

# Evaluation of The Relationship Between Communication Skills and Psychosocial Care Skills of Nurses

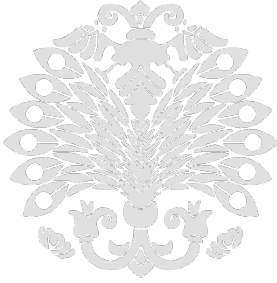
## Hemşirelerin İletişim Becerileri ile Psikososyal Bakım Becerileri Arasındaki İlişkinin Değerlendirilmesi

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### ABSTRACT

**Objective:** The aim of this study is to evaluate the correlation between nurses' communication skills and psychosocial care skills.

**Methods:** The study was a descriptive and cross-sectional quantitative research that was conducted with nurses working in a training and research hospital between January and May 2022. Population of the study consisted of 255 nurses working in the related hospital. The study was completed with a total of 180 nurses who were voluntary to participate in the study and met the inclusion criteria, without using sample selection. A Participant Information Form, the Psychosocial Care Competence Self-Assessment Scale (PCCSAS), and the Communication Skills Inventory (CSI) were used to collect data.

**Results:** It was found that the nurses' communication skills inventory total mean score was 169.65±13.72. There was no significant correlation between the total score of communication skills inventory and the socio-demographic and professional characteristics of the nurses ( $P>.05$ ). The nurses' PCCSAS total mean score was 64.28±13.13. The PCCSAS total score differed significantly only according to the unit worked and the number of patients per nurse ( $P=.008$ ;  $P=.040$ ). There was a statistically significant and positive correlation between CSI total score and PCCSAS total score ( $r=0.242$ ;  $P<.01$ ).

**Conclusion:** It is thought that training should be organised at regular intervals for nurses to improve their knowledge and skills about communication and psychosocial care, and the efficiency of the training should be evaluated periodically for patient and nurse groups.

**Keywords:** Nursing, communication skills, psychosocial care

### ÖZ

**Amaç:** Bu çalışmanın amacı hemşirelerin iletişim becerileri ile psikososyal bakım becerileri arasındaki ilişkinin değerlendirilmesidir.

**Yöntemler:** Tanımlayıcı ve kesitsel niceliksel nitelikteki araştırma bir eğitim ve araştırma hastanesinde çalışan hemşirelerle Ocak-Mayıs 2022 tarihleri arasında yürütülmüştür. Araştırmanın evrenini ilgili hastanede çalışan 255 hemşire oluşturmuştur. Örneklem seçimi yapılmadan araştırmaya katılmaya gönüllü olan ve dahil edilme kriterlerini karşılayan toplam 180 hemşire ile çalışma tamamlanmıştır. Verilerin toplanmasında Katılımcı Bilgi Formu, Psikososyal Bakım Yeterliliği Öz Değerlendirme Ölçeği (PBYÖDÖ) ve İletişim Becerileri Envanteri (İBE) kullanılmıştır.

**Bulgular:** Hemşirelerin iletişim becerileri envanteri toplam puanının 169,65±13,72 olduğu belirlenmiştir. İletişim becerileri envanteri toplam puanı ile hemşirelerin sosyo-demografik ve mesleki özellikleri arasında anlamlı bir ilişki saptanmamıştır ( $P>.05$ ). Hemşirelerin PBYÖDÖ toplam puan ortalaması 64,28±13,13 idi. PBYÖDÖ toplam puanı yalnızca çalışılan birime ve hemşire başına düşen hasta sayısına göre anlamlı farklılık gösterdi ( $P=.008$ ;  $P=.040$ ). İBE toplam puanı ile PBYÖDÖ toplam puanı arasında istatistiksel olarak anlamlı ve pozitif korelasyon vardı ( $r=0,242$ ;  $P<.01$ ).

**Sonuç:** Hemşirelerin iletişim ve psikososyal bakım konusunda bilgi ve becerilerini geliştirmeye yönelik düzenli aralıklarla eğitimler düzenlenmesi, eğitimin etkinliğinin hasta ve hemşire gruplarına yönelik periyodik olarak değerlendirilmesi gerektiği düşünülmektedir.

