



Research Article

Therapeutic Communication Skills and Spiritual Care Competencies of Nursing Students^{*}

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Abstract

The spiritual care given by the nurses has an important place in the recovery of the illness and the development of the health of the individuals. To provide appropriate spiritual care, nurses must have good therapeutic communication skills. The educational processes of nursing students are extremely important in gaining knowledge about spiritual care and therapeutic communication. This research is a cross-sectional, descriptive/correlational study conducted to examine the relationship between nursing students' therapeutic communication skills and spiritual care competencies. The study sample consisted of nursing department students of a state university (n=468). The data were collected with the introductory information form, Therapeutic Communication Skills Scale for Nursing Students, and the Turkish version of the Spiritual Care Competence Scale. As a result of our research, it has been determined that nursing students have average level non-therapeutic and high-level therapeutic communication skills, and their spiritual care competence is above average. In addition, it was determined that there was a negative relationship between students' non-therapeutic communication skills and spiritual care competencies and a positive relationship between therapeutic communication skills and spiritual care competencies. It is recommended to include a course on spiritual care and therapeutic communication skills in the curriculum of the nursing department, with case studies and further research on the subject.

Keywords:

Spiritual care • Therapeutic Communication Skills • Nursing care • Nursing students • Morale

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Communication with the patient is the crowning touch of the entire nursing care. Nurses communicate with patients through diverse methods; the most important is therapeutic communication (Mohammed & Yas, 2016). Therapeutic communication in nursing was defined by Florence Nightingale in the 1860s as “the alphabet of care by which nurses can interpret each change in the patient’s condition without saying a single word (Abdolrahimi et al. 2017-a). Therapeutic communication forms the basis of nursing care, including the necessary skills for the patient’s psychological, emotional, cognitive, social, behavioral, and spiritual development (Crotty & Doody, 2015).

Therapeutic communication establishes a stronger bond between the patient and the nurse by building trust and encouraging patient-centered care (Umeron, 2017). Nursing students and nurses must communicate effectively to evaluate the health status of the patients they care for and provide good nursing care. Using therapeutic communication skills contributes to the benefit of the patient and the nursing student. In addition, the interactions established between the student and the patient affect the students’ professional and personal development (Abdolrahimi et al., 2017-b); Abdolrahimi et al., 2018; Miles, 2014).

Spiritual care is a socially qualified, human-based personal care service that aims to strengthen the morale and development of individuals in need of care, to ensure that they are at peace with their world, and to stand by the individual in crises (Karaman & Macit, 2019). Spiritual care is a type of care that makes patients feel stronger, reduces pain and anxiety, and provides psychological comfort (Yılmaz, 2011). Furthermore, holistic nursing care, which includes the spiritual care needs of healthy/sick individuals, emerges as an expectation from modern health services, and meeting the spiritual care needs of individuals brings forth a positive approach and interest in the nursing profession (Timmins & Neill, 2013). Nursing aims to provide holistic care of patients and achieve optimal patient outcomes. In holistic care, physical care, spiritual care and spiritual care are included without separation from each other. Spirituality allows individuals to find hope and meaning when they feel most vulnerable. Nurses must conduct a spiritual assessment, identify spiritual distress, and provide spiritual care support for patients (Huehn et al., 2019).

Spiritual care, being with individuals, supporting and counseling them in crises or during rapid emotional changes due to the negative life conditions they experience, and giving meaning to their lives and experiences to guide them (Akay & Şahin, 2018). Spiritual care is personal care that takes its basis from unconditional love, enables the individual to realize his unique value, and is created by the nurse with the influence of his spiritual and cultural beliefs, feelings and thoughts (Erişen & Sivrikaya, 2017; Wittenberg et al., 2017). Spiritual care increases the individual’s coping status and quality of life in crises, is an indispensable part of nursing care, and every nurse should provide individualized spiritual care (Uğurlu, 2014).

In addition to the physical, emotional and social needs of individuals experiencing a chronic illness, who are in a crisis or who experience any negativity, their spiritual needs also increase (İsmailoğlu et al., 2019). Spiritual needs are fundamental to all human beings and consist of concepts such as hope, trust, love, righteousness, prayer and worship. Studies have shown that spiritual care positively affects the healing process and the individual's quality of life. In addition, it has been found that providing spiritual care increases people's coping power, patient satisfaction, ability to find meaning in their illness, and job satisfaction of nurses (Bulut & Meral, 2019; Ercanet et al., 2017; Gönenç et al., 2016; Huehn et al., 2019; Panczyk et al., 2021; Wittenberg et al., 2017).

Nurses must have good communication skills to meet patients' wishes and needs and provide effective spiritual care (Panczyk et al., 2021). Nursing interventions suitable for the spiritual needs of the individual are to support the patient to respect and express his ideas, to listen to the patient sincerely, to use therapeutic communication techniques when communicating with the patient, to use therapeutic touch as appropriate, to respect their prayers and worship, to include other members of the family in spiritual care. In addition, spiritual care practices for nurses include respecting the items that are important to the patients, helping the patients with their prayers, smiling, listening to music, answering their questions, being sensitive to painful interventions, reading books, relieving the patient's concerns, aromatherapy, massage, counseling practices (Boztilki & Ardıç, 2017; Bulut & Meral, 2019; Wittenberg et al., 2017).

When the studies conducted with spiritual care were examined, it was determined that the patients did not receive enough spiritual care from the nurses and the health team did not have enough knowledge about spiritual care (Aktaş, 2019; Kavak et al., 2014; Özer et al., 2019). Besides, in other studies, it has been revealed that nurses do not know what spirituality and spiritual care mean, they do not receive adequate training on spiritual care with their students, and there are problems in the delivery of spiritual care due to the scarcity of literature on how to give spiritual care (Aksoy, 2015; Bulut & Meral, 2019). Although spiritual care is so important for the nursing profession, there are difficulties in its implementation due to a lack of knowledge, and it is thought that this need will be met by integrating the subject of spiritual care into the nursing curriculum (Dimoula et al., 2019; Han et al., 2023; Zehtab & Adib-Hajbagheri, 2014). In addition, for nurses to provide adequate and effective spiritual care to patients, the topics of spiritual care and identification of spiritual distress should be included in the nursing curriculum (Huehn et al., 2019).

