

# The effect of communication skills of nurses working in the intensive care unit on their self-assessments of psychosocial care competence

 Nermin Erdoğan\*

Department of Psychiatry, Ankara Etlik City Hospital, Ankara, Türkiye

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## ABSTRACT

**Aims:** This study was conducted to determine the effect of communication skills of nurses working in intensive care units on their self-assessment of psychosocial care competence.

**Methods:** This descriptive and correlational study was conducted with 330 nurses actively working in the intensive care unit of a city hospital between June 15 and August 15, 2024. "Descriptive Information Form", 'Psychosocial Care Competence Self-Assessment Scale' and 'Communication Skills Inventory' were used to collect the data.

**Results:** The communication skills (162.64±17.79) and psychosocial care competence self-assessment levels (63.22±15.66) of nurses working in the intensive care unit were found to be above average. In this study, a significant positive relationship was found between nurses' communication skills and their self-assessments of psychosocial care competence ( $r=0.36$ ,  $p<0.001$ ). Nurses' communication skills explained 13.1% of the variation in their self-assessments of psychosocial care competence (Adj.  $R^2=0.131$ ).

**Conclusion:** It is recommended that effective and need-oriented training programs should be conducted to improve nurses' communication skills and support their psychosocial care competencies.

**Keywords:** Intensive care nursing, psychosocial care, communication skills

## INTRODUCTION

Intensive care units are units that provide uninterrupted health care services in the treatment and care of patients with serious physical illnesses and in the prevention of complications (Dasai et al., 2011). In intensive care units, environmental characteristics of intensive care, being under life risk, treatment and practices, inability to communicate, physical restrictions, isolation, inability to protect patient privacy, lack of information, feeling unsafe and prolonged hospitalization may cause psychosocial reactions in patients (Alaca, 2008; Dedeli & Akyol, 2008; Zengin, 2010; Şahin & Köçkar, 2018). Common psychosocial reactions in intensive care patients include anger, anxiety, fear, powerlessness, hopelessness, spiritual distress and intensive care syndrome (Prevost, 2001; Grandell, 2002). As a result of these reactions, conditions such as inability to cooperate in self-care, slow recovery due to weakening of the patient's immune system, and prolonged stay in intensive care may occur (Gomez et al., 2007). When patients do not receive psychosocial support for these reactions, they continue to experience these problems after discharge (Wade et.al, 2014). In intensive care units, nurses should be able to implement interventions for the

psychosocial care of patients, including interventions such as providing information, listening, interviewing, empathy, coping with stress, identifying and addressing psychosocial needs, and establishing therapeutic relationships (Kocaman, 2006). These interventions also require good communication skills. Effective patient-nurse communication is necessary to better understand patient behaviors and needs and to make plans to meet these needs. The fact that nurses have effective communication skills contributes positively to increasing patient satisfaction, ensuring the safety of the care environment, treatment compliance and the healing process of the disease (Charlton et al., 2008; Boynton, 2016; Gilber&Hayes, 2009). Effective communication skills are a fundamental nursing skill in the first stage of psychosocial care. Since it is the person who establishes a direct relationship with the patient, the communication skills of the nurse are also important in terms of the quality of psychosocial care (Kocaman, 2006).

A review of the literature revealed that there are no studies examining the relationship between the communication skills of nurses working in intensive care units and their self-

\*Corresponding Author: Nermin Erdoğan, n\_oyke@hotmail.com



assessment of psychosocial care competencies. This study aimed to evaluate the relationship between the communication skills of nurses working in intensive care units and their self-assessment of psychosocial care competencies.

## METHODS

### Ethics Approval and Consent

The study was conducted by the Ankara Etlik City Hospital Non-interventional Clinical Researches Ethics Committee (Date: 24.04.2024, Decision No: AEŞH-BADEK-2024-298). Informed consent forms were obtained from all patients. All procedures were carried out in accordance with ethical rules and the principles of the Declaration of Helsinki. The study was conducted with 330 nurses working in the intensive care unit between June 15 and August 15, 2024.

### Study Design

In this descriptive-correlational study, the study population consisted of 800 nurses working in the intensive care unit. The study was completed with 330 nurses who agreed to participate. This number represents 41.2% of the study population. Data collection forms were distributed to nurses who agreed to participate in the study. Completing the forms took 15-20 minutes.