**Anahtar Kelimeler:** Hemşirelik, iletişim becerileri, psikososyal bakım

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## INTRODUCTION

Importance of communication skills of nurses along with their professional knowledge and skills is also known in the care services they provide to patients. Communication processes based on information transfer and interaction between the patient and the nurse constitute the basis of the nursing process. Effective communication skills of nurses have a positive effect on patients' satisfaction, compliance with treatment and recovery processes.<sup>1</sup> Having a key role in health care through its positive effects, communication, which has a key role in health care through its positive effects, is a fundamental nursing skill that is also included in the first stage of psychosocial care.<sup>2</sup>

Being a part of holistic patient care approach, psychosocial care enables patients to seek both informative and emotional support from healthcare professionals to help them manage their disease process.<sup>3</sup> Psychosocial care is the process of identifying and meeting the emotional, cognitive, cultural and spiritual needs associated with the disease and the treatment. This process aims to determine the psychosocial reactions of patients and to enhance the quality of life by developing the disease-related behaviors.<sup>4</sup> Psychosocial interventions create positive effects in alleviating depressive symptoms and anxiety and enhancing quality of life in patients and their relatives.<sup>5</sup>

Nurses should not consider psychosocial care independently from routine treatment and care. They are responsible for supporting patients' adaptation to disease processes and ensuring that they can effectively cope with the stressors.<sup>4</sup> In the literature the related studies have highlighted that nurses' knowledge about psychosocial care and their psychosocial care skills should be improved. A qualitative study examining psychosocial care from the perspective of nurses reported that nurses had difficulty in defining and determining the convenience of the framework of psychosocial care and their approaches. The same study emphasised that nurses needed help to acquire the necessary knowledge and skills to provide psychosocial care.<sup>6</sup> Another study examining the psychosocial care skills of nurses revealed that nurses working in the clinics considered themselves incompetent in providing psychosocial care to patients and that they needed to be improved and supported.<sup>7</sup> It is thought that the care relationship established with the patient is based on the level of communication and psychosocial care skills of nurses. In the clinical setting, patients need an environment where they feel comfortable and safe to communicate. The therapeutic relationship with patients plays a vital role for patients and their families, allowing

them to place trust in nurses for their emotional journey. A trust-based care relationship facilitates the patient's emotional journey and enables the identification of psychosocial care needs and common health goals.<sup>3</sup>

To the best of our knowledge, there are a limited number of studies in the literature that emphasise the importance of nurses' communication skills and psychosocial care skills; however, no study examining the correlation between the two concepts has been found.

## AIM

In line with this information, the aim of the study is to evaluate the correlation between nurses' communication skills and psychosocial care skills.

For this purpose, answers were sought to the following questions;

- What is the communication skill level of nurses?
- Is there any significant correlation between nurses' communication skill level and their socio-demographic and professional characteristics?
- What is the psychosocial care skill level of nurses?
- Is there any significant correlation between nurses' psychosocial care skill level and their socio-demographic and professional characteristics?
- Is there any correlation between nurses' communication skills and psychosocial care skills?

## METHODS

### Design

This study is a descriptive and cross-sectional quantitative research that was conducted with nurses working in a training and research hospital between January and May 2022.

### Participants

Population of the study consisted of 255 nurses working in the related hospital. The study was completed with a total of 180 nurses who were voluntary to participate in the study and met the inclusion criteria, without using sample selection. The inclusion criteria were determined as follows; working in an inpatient ward (internal medicine and surgical units, intensive care units, emergency department and burn unit, etc.) and being voluntary to participate in the study. The exclusion criteria were determined as follows; working units other than the inpatient service (outpatient clinic, operating room, etc.) and declining to participate in the study.

### Data Collection

A Participant Information Form, the Psychosocial Care Competence Self-Assessment Scale (PCCSAS), and the Communication Skills Inventory (CSI) were used to collect

data. The Participant Information Form was prepared by the researchers upon review of the relevant literature and includes 13 questions about socio-demographic (age, gender, educational background, marital status, and income) and professional (unit they work in, professional experience, shift, weekly working hours, number of patients per nurse, liking the profession, status of receiving communication training, and status of receiving psychosocial care training) characteristics of the participants.

**Psychosocial Care Competence Self-Assessment Scale (PCCSAS):** It is a 5-point Likert-type self-report scale developed by Karataş and Kelleci<sup>8</sup> to evaluate the psychosocial care proficiency of nurses and consists of 4 subscales and 18 items. The lowest and highest scores of the scale are 18 and 90 points, respectively. A high score indicates that the nurse working in the clinic has a good psychosocial care proficiency self-assessment. It was found that the Cronbach's alpha values of the scale were 0.93 for the overall scale and ranged between 0.80 and 0.93 for its subscales.<sup>8</sup> The Cronbach's alpha values of the scale were found to be 0.95 for the overall scale and range between 0.84 and 0.89 for its subscales in this study.

