of patient communication skills. These findings support the need for continuing education focused on communication competencies[9].

Age and gender were not significantly associated with knowledge in the present study. In contrast, educational qualification, professional experience, and department of work showed statistically significant associations. The observed relationship with qualification and experience suggests that academic preparation and clinical exposure may contribute to differences in knowledge. The significant association with department may reflect differences in exposure to communication-intensive clinical situations, although actual communication practice was not measured in this study[10].

The study also supports the usefulness of structured educational resources. Previous studies included in the thesis reported positive outcomes following self-instructional or structured communication education among nurses and nursing students. In the present study, the SIM was developed as a flexible educational resource; however, because the study used a descriptive design and did not include a post-test intervention, its effectiveness in improving knowledge was not measured[11].

CONCLUSION

The present study concluded that staff nurses working in selected hospitals predominantly demonstrated average knowledge regarding AIDET communication style. Age and gender were not significantly associated with knowledge, whereas educational qualification, years of experience, and department of work showed significant associations. These findings indicate a need for structured communication education and continuing professional development.

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