### Data Collection Tools

The data of the study were collected using the Personal Information Form, Psychosocial Care Competence Self-Assessment Scale (PCCSAS) and communication skills inventory (CSI).

- 1. Personal information form:** It is a form consisting of 14 questions including professional and sociodemographic information of the participants developed by the researcher in line with the relevant literature.
- 2. Psychosocial Care Competence Self-Assessment Scale (PCCSAS):** It was developed by Karataş and Kelleci (2021) to determine to what extent nurses can diagnose patients psychosocially, to what extent they can determine their psychosocial needs, to determine their self-assessment of psychosocial care competencies and to determine the current situation in this regard. The scale items are in 5-point Likert type. The scale consists of 18 items and four sub-dimensions called "symptom identification", "using information", "intervention" and "diagnosis". The cronbach alpha values of the scale were found to be 0.93 for the whole scale and the sub-dimensions ranged between 0.80 and 0.93. In our study, the cronbach alpha value for the whole scale was found to be 0.88.
- 3. Communication Skills Inventory (CSI):** The scale was developed by Ersanlı and Balcı (1998) and consists of 45 items and three sub-dimensions: cognitive, emotional and behavioral. The scale is 5-point Likert type. The highest score that can be obtained from the scale is 225 and the lowest score is 45. High scores on the scale indicate that the communication skill level of that individual is high. The cronbach alpha coefficient of the scale is 0.72. In our study, the cronbach alpha value was 0.97.

## Statistical Analysis

The data analysis of the data was performed using the Statistical Package for the Social Sciences (SPSS 20.0) software package. The significance level was set at  $p < 0.05$ . Descriptive statistics were presented as numbers, percentages, and standard deviations. Pearson correlation analysis was used to examine the relationship between the two scales. A simple linear regression model was used to examine whether intensive care nurses' communication skills affected their psychosocial care skills self-efficacy.

## RESULTS

### Sociodemographic and Occupational Characteristics of Nurses

It was determined that 71.5% of the nurses participating in the study were female, 96.4% were between the ages of 20 and 30, 95.5% had a bachelor's or master's degree, 79.5% were single, and 46.7% described their economic situation as having less income than expenses. When examining the nurses' years of experience in the profession, it was found that 73.3% had been working for 2-5 years, and 61.2% had been working in intensive care for the same period of 2-5 years. 83.9% of nurses reported working 48 hours or more per week. 84.5% reported caring for 1 or 2 patients per workday. 88.2% of nurses reported receiving training in communication, and 75.8% reported receiving training in psychosocial care (**Table 1**).

### Findings Related to Communication Skills of Intensive Care Nurses

**Table 2** shows the subscale and total mean scores of the general communication skills scale for intensive care nurses. The subscale mean scores of the scale were determined as  $54.01 \pm 5.95$  in the mental dimension,  $56.95 \pm 6.99$  in the behavioural dimension, and  $51.68 \pm 7.21$  in the emotional dimension. The total mean score of the scale was  $162.64 \pm 17.79$ .

### Findings Related to Intensive Care Nurses' Self-Assessment of Psychosocial Care Competence

When nurses' self-assessments of psychosocial care competence were examined, the PCCSAS subdimensions were found to be  $17.88 \pm 4.95$  for symptom identification, information use  $17.59 \pm 4.65$ , intervention  $13.89 \pm 3.51$ , diagnosis  $13.86 \pm 3.69$ , and total psychosocial care competence  $63.22 \pm 15.66$  (**Table 3**).

### Pearson Correlation and Regression Analysis Results for the Relationship Between Nurses' Communication Skills and Self-Assessment of Psychosocial Care Competence

In our study, a statistically significant positive correlation was found between the total score of communication skills and the total score of psychosocial care competence self-assessments ( $r = 0.36$ ,  $p < 0.001$ ) (**Table 4**).