**Communication Skills Inventory (CSI):** It is a 5-point Likert type scale that was developed by Ersanlı and Balci<sup>9</sup> and has 3 subscales and 45 items. The highest and lowest scores of the scale is 225 and 45, respectively. While each subscale can be evaluated separately, the individual's general communication skill level can be determined by looking at the overall scale. High scores signify that the respondent has a high level of communication skills. The Cronbach's alpha coefficient of the scale is 0.72.<sup>9</sup> The Cronbach's alpha coefficient for the overall scale was 0.84 in the study.

#### Statistical Analysis

Data was analyzed using IBM SPSS 27. Kolmogorov Smirnov test was used to test whether or not the data were normally distributed. Total score distributions of both scales were statistically significantly different from the standard normal distribution ( $P < .05$ ). For this reason, nonparametric tests (Mann Whitney U, Kruskal Wallis) were used in the analysis of total scores of the scales. The Mann Whitney U test was used to compare the means of two independent groups, and the Kruskal-Wallis test was used to compare the intergroup means between at least three independent groups. Spearman's rho correlation analysis was used to determine the correlation between the two scales. Significance was assessed as  $P < .05$ .

#### Ethical Approval

Before starting the study, approval was obtained from the Karabük University Non-Interventional Clinical Trials Ethics

Committee (Date: 17.11.2021 Number: E-77192459-050.99-81047 Decision No: 2021/681). The necessary institutional permission was obtained from Karabük University Training and Research Hospital (Date: 29.11.2021 Number: E-34771223-774.99). The nurses participating in the study signed an informed consent form. Permission was obtained from the authors who conducted validity and reliability studies of the scales via e-mail in order to use them in the study.

#### RESULTS

It was found that the majority of the nurses participating in the study were female (82.2%), aged between 21-30 years (47.2%), had a bachelor's degree (71.7%), were married (63.9%), and had an income equal to expenses (47.6%). The majority of the participants had professional experience of 1-10 years (55.0%) and they loved their profession (47.8%). Most of them were worked in internal medicine clinics (33.9%), at both day and night (82.8%) shifts, and for more than 40 hours a week (59.4%), and had 10 or less patients per nurse (81.1%). While 87.8% of the participants stated that they received training on communication, 12.2% stated that they did not. While 51.7% of the participants stated that they received training on psychosocial care, 48.2% stated that they did not.

#### Findings on Nurses' Communication Skills

The nurses' CSI total mean score was  $169.65 \pm 13.72$ . The CSI total score did not show a statistically significant difference in terms of age, gender, educational background, marital status, income level, professional experience, unit, status of liking the profession, working type, weekly working hours, number of patients per nurse, status of receiving training on communication and status of receiving training on psychosocial care training ( $P > .05$ ) (Table 1).

#### Findings on Nurses' Psychosocial Care Skills

The nurses' PCCSAS total mean score was found to be  $64.28 \pm 13.13$ . PCCSAS total score did not show a statistically significant difference in terms of gender, age, educational background, marital status, income level, professional experience, status of liking the profession, weekly working hours, status of receiving training on communication, and status of receiving training on psychosocial care ( $P > .05$ ). PCCSAS total score showed a significant difference only according to the unit they worked in and the number of patients per nurse ( $P = .008$ ;  $P = .040$ ). PCCSAS total score was significantly higher in nurses working in internal medicine clinics, surgical clinics and intensive care units compared to those working in the emergency department. Furthermore, PCCSAS total score was significantly higher in those with 1-10 patients per nurse than those with 11 or more patients (Table 1).