In order to understand the spiritual care needs of the patient more easily, nurses need to communicate with patients accurately and therapeutically. In a study (Adams et al., 2017), most nurses in the intensive care unit stated that communicating with patients and their families is vital in their nursing role, and they need communication-related

training to remove communication barriers with patients and their families. Nursing students who cannot receive adequate therapeutic communication and spiritual care training during their undergraduate education cannot be trained enough in these fields. It is of great importance in terms of patient health that the spiritual care of the nurses is at a level that can meet the expectations of the person and that it is expressed in an appropriate way of communication. The educational experience is very important for nurses, who have a great role in patient care, to provide appropriate spiritual care and use therapeutic communication in the care given. For this reason, it is seen as a very important necessity for nursing students to learn spiritual care and therapeutic communication very well during their studentship processes (Aksoy, 2015; Aktaş, 2019; Çetintaş et al., 2021; Han et al., 2023; Kavak et al., 2014; İsmailoğlu et al., 2019; Özer et al., 2019; Prentis et al., 2014).

Our study has originality because no other study has been reached that examines the effect of nursing students' therapeutic communication skill levels on their spiritual care competencies. It is thought that the high therapeutic communication skill levels of nursing students will be more successful in determining the spiritual care needs of the patients and planning and implementing the care to be provided. The educational processes of nursing students are extremely important in gaining knowledge about spiritual care and therapeutic communication. This study aimed to examine the relationship between nursing students' therapeutic communication skills and spiritual care competencies. In this study, answers to the following research questions were sought.

- (i). What are research nursing students' therapeutic communication skill levels?
- (ii). What are research nursing students on therapeutic communication skill levels?
- (iii). What are the spiritual care competencies of nursing students?
- (iiii). Is there a relationship between nursing students' therapeutic communication skills and spiritual care competencies?

Method

Study Group

This research is a cross-sectional, descriptive/relational study. The purpose of descriptive research designs is to provide new information, reveal the meaning of the subject under study, and describe the situation or event under study. Relationship-seeking designs are used to explain, describe or examine the relationships between variables. On the other hand, cross-sectional research designs aim to explain and

describe the situation at a certain time or examine the relationships between events (Erdoğan et al., 2020). The study group of this research consisted of 832 students studying in the nursing department of a health sciences faculty of a state university in the Spring Semester of the 2020-2021 academic year. According to the sampling determination formula used in cases where the size of the sampling universe is known (Akbulut, 2021), it was found that at least 263 participants were needed once the calculation was made, and the students who agreed to participate in the research and filled out the data collection forms formed the sample of the study ($n=468$). The average age of the students participating in the research is 21.29 ± 2.45 ; 25.0% are 21 years old, 62.18% are women, and 26.92% are fourth-grade students.

Data Collection

Data collection processes were carried out digitally between 25.05.2021 and 10.06.2021 due to the COVID-19 Pandemic, and the questionnaires were uploaded to the “Google Forms” by the researcher and collected on the internet by sending the relevant link to the mobile phones of the students.

Measurement Tools

The introductory information form. It was prepared by researchers in line with the literature (Acar, 2019; Es, 2018; Irmak, 2018; Karaman, 2019) and consisted of 19 questions. These questions include demographic characteristics of students such as age, gender, and high school they graduated from; it questions students’ communication skills, therapeutic non-therapeutic communication concepts, thoughts related to the concept of spiritual care, and their education in therapeutic communication and spiritual care.

Therapeutic communication skills scale for nursing students (TCSSNS). TCSSNS was developed by Karaca et al. (2019) and consists of examples of therapeutic (effective/beneficial to the patient) and non-therapeutic (ineffective/non-patient) communication skills that nursing students have learned in their educational life and used during their clinical practice. The scale is a 7-point Likert scale (1-Never, 4-Sometimes, 7-Always), with no reverse-coded questions in the scale. The first sub-dimension of the scale consists of 7 items, the second sub-dimension consists of 6 items, the third sub-dimension consists of 3 items and the scale consists of 16 items. Therefore, the maximum score obtained from the scale is 112, and the minimum score is 16. There is no cutoff score in the scale, and evaluation is not made using the scale’s total score. Instead, as the score obtained from the sub-dimensions of the scale increases, an evaluation is made, which means that the students use the skills in that dimension more efficiently. As a result of the reliability analysis applied, the Cronbach’s Alpha value of the TCSSNS was 0.77, the Cronbach’s Alpha value of non-

therapeutic Communication Skills” sub-dimension was 0.82, the Cronbach’s Alpha value of the “Therapeutic Communication Skills I” sub-dimension was 0.79, and the Cronbach’s Alpha value of the “Therapeutic Communication Skills II” sub-dimension was 0.60” (Karaca et al., 2019). In our study, Cronbach’s Alpha value of the TCSSNS was 0.88, Cronbach’s Alpha value of the Non-therapeutic Communication Skills” sub-dimension was 0.86, Cronbach’s Alpha value of “Therapeutic Communication Skills I” sub-dimension was 0.94, and Cronbach’s Alpha value of “Therapeutic Communication Skills II” sub-dimension was 0.75.