A simple linear regression model was used to examine whether intensive care nurses' communication skills affected their self-assessments of psychosocial care competence. The model, in which communication skills were the independent variable and psychosocial care competence self-assessment was the dependent variable, was found to be statistically significant ( $F = 50.658$ ;  $p < 0.001$ ). The model's coefficient of determination is  $R^2 = 0.134$ . This result indicates that

**Table 1.** Sociodemographic and occupational characteristics of nurses (n=330)

	Number of people	Percent (%)
<b>Gender</b>		
Female	236	71.5
Male	94	28.5
<b>Age</b>		
20-30 years old	318	96.4
31-40 years old	12	3.6
<b>Education status</b>		
Health vocational high school	15	4.5
Undergraduate and postgraduate	315	95.5
<b>Marital status</b>		
Married	68	20.6
Single	262	79.4
<b>Economic situation</b>		
Income expense equal	139	42.1
Income less expenses	154	46.7
Income exceeds expenditure	37	11.2
<b>Length of service in the profession</b>		
1 year and less	64	19.4
2-5 years	242	73.3
6 years and above	24	7.3
<b>Working time in intensive care</b>		
1 year and less	128	38.8
2-5 years	202	61.2
<b>Intensive care unit worked in</b>		
Internal medicine ICU	146	44.2
Neurology ICU	93	28.2
Coronary ICU	26	7.9
Anesthesia and reamination ICU	38	11.5
Surgical ICU	27	8.2
<b>Mode at work</b>		
Daytime only	22	6.7
Night and day	308	93.3
<b>Working hours per week</b>		
40 hours	53	16.1
48 hours and over	277	83.9
<b>Number of patients per nurse</b>		
1-2	279	84.5
3-4	51	15.5
<b>Communication training status</b>		
Yes	291	88.2
No	39	11.8
<b>Status of training on psychosocial care</b>		
Yes	250	75.8
No	80	24.2

**Table 2.** Communication Skills Inventory (CSI) sub-dimensions and total score values (n=330)

CSI total	Mental dimension	Behavioral dimension	Emotional dimension
X±SD	X±SD	X±SD	X±SD
162.64±17.79	54.01±5.95	56.95±6.99	51.68±7.21

CSI: Communication Skills Inventory, SD: Standard deviation

**Table 3.** Psychosocial Care Competence Self-Assessment Scale (PCCSAS) sub-dimensions and total score values (n=330)

PCCSAS total	Symptom identification	Using knowledge	Intervention	Diagnostics
X±SD	X±SD	X±SD	X±SD	X±SD
63.22±15.66	17.88±4.95	17.59±4.65	13.89±3.51	13.86±3.69

SD: Standard deviation

**Table 4.** Pearson correlation analysis results for the relationship between nurses' communication skills and psychosocial care competency self-assessments

	Mental dimension	Behavioral dimension	Emotional dimension	CSI total
Symptom identification	0.26**	0.31**	0.34**	0.35**
Using knowledge	0.27**	0.31**	0.34**	0.35**
Intervention	0.21**	0.25**	0.28**	0.28**
Diagnostics	0.28**	0.31**	0.35**	0.36**
PCCSAS total	0.27**	0.32**	0.35**	0.36**

\*\*p<0.001 CSI: Communication Skills Inventory, PCCSAS: Psychosocial Care Competence Self-Assessment Scale

communication skills explain 13.4% of the total variance in self-assessments of psychosocial care competence. The CSI scores, which are independent variables in the model, have a statistically significant effect on PCCSAS scores (t=7.117 p<0.001). Accordingly, when CSI scores increase by one unit, PCCSAS scores increase by 0.322 (β=0.322) (Table 5).

**Table 5.** The effect of nurses' communication skills on psychosocial care self-efficacy

Independent variable	β	Std. error	Std. Beta	t	p	β for 95% CI.	
						Lower	Upper
Fixed	10.872	7.399		1.469	0.143	-3.684	25.428
CSI total points	0.322	0.045	0.366	7.117	0.000**	0.233	0.411

Model summary: R=0.366; R<sup>2</sup>=0.134; Adj. R<sup>2</sup>=0.131; F=50.658; p<0.001

Dependent variable: Psychosocial care self-efficacy. \*\*p<0.001, Std. error: Standard error, Std. beta: Standard beta, Adj. R<sup>2</sup>: Corrected R<sup>2</sup>, F: Test statistic, p: Significance level, CI: Confidence Interval, CSI: Communication Skills Inventory

## DISCUSSION

The study we conducted to determine the relationship between psychosocial care competency self-assessments and communication skills of nurses working in intensive care units is discussed.