**Table 1. Comparison of PCCSAS and CSI Scores of Nurses According to Sociodemographic and Professional Characteristics**

	CSI TOTAL		PCCSAS TOTAL	
	Med (Min-Max)	Mean±SD	Med (Min-Max)	Mean±SD
<b>Professional experience</b>				
1-10 year	171.0(140.0-205.0)	171.01±13.02	69.0(25.0-90.0)	65.23±13.48
11-20 year	169.0(110.0-201.0)	168.68±15.87	65.0(32.0-90.0)	62.57±12.80
21-30 year	166.0(136.0-182.0)	166.33±11.40	70.0(34.0-89.0)	65.17±12.55
31 year and over	170.0(154.0-181.0)	168.75±11.59	60.0(43.0-70.0)	58.25±12.97
Test value-P	2.915 (X <sup>2</sup> )-.405		4.551(X <sup>2</sup> )-.208	
<b>Clinical unit</b>				
Internal clinics	171.0(149.0-205.0)	171.70±12.61	69.0(25.0-90.0) <sup>1</sup>	66.08±13.72
Surgical clinics	174.0(136.0-200.0)	169.35±15.86	68.0(34.0-90.0) <sup>2</sup>	61.84±13.87
Emergency service	167.5(110.0-198.0)	167.40±17.54	59.0(34.0-70.0) <sup>3</sup>	56.15±12.65
Intensive care units	168.0(132.0-202.0)	168.28±12.52	69.0(32.0-90.0) <sup>4</sup>	66.48±11.59
Burn unit	174.0(173.0-180.0)	175.67±3.79	63.0(52.0-64.0)	59.67±6.66
Test value-P	2.794 (X <sup>2</sup> )-.593		13.895(X <sup>2</sup> )-.008 (Post hoc:1,2,4>3)	
<b>Like of profession</b>				
Yes	171.0(141.0-205.0)	171.58±12.45	67.5(25.0-90.0)	63.06±14.27
No	168.0(136.0-188.0)	166.35±14.33	69.5(40.0-90.0)	68.60±11.01
Partially	170.0(110.0-200.0)	168.30±14.73	68.0(34.0-87.0)	64.54±12.13
Test value-P	1.767 (X <sup>2</sup> )-.413		2.458(X <sup>2</sup> )-.293	
<b>Shift</b>				
Daily	167.0(152.0-186.0)	168.31±9.51	68.0(25.0-90.0)	63.83±14.69
Night	154.5(138.0-171.0)	154.50±23.33	57.5(57.0-58.0)	57.50±0.71
Both	172.0(110.0-205.0)	170.11±14.23	68.0(30.0-90.0)	64.46±12.93
Test value-P	2.417 (X <sup>2</sup> )-.299		1.523(X <sup>2</sup> )-.467	
<b>Weekly working time</b>				
40 hours or less	174.0(138.0-205.0)	172.03±11.81	67.0(25.0-90.0)	65.26±12.91
Over 40 hours	169.0(110.0-201.0)	168.03±14.68	68.0(30.0-87.0)	63.62±13.30
Test value-p	3249.0(U)-.056		3805.5(U)-.771	
<b>Patients per nurse</b>				
1-10 patients	170.0(132.0-205.0)	170.12±12.52	68.0(25.0-90.0)	65.22±12.74
11 or more patients	171.0(110.0-201.0)	167.65±18.02	65.5(34.0-87.0)	60.26±14.20
Test value-P	2365.5(U)-.670		1922.0(U)-.040	
<b>Communication training</b>				
Yes	171.0(110.0-205.0)	170.25±13.57	68.0(25.0-90.0)	64.53±13.03
No	163.0(136.0-202.0)	165.36±14.19	63.5(40.0-90.0)	62.50±14.05
Test value-P	1299.5(U)-.055		1391.0(U)-.129	
<b>Psychosocial care training</b>				
Yes	171.0(132.0-200.0)	170.72±12.54	68.0(34.0-89.0)	64.63±13.59
No	170.0(110.0-205.0)	168.51±14.83	67.0(25.0-90.0)	63.91±12.70
Test value-P	3689.0(U)-.307		3702.0(U)-.325	

SD, Standard Deviation; U, Mann Whitney U Test; X<sup>2</sup>, Kruskal Wallis Test; CSI, Communication Skills Inventory; PCCSAS, Psychosocial Care Competence Self-Assessment Scale; Med, median; Min, minimum values; Max, maximum values

**Table 2. The Relationship Between Nurses' Communication Skills and Psychosocial Care Skills**

	CSI Total
PCCSAS Total	r=0.242 P<.01

r, correlation coefficient; CSI, Communication Skills Inventory; PCCSAS, Psychosocial Care Competence Self-Assessment Scale

### Findings on the Correlation Between Nurses' Communication Skills and Psychosocial Care Skills

A statistically significant weak positive correlation was found between CSI and PCCSAS total scores. ( $r=0.242$ ;  $P<.01$ ) (Table 2).

### DISCUSSION

Health services are a discipline that requires intense