Turkish version of the spiritual care competence scale (SCCS-T). The SCCS was developed by Leeuwen et al. (2009). The Turkish validity and reliability study of the SCCS-T was conducted by Dağhan et al. (2019). Three realms of nursing competency related to “evaluation and implementation of spiritual care (items 1-6)”, “professionalism in spiritual care and patient counseling (items 7-21)”, and “patient’s attitude towards spirituality and communication (items 22-27)” which add up to a total of 27 items. The scale is a five-point Likert-type scale; there are no reverse-coded questions. The lowest score that can be obtained from the scale is 27, and the highest score is 135. A high score indicates that there is nursing competence related to spiritual care. “Factor loadings for the three-factor structures of the SCCS-T according to confirmatory factor loadings ranged between .436 and .895. Factor loadings of items in the first subscale” “evaluation and implementation of spiritual care,” varied between .64 and .80; in the second subscale, “professionalism in spiritual care and patient counseling,” they varied between .44 and .86, and in the third subscale” patient’s attitude towards spirituality and communication,” they varied between .83 and .90. The first, second, and third factors were found to be “60.51%, 10.19%, and 4.47% of the total variance of SCCS-T”, respectively. The Cronbach’s Alpha value of the scale was found to be 0.97 (Dağhan et al., 2019). In our study, the Cronbach’s Alpha value of the scale was 0.98.

Statistical analysis

IBM SPSS Statistics 23 (SPSS Inc., Chicago, IL, USA) package program was used to evaluate the data. In addition to descriptive statistical methods (arithmetic mean, standard deviation), comparisons between groups were made with Kruskal Wallis, Mann Whitney U tests and Spearman Correlation analysis, and non-parametric Bonferroni analysis was used to determine between which groups there was a significant difference between the groups. As a result of the statistical analysis, the normality distribution of the data was examined with the Kolmogorov-Smirnov test (Öncü Öner & Can, 2018). It was observed that the data did not demonstrate normal distribution. Therefore, the results were evaluated at the 95% confidence interval and the significance level of $p < 0.05$.

Ethics

To conduct the research, ethics committee approval (date: 02.04.2021, number: 0027-50) from the health sciences ethics committee of a state university which is permitted to use the scales from the responsible authors of the scales used in the research and official permission from the institution where the research was conducted were obtained. The students who will participate were informed about the research with the “Informed Consent Form,” and the individuals who accepted were included in the research. It was explained that participation in the research was completely voluntary, that it did not contain any name/sign indicating personal information/identity, that they could leave the research whenever they wanted, and that the information obtained would be kept confidential. Each individual participating in the research was treated equally. Since the necessity of protecting individual rights was prioritized in the research, the Helsinki Declaration of Human Rights was complied with throughout the study period.

Results

In this study, 55.13% of nursing students have good communication skills, 70.1% think that well-established communication with patients by nurses will have a significantly positive effect on the patient’s treatment, 67.95% know the concepts of therapeutic non-therapeutic communication, 62% use therapeutic non-therapeutic communication, 82.48% of them did not take any course about spiritual care, 68.2% of them did not feel competent in providing spiritual care, 45.73% of them provided spiritual care on an occasional basis, 96.79% of them stated that it is necessary to provide spiritual care to the individual as a nurse and 98.50% of them stated that spiritual care is needed for the sake of the recovery of patients.

Nursing Students’ total mean score of the TCSSNS is determined as (71.93±26.05) The Non-therapeutic Communication Skills Sub-Dimension mean score is determined as (26.81±9.38), the Therapeutic Communication Skills I Sub-Dimension mean score is determined as (28.62±6.84), and Therapeutic Communication Skills II Sub-Dimension mean score is determined as (16.53±3.6). Students’ total mean score on the SCCS-T is (93.63±25.64), the total mean score for the Evaluation and Implementation of Spiritual Care Sub-Field is (20.34±6.24), the total mean score for Professionalism in Spiritual Care and Patient Counseling Sub-Field is (50.55±15.30), and the total mean score of Patient’s Attitude Towards Spirituality and Communication Sub-Field is (22.74± 7.92), (Table 1).

Table 1.

Examination of the distribution of the mean scores of the TCSSNS and the SCCS-T and their sub-dimensions (n=468)

Scale Score Averages	Mean	SD	Cronbach Alpha
TCSSNS Total Score	71.93	26.05	0.88
Sub-Dimensions			
NCS ^a	26.81	9.38	0.86
TCS I ^b	28.62	6.84	0.94
TCS II ^c	16.53	3.60	0.75
SCCS-T Total Score	93.63	25.64	0.98
Sub-Fields			
EISC ^d	20.34	6.24	0.95
PSCPC ^e	50.55	15.30	0.98
PATSC ^f	22.74	7.92	0.97

*Note.*Non-therapeuticapeutic Communication Skills, ^bTCS I: Therapeutic Communication Skills I, ^cTCS II: Therapeutic Communication Skills II, ^dEISC: Evaluation and Implementation of Spiritual Care, ^ePSCPC: Professionalism in Spiritual Care and Patient Counseling, ^fPATSC: Patient's Attitude Towards Spirituality and Communication.

When the research findings are examined in terms of the sub-dimensions of the TCSSNS, the men (4.31±.09), first-year students (4.15±.11), the individuals who do not know the concept of thernon-therapeuticapeutic communication (4.20±.09) and the individuals who do not take courses on thernon-therapeuticerapeutic communication (3.96±, non-therapeuticerapeutic Communication Skills Sub-Dimension average score was higher than the other students.

The individuals who think that their thoughts about communication skills are very good (5.07±1.08), the individuals who state that nurses' good communication with patients affects the treatment of the patient "very well" (4.83±1.17), the individuals who think that spiritual care affects the recovery of patients (4.78±.05) and the individuals who stated they "always" provide spiritual care (6.14±.21) was determined to be higher than the other nursing students in terms of the average score of the Therapeutic Communication Skills I Sub-Dimension.