Communication is an important tool for nurses to provide quality healthcare. Patients treated in intensive care units may be conscious, unconscious, conscious but intubated, or unconscious but intubated. When the different characteristics of intensive care units are added to these factors, nurses' communication skills become even more important for communicating with patients. In our study, the average communication skills score of nurses working in intensive care units was 162.64±17.79, which was above average. Güler et al. (2021) found that the communication skills of 260 nurses working in intensive care units were above average. Other studies conducted with nurses have also found that nurses' communication skills are above average or high (Aydoğan & Özkan 2020, Demir & Dinç 2024). It is known that communication training for healthcare personnel improves their self-efficacy in communication (Güler et al., 2021;

Wolderslund et al., 2021; Banerjee et al., 2017). It is believed that nurses' high communication skills stem from the support provided for communication skills in nursing education and in-service training afterwards.

This study found that the psychosocial care competence levels of nurses working in intensive care units were above average (63.22±15.66). Gerçek et al. (2024) reported in their study of 199 nurses working in intensive care units that the psychosocial care competence levels of intensive care nurses were above average. Similarly, Şahin and Kutlu's (2024) studies with 100 nurses found that intensive care nurses' psychosocial care competence levels were moderate. Our findings are consistent with the literature. The holistic perspective of the nursing profession ensures that it focuses not only on physical needs but also on psychological, social and spiritual needs. These findings are thought to be related to nurses taking courses to develop communication and psychosocial care skills throughout their education, and maintaining and strengthening these skills through in-service training during their working lives.

The study found a high positive correlation between the communication skills of nurses working in intensive care and their self-assessments of psychosocial care competence (Table 5). From this finding, it can be concluded that as nurses' communication skills improve, their self-assessments of psychosocial care competence also increase. According to the research findings, nurses' communication skills are a significant predictor of their psychosocial care self-efficacy. The model's coefficient of determination  $R^2=0.134$ , which falls within the moderate effect range according to Cohen's (1988) classification ( $R^2\approx 0.02$ =low,  $R^2\approx 0.13$ =moderate,  $R^2\geq 0.26$ =high). This suggests that improving nurses' communication skills can significantly increase their self-assessments of psychosocial care competence. In their studies with nurses, Demir and Dinç (2024) also found a significant relationship between nurses' communication skills and their psychosocial care self-efficacy. Communication skills are among the most important psychosocial care skills. In fact, when considering other psychosocial skills, these skills emerge as the most fundamental. In their study, Yava and Koyuncu (2006) examined nurses' communication experiences with intubated patients and investigated the effect of communication difficulties during the intubation process on recovery. They determined that effective and accurate communication is effective in shortening the intensive care process and reducing patient anxiety.

### Limitations

The results of this descriptive study are limited to nurses working in the intensive care unit of a city hospital. The results can only be generalized to this group.

### CONCLUSION

In light of the findings of this study, we can say that intensive care nurses' communication skills and psychosocial care competencies are above average, and that as communication skills increase, psychosocial care competencies also increase. Considering that patients in intensive care units face many psychosocial risks, providing qualified psychosocial care to patients in intensive care becomes even more important. It is important that psychosocial care is provided by competent

individuals. However, the lack of Consultation-Liaison Psychiatry nursing in all areas in our country prevents access to competent individuals for psychosocial care. At this point, identifying the educational needs of intensive care nurses and developing educational programmes that support communication and psychosocial care skills in line with these needs will not only make intensive care nurses more competent but also ensure that patients receiving treatment in intensive care units receive qualified psychosocial care.

### ETHICAL DECLARATIONS

#### Ethics Committee Approval

The study was conducted by the Ankara Etlik City Hospital Non-interventional Clinical Researches Ethics Committee (Date: 04.24.2024, Decision No: AEŞH-BADEK-2024-298).

#### Informed Consent

Written informed consent was obtained from all individual participants prior to their inclusion in the study. Participants were fully informed about the study's aims, procedures, potential risks and benefits, and their rights-including the right to withdraw at any time without consequence. All participants voluntarily signed a written informed consent form.

#### Peer Review Process

This manuscript was subject to external peer review.

#### Conflict of Interest

The authors declare no conflicts of interest related to this study.

#### Financial Disclosure

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#### Author Contributions

The author is solely responsible for the conception, data collection, analysis, and writing of this manuscript.

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