Women (5.60±.07), fourth-grade students (5.76±.08), individuals who know the concepts of the-therapeutic therapeutic communication (5.64±.06), individuals who think that they have very good insights about communication skills (5.66±1.11), the individuals who think nurses good communication with patients affects the treatment of the patient "very well" (5.61±1.21), those who, as nurses, answer "it is necessary to provide spiritual care to the individual/patient" (5.52±.05). Those who state that they "always" provide spiritual care (6.76±.15) was determined to be higher than the other nursing students in terms of the average score of the Therapeutic Communication Skills II Sub-Dimension.

Moreover, once the results of the students' SCCS-T total mean scores were evaluated, it was found that women (3.59±.05), individuals who knew the concepts of thnon-therapeutictherapeutic communication (3.56±.05), individuals who took

courses on non-therapeutic-therapeutic communication (3.61±.07), nontherapeutic-therapeutic communication individuals who stated that they “always” use their non-therapeutic-on-therapeutic communication skills (4.34±.13) and individuals who “always” provide spiritual care (4.21±.41) and individuals who answered “it is necessary to provide spiritual care to the individual/patient” as a nurse (3.50±.04) was determined to be higher than the other students in terms of the total mean score of the SCCS-T. The obtained results are statistically significant ($p < 0.05$) (Table 2).

Table 2.
Examination of the introductory characteristics of nursing students and the mean scores of the TCSSNS sub-dimensions and total score of the SCCS-T

Introductory characteristics	TCSSNS	TCSSNS	TCSSNS	SCCS-T
	Sub-Dimension NCS ^a M±SD Test and p	Sub-Dimension TCS I ^b M±SD Test and p	Sub-Dimension TCS II ^c M±SD Test and p	Total Score M±SD Test and p
Gender				
Female	3.54±.07	4.73±.06	5.60±.07	3.59±.05
Male	4.31±.09	4.84±.08	5.35±.08	3.27±.08
	U=16723.000 p=.000	U=24950.500 p=.571	U=21695.500 p=.004	U= 21593.000 p=.003
Class				
1	4.15±.11	4.76±.11	5.19±.12	3.44±.09
2	3.90±.14	4.81±.11	5.38±.12	3.31±.10
3	3.87±.12	4.66±.10	5.69±.09	3.48±.09
4	3.41±.11	4.85±.09	5.76±.08	3.62±.08
	KW=22.451 p=.000	KW=1.673 p=.643	KW=11.999 p=.007	KW=3.765 p=.288
Knowing therapeutic- non-therapeutic communication concepts				
Yes	3.66±.07	4.78±.06	5.64±.06	3.56±.05
No	4.20±.09	4.76±.09	5.23 ±.09	3.27±.08
	U=18071.500 p=.000	U=22966.500 p=.517	U=18687.000 p=.000	U= 19341.500 p=.001
Learning situations related to non-therapeutic/non-therapeutic communication				
Yes	3.62±.10	4.80±.08	5.64±.08	3.61±.07
No	3.96±.07	4.75±.06	5.43±.07	3.38±.06
	U=21533.500 p=.003	U=25551.500 p=.855	U=23134.000 p=.058	U= 22369.000 p=.015
Thoughts on communication skills				
Very good	3.98±1.20	5.07±1.08	5.66±1.11	3.37±1.22
Good	3.75±1.27	4.80±1.12	5.58±1.22	3.53±1.01
Middle	3.73±1.37	4.59±1.15	5.35±1.17	3.38±.92
Bad	3.27±1.33	4.34±1.46	4.72±1.39	3.59±.69
	KW=16.990 p=.063	KW=10.272 p=.036	KW=11.572 p=.021	=6.474 p=.166
The effect of nurses' good communication with patients on the patient's treatment				
Very good	3.75±1.39	4.83±1.17	5.61±1.21	3.51±1.00
Good	3.98±1.20	4.64±1.07	5.26±1.18	3.37±1.04
Middle	4.51±1.06	4.30±.49	5.04±.62	3.27±.95
	KW=5.609 p=.061	KW=7.287 p=.026	KW=14.134 p=.001	KW=2.315 p=.314

Table 2.

Examination of the introductory characteristics of nursing students and the mean scores of the TCSSNS sub-dimensions and total score of the SCCS-T

Introductory characteristics	TCSSNS Sub-Dimension NCS ^a	TCSSNS Sub-Dimension TCS I ^b	TCSSNS Sub-Dimension TCS II ^c	SCCS-T Total Score M±SD
	M±SD	M±SD	M±SD	Test and p
Test and p				
The necessity of giving spiritual care to the individual/ patient as a nurse				
Yes	3.74±.06	4.79±.05	5.52±.05	3.50±.04
No	3.56±.31	4.14±.23	5.00±.29	2.61±.29
	U=12208.500	U=15216.000	U=13657.500	U=1717.500
	p=.061	p=.583	p=.050	p=.001
Whether spiritual care has an impact on the recovery of patients				
Yes	3.83±.06	4.78±.05	5.51±.05	3.48±.04
No	4.08±.35	4.42±.25	5.00±.54	2.49±.35
	U=2977.000	U=2119.500	U=2431.500	U=582.500
	p=.414	p=.013	p=.059	p=.004
Frequency of using spiritual care				
None	3.71±.09	4.64±.08	5.40±.09	3.34±.07
Now and again	3.81±.08	4.72±.07	5.45±.08	3.50±.06
Often	4.04±.17	5.10±.11	5.81±.12	3.63±.13
Always	4.08±.35	6.14±.21	6.76±.15	4.21±.41
	KW=11.604	KW=17.198	KW=16.460	KW=13.466
	p=.059	p=.001	p=.001	p=.004

Note. ^aNCS: Non-therapeutic Communication Skills, ^bTCS I: Therapeutic Communication Skills I, ^cTCS II: Therapeutic Communication Skills II. U= Mann Whitney U Test value, K.W. = Kruskal Wallis Test value.

According to the analysis results shown in Table 3, there is a negative correlation between the Non-Therapeutic Communication Skills Sub-Dimension score of the TCSSNS and all of the SCCS-T sub-domains and the total points of the SCCS-T. However, it was determined that there is a positive correlation between the Therapeutic Communication Skills I and II Sub-Dimensions score and all of the SCCS-T sub-domains and the total SCCS-T scores. Furthermore, these determined correlations were statistically significant (p<0.05).

Table 3.

Examination of the relationship between nursing students' TCSSNS and SCCS-T scores

TCSSNS and Sub-Dimensions	SCCS-T and Sub-Fields			
	EISC ^d	PSCPC ^e	PATSC ^f	SCCS-T Total Scores
NCS ^a	-.121**	-.078*	-.174**	-.122**
TCS I ^b	.107*	.164**	.091*	.162**
TCS II ^c	.200**	.260**	.240**	.279**
TCSSNS Total Scores	.018	.091*	-.015	.065

Note. ^aNCS: Non-therapeutic Communication Skills, ^bTCS I: Therapeutic Communication Skills I, ^cTCS II: Therapeutic Communication Skills II, ^dEISC: Evaluation and Implementation of Spiritual Care, ^ePSCPC: Professionalism in Spiritual Care and Patient Counseling, ^fPATSC: Patient's Attitude Towards Spirituality and Communication. *p<0.05, **p<0.01

Discussion

This study aimed to examine the relationship between nursing students' therapeutic communication skills and spiritual care competencies. The therapeutic/non-therapeutic communication skill levels and spiritual care competencies of nursing students were determined, and the relationship between therapeutic communication skills and spiritual care competencies was examined. The introductory information form, TCSSNS and SCCS-T scales were used for this.

According to this research, about half of the nursing students define their communication skills as “good,” and more than half of them state that they know the concepts of therapeutic/non-therapeutic. Furthermore, it was revealed that they used non-therapeutic communication skills at an average level according to the TCSSNS, Non-Therapeutic Communication Skills Sub-Dimension and that they used high-level therapeutic communication skills according to the TCSSNS, Therapeutic Communication Skills I-II Sub-Dimension. In a study (Altundal et al., 2022), the level of non-therapeutic and therapeutic communication skills of nursing students is similar to our research results. Another study (Söğüt et al., 2018) determined that the communication skills level of nursing students was moderate. The results of the research are from our research, and it is thought that students use therapeutic communication skills more and non-therapeutic communication skills less.

Our study determined that more than half of the students did not feel competent in providing spiritual care; about half stated that they occasionally provided it. Almost all did not receive any training/course on spiritual care. Nevertheless, their spiritual care competence was above average according to the total score of the SCCS-T. According to a previously conducted study (Bulut & Meral, 2019), half of the nursing students did not know about spiritual care. They did not practice spiritual care during internships, and in a study (Wang et al., 2022), nursing students' spiritual care perceptions were determined as moderate. In another study (Aksoy, 2015), nursing students partially provided spiritual care; in another study (Çetintaş et al., 2021), nursing students' perceptions of spiritual care and spirituality were found to be at a desired level. Nevertheless, it has been determined that there are educational needs related to spiritual care. The results of the studies mentioned above and our research results are similar, and it is predicted that although the students' level of proficiency in spiritual care is at the desired level, the students do not feel sufficient to provide spiritual care to patients. They need theoretical and practical training related to spiritual care.

According to the research findings, men, first-grade students, individuals who do not know the concept of therapeutic/non-therapeutic communication individuals who did not take courses on therapeutic/non-therapeutic communication, individuals who think that their thoughts about communication skills are very good use their

non-therapeutic communication skills more compared to other students whereas women, fourth-grade students, individuals who know therapeutic/non-therapeutic communication concepts, individuals who think that their communication skills are very good, individuals who state that the nurses' good communication with the patients affects the patients' treatment "very well" use their therapeutic communication skills more compared to other students. A similar study conducted with nursing students (Altundal et al., 2022) revealed that men used non-therapeutic communication skills more than those who did not take communication courses, and fourth-year students used their therapeutic communication skills more. In another study (Tutuk et al., 2002), it was determined that students' communication skills improved as their classes advanced, and these results are similar to our research results. Regarding these results, it is contemplated that the therapeutic communication courses are given in the third or fourth grades in the nursing curriculum, and taking therapeutic communication courses enhances the therapeutic communication skills of the students.

According to our research results, women, individuals who know the concepts of therapeutic/non-therapeutic communication, individuals who take courses on therapeutic/non-therapeutic communication, individuals who state that they "always" use therapeutic/non-therapeutic communication skills and provide spiritual care, and individuals who state "it is necessary to provide spiritual care to the individual/patient" as a nurse were determined to be endowed with higher spiritual care competencies than other students. When we review the studies examining the relationships between spiritual care competency and gender, particularly in studies conducted with nurses, it was determined that women had higher spirituality score averages than men in one study (Okuy, 2008). In contrast, in another study (Uygur, 2016), gender did not affect spiritual care. In studies conducted with nursing students (Aksoy, 2015; Bulut & Meral, 2019), it was determined that the gender of the students did not affect spirituality and providing spiritual care. The results of some studies and our research results are similar, but there are certain studies in which the results are not similar to ours. It is contemplated that this difference may be due to personal and cultural variables.

When the relationship between the TCSSNS and the SCCS-T was examined, it was determined that there was a negative correlation between the Non-therapeutic Communication Skills Sub-Dimension score and all of the SCCS-T sub-domains and the total scores of the SCCS-T. According to this result, it is thought that the spiritual care competence of the students who use their non-therapeutic communication skills more is decreased. Non-therapeutic communication skills consist of communication barriers such as giving tenuous assurances, defending, undervaluing emotions, judging, giving advice, changing the subject, and warning. High non-therapeutic communication skills indicate high communication barriers with the individual/patient (Karaca et al., 2019). In a relationship where communication barriers are

high, the nurse may have difficulty in determining the spiritual care needs of the patient, may have problems in counseling in the field of spiritual care, and may be insufficient in the implementation and evaluation stages of spiritual care. Therefore, it is thought that using non-therapeutic communication skills more in nurse-patient communication will adversely affect the spiritual care competence of nursing students.

When another relationship between the TCSSNS and the SCCS-T was examined, it was determined that there was a positive correlation between the Therapeutic Communication Skills I and II Sub-Dimensions scores and all of the SCCS-T sub-domains and the total scores of the SCCS-T. According to this result, it is thought that the spiritual care competencies of the students who use their therapeutic communication skills will further increase. The Therapeutic Communication Skills I Sub-Dimension includes therapeutic communication skills such as conveying observations, verbalizing allusions, summarizing, reflecting, repeating and concentrating. In contrast, The Therapeutic Communication Skills II Sub-Dimension has therapeutic communication skills such as presenting one's presence, active listening, and asking questions (Karaca et al., 2019). In a study (Wang et al., 2022), it was determined that nursing students' spiritual care perceptions were positively correlated with spiritual well-being and empathy, and in another study (Panczyk et al., 2021), a positive relationship was found between nursing students' attitudes towards spiritual care and their communicative competence.

The literature was reviewed, but no previous study could examine the relationship between therapeutic communication skills and spiritual care. In spiritual care, nurses should have good therapeutic communication skills, establish confidence in the patient, and be encouraging (Aksoy, 2015; Köktürk Dalcalı, 2019). There are some important aspects in increasing the spiritual care competence of nurses, including nurses having high-level therapeutic communication skills, developing the care field, adopting an individual-oriented care approach, understanding the complex nature of spirituality, and increasing awareness on this subject (Irmak, 2018). Furthermore, nurses need to empathize with patients, listen to them effectively, and use therapeutic communication techniques to evaluate their spiritual aspects and reduce their suffering (Çetinkaya et al., 2004); nursing educators need to give importance to spiritual care education and give high-level developments related to spiritual care in the nursing education system in order to improve the spiritual care competencies of nursing students (Wang et al., 2022).

In addition, in a study conducted (Dimoula et al., 2019), it was determined that nursing students' knowledge about pain/symptom management, psychosocial and spiritual care is insufficient; in another study (Huehn et al., 2019) determined that nurses see the lack of education about spirituality and spiritual care as an obstacle to

meeting the spiritual needs of patients. In a study of healthcare lecturers (Prentis et al., 2014), it was found that 90% of educators thought it was appropriate to include the concept of spirituality in the curriculum. However, only 17% had spirituality integrated into their curriculum. A study (Han et al., 2023) revealed that the most important external factor affecting nurses' spiritual care is receiving training on spiritual care. Accordingly, it is extremely important that issues related to spiritual care are addressed during student life and included in the education curriculum (Han et al., 2023). In line with the results of the research and the literature on the subject, it is thought that it is of crucial importance for the health of the patients that the nurses communicate with the patients therapeutically so that the spiritual care that the nurses will provide to the patients is at a level that can meet the expectations of the person. For this reason, it is predicted that it is a very important requirement for nursing students to learn spiritual care and therapeutic communication well during their pupillage.

Conclusions and Suggestions

According to the results of this research, nursing students have average non-therapeutic communication skills and high-level therapeutic communication skills; their spiritual care competencies are above average, using non-therapeutic communication skills more hurts spiritual care competence, and not using therapeutic communication skills more has a positive effect on spiritual care competence. Therefore, according to the results of the research, it is recommended that therapeutic communication and spiritual care lessons should be included in the curriculum of the nursing department from the first year. Applying case studies on therapeutic communication and spiritual care should be practiced, more studies on spiritual care and therapeutic communication with nursing students, and interventional studies that increase students' skills and competencies should be applied.

Limitations of the Research

The limitations of this study are that it is a cross-sectional study, limited to the students participating in the research in a faculty and data collection forms. In addition, the fact that the data collection phase of the research was carried out in a digital environment due to distance education due to the COVID-19 Pandemic was accepted as another study limitation.

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References

- Abdolrahimi, M., Ghiyasvandian, S., Zakerimoghadam, M., & Ebadi, A. (2017-a). Therapeutic communication in nursing students: A walker & avant concept analysis. *Electronic Physician*, 9(8), 4968-4977. <http://dx.doi.org/10.19082/4968>
- Abdolrahimi, M., Ghiyasvandian, S., Zakerimoghadam, M., & Ebadi, A. (2017-b). Antecedents and consequences of therapeutic communication in Iranian nursing students: A qualitative research. *Nursing Research and Practice*, 01-07. <https://doi.org/10.1155/2017/4823723>
- Abdolrahimi, M., Ghiyasvandian, S., Zakerimoghadam, M., & Ebadi, A. (2018). Iranian nursing student–patient health communication in medical surgical wards. *Iranian Journal of Nursing and Midwifery Research*, 23(2), 136-142. https://doi.org/10.4103/ijnmr.ijnmr_9_17
- Acar, G. (2019). *Examination of spiritual care needs of oncology patients and spiritual care competencies of oncology nurses* (Publication No. 595245) [Master's thesis, Manisa Celal Bayar University]. Databases of National Thesis Center of the Council of Higher Education. <https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp>
- Adams, A., Mannix, T., & Harrington, A. (2017). Nurses' communication with families in the intensive care unit- a literature review. *Nursing in Critical Care*, 22(2), 70-80. <https://doi.org/10.1111/nicc.12141>
- Akay, M., & Şahin, Z. (2018). Spiritual care in the context of hospital services in the world and Turkey. *Advance online publication*. Retrieved May 10, 2023, from http://www.multicongress.net/2018Multicongress/Ornek_Calisma.pdf
- Akbulut, Ö. (2021). Determination of sample size in multivariate and different-scale studies. *Journal of Animal Science and Products*, 4(2), 199-215. <https://www.doi.org/10.51970/jasp.946399>

- Aksoy, M. (2015). *Nursing students' perceptions of spirituality and spiritual care* (Publication No. 426878) [Master's thesis, Atatürk University]. Databases of National Thesis Center of the Council of Higher Education. <https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp>
- Aktaş, G. (2019). *Analyzing the relation between professional self-concept of clinic nurses and perception of spiritual service* (Publication No. 577547) [Master's thesis, Ondokuz Mayıs University]. Databases of National Thesis Center of the Council of Higher Education. <https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp>
- Altundal, D. H., Denizhan, N. C., Güneşli, G., Yağtu, L., & Yılmaz, M. (2022). How are nursing students' therapeutic communication skills? *Ordu University Journal of Nursing Studies*, 5(1), 67-74. <https://doi.org/10.38108/ouhcd.973733>
- Boztilkı, M., & Ardıç, E. (2017). Spirituality and health. *Journal of Academic Research in Nursing*, 3, 39-45. <https://dx.doi.org/10.5222/jaren.2017.1008>
- Bulut, K. B. H., & Meral, B. (2019). Evaluation of perceptions of spiritual and spiritual care of student nurses. *Gümüşhane University Journal of Health Sciences*, 8(4), 353-362. <https://dergipark.org.tr/tr/download/article-file/913298>
- Çetinkaya, B., Altundağ, S., & Azak, A. (2007). Spiritual care and nursing. *Journal of Adnan Menderes University Health Sciences Faculty*, 8(1), 47-50. <https://dergipark.org.tr/tr/download/article-file/674596>
- Çetintaş, İ., Dirik, F. Z., İlhan, E., & Akgün Kostak, M. (2021). Perceptions of nursing students about spirituality and spiritual care and affecting factors. *Eurasian Journal of Health Science*, 4(1), 38-46. <https://dergipark.org.tr/en/download/article-file/1273797>
- Crotty, G., & Doody, O. (2015). Therapeutic relationships in intellectual disability nursing practice. *Learning Disability Practice*, 18(7), 25-29. <http://dx.doi.org/10.7748/ldp.18.7.25.e1660>
- Dağhan, S., Kalkım, A., & Sağkal Midilli, T. (2019). Psychometric evaluation of the Turkish form of the spiritual care competence scale. *Journal of Religion and Health*, 58(1), 14-27. <https://doi.org/10.1007/s10943-018-0594-2>
- Dimoula, M., Kotronoulas, G., Katsaragakis, S., Christou, M., Sgourou, S., & Patiraki, E. (2019). Undergraduate nursing students' knowledge about palliative care and attitudes towards end-of-life care: A three-cohort, cross-sectional survey. *Nurse Education Today*, 74, 07-14. <https://doi.org/10.1016/j.nedt.2018.11.025>
- Ercan, F., Körpe, G., & Demir, S. (2017). Spirituality and spiritual care perceptions of nurses working at the inpatient services of a university hospital. *Gazi Medical Journal*, 29(1), 17-22. <https://dx.doi.org/10.12996/gmj.2018.05>
- Erdoğan, S., Nahcivan, N., & Esin, M. N. (2020). *Research in nursing: Process, practice and critique*. Nobel Medical Bookstores.
- Erişen, M., & Sivrikaya, S. K. (2017). Spiritual care and nursing. *Gümüşhane University Journal of Health Sciences*, 6(3), 184-190. <https://dergipark.org.tr/tr/download/article-file/386011>
- Es, M. (2018). *An examination of spirituality and spiritual care perceptions of health sciences students* (Publication No. 540846) [Master's thesis, Bahçeşehir University]. Databases of National Thesis Center of the Council of Higher Education. <https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp>
- Gönenç, İ. M., Akkuzu, G., Durdun Altın, R., & Möroy, P. (2016). Views of nurses and midwives on spiritual care. *Gümüşhane University Journal of Health Sciences*, 5(3), 34-38. <https://dergipark.org.tr/en/download/article-file/220048>

- Han, K. H., Sun, C. K., Cheng, Y. S., Chung, W., & Kao, C. C. (2023). Impacts of extrinsic and intrinsic factors on psychiatric nurses' spiritual care attitudes. *Journal of Psychiatric Mental Health Nursing, 30*(3), 481-491. <https://doi.org/10.1111/jpm.12878>
- Huehn, S. L., Kuehn, M. B., & Fick, K. E. (2019). Integrating spiritual care during interprofessional simulation for baccalaureate nursing students. *Journal of Holistic Nursing, 37*(1), 94-99. <https://doi.org/10.1177/0898010118765203>
- Irmak, H. (2018). *The relationship between psychiatric nurses' spiritual care practices, perceptions and their competency* (Publication No. 505254) [Master's thesis, Manisa Celal Bayar University]. Databases of National Thesis Center of the Council of Higher Education. <https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp>
- İsmailoğlu, G. E., Özdemir, H., Erol, A., & Zaybak, A. (2019) Validity and reliability of the spiritual care needs scale Turkish Form. *E-Journal of Dokuz Eylül University Nursing Faculty, 12*(4), 255-263. <https://dergipark.org.tr/tr/download/article-file/831195>
- Karaca, A., Açıkgöz, F., & Demirezen, D. (2019). Developing a therapeutic communication skills scale for nursing students. *Suleyman Demirel University Journal of Health Sciences, 10*(2), 72-79. <http://doi.org/10.22312/sdusbed.475035>
- Karaman, A. (2019). *Nurses perceptions of spiritual care and between spiritual care competencies examining the relationship* (Publication No. 586728) [Master's thesis, Manisa Celal Bayar University]. Databases of National Thesis Center of the Council of Higher Education. <https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp>
- Karaman, M., & Macit, M. (2019). Examination of perceptions of spiritual support in nurses. *Suleyman Demirel University Journal of Health Sciences, 10*(3), 293-302. <https://doi.org/10.22312/sdusbed.568134>
- Kavak, F., Mankan, T., Polat, H., Sarıtaş, S. Ç., & Sarıtaş, S. (2014). Nurses comments on the maintenance of spiritual care. *Annals of Health Science Res, 3*(1), 21-24. <https://dergipark.org.tr/tr/download/article-file/2017050>
- Köktürk Dalcalı, B. (2019). Spiritual care and nursing in palliative care units. *Sakarya University Journal of Holistic Health, 2*(2), 29-37. <https://dergipark.org.tr/tr/download/article-file/859375>
- Leeuwen, V. L., Tiesinga, L. J., Middel, B., Post, D., & Jochemsen, H. (2009). The validity and reliability of an instrument to assess nursing competencies in spiritual care. *The Journal of Clinical Nursing, 18*(20), 2857-2869. <http://dx.doi.org/10.1111/j.1365-2702.2008.02594.x>
- Miles, L. W., Mabey, L., Leggett, S., & Stansfield, K. (2014). Teaching communication and therapeutic relationship skills to baccalaureate nursing students: A peer mentorship simulation approach. *Journal of Psychosocial Nursing and Mental Health Services, 52*(10), 34-41. <http://dx.doi.org/10.3928/02793695-20140829-01>
- Mohammed, S. H., & Yas, I. W. (2016). Assessment of nurses' knowledge about therapeutic communication in Psychiatric Teaching Hospitals at Baghdad city. *Kufa Journal for Nursing Sciences, 6*(2), 1-7. <http://dx.doi.org/10.36321/kjns.vi20162.2637>
- Okyay N. (2008). *To define nurses' conceptions attitude about spirituality and spiritual care* (Publication No. 225809) [Master's thesis, Cumhuriyet University]. Databases of National Thesis Center of the Council of Higher Education. <https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp>
- Öncü Öner, T., & Can Ş. (2018). Biostatistical applications in health. *İzmir Katip Çelebi University Faculty of Health Sciences Journal, 3*(1), 39-45. <https://dergipark.org.tr/tr/download/article-file/452926>

- Özer, Z., Yıldırım, D., Kocaağalar Akince, E., & Bölüktaş, R. P. (2019). The nurses' spiritual care practices in palliative care patients. *Çekmece İZÜ Social Sciences Journals*, 7(14), 97-108. <https://dergipark.org.tr/tr/download/article-file/1571845>
- Panczyk, M., Iwanow, L., Musik, S., Wawrzuta, D., Gotlib, J., & Jaworski, M. (2021). Perceiving the role of communication skills as a bridge between the perception of spiritual care and acceptance of evidence-based nursing practice—empirical model. *International Journal of Environmental Research and Public Health*, 18, 01-12. <https://doi.org/10.3390/ijerph182312591>
- Prentis, S., Rogers, M., Wattis, J., Jones, J., & Stephenson, J. (2014). Healthcare lecturers' perceptions of spirituality in education. *Nursing Standard*, 29(3), 44-52. <https://doi.org/10.7748/ns.29.3.44.e8584>
- Söğüt, S. C., Cangöl, E., & Dinç, A. (2018). Determination of context levels of nursing students. *Researcher: Social Science Studies*, 6(2), 272-280. <https://dergipark.org.tr/tr/download/article-file/2151586>
- Timmins, F., & Neill, F. (2013). Teaching nursing students about spiritual care- A review of the literature. *Nurse Education in Practice*, 13, 499-505. <http://dx.doi.org/10.1016/j.nepr.2013.01.011>
- Tutuk, A., Al, D., & Doğan, S. (2002). Determination of context levels of nursing students. *Cumhuriyet Nursing Journal*, 6(2), 122-129.
- Uğurlu, E. S. (2014). The application of spiritual care in nursing. *Acibadem University Health Sciences Journal*, 5(3), 187-191. <http://journal.acibadem.edu.tr/tr/download/article-file/1701430>
- Umeron, M. (2017). *Improving therapeutic communication in a psychiatric mental health clinic* [Doctor of Nursing Practice Final Projects, Arizona State University]. Arizona State University Library. <https://keep.lib.asu.edu/items/577>
- Uygur, D. (2016). *Determining the nurses' spirituality and spiritual care awareness, examining the relationship between spirituality and job satisfaction* (Publication No. 447351) [Master's thesis, Abant İzzet Baysal University]. Databases of National Thesis Center of the Council of Higher Education. <https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp>
- Wang, Z., Liang, Y., Zhao, H., Zhu, Y., Liu, M., Zhang, Y., Xiao, L., Piao, J., Zhao, X., Liu, Z., Liu, L., Pang, X., & Peng, L. (2022). Spiritual care perceptions and empathy of Chinese nursing students: The mediating roles of spiritual well-being. *Palliative & Supportive Care*, 20(5), 701-710. <https://doi.org/10.1017/S1478951522001134>
- Wittenberg, E., Ragan, S. L., & Ferrell, B. (2017). Exploring nurse communication about spirituality. *American Journal of Hospice and Palliative Medicine*, 34(6), 566-571. <https://doi.org/10.1177/1049909116641630>
- Yılmaz, M.(2011). A dimension of holistic care: Spirituality, nature and relationship with nursing. *Journal of Anatolia Nursing and Health Sciences*, 14(2), 61-70. <https://nursing-ataunipress.org/en/a-dimension-of-holistic-care-spirituality-nature-and-relationship-with-nursing-16461>
- Zehtab, S., & Adib-Hajbaghery, M. (2014). The importance of spiritual care in nursing. *Nursing and Midwifery Studies*, 3(3). <https://doi.org/10.17795%2Fnmsjournal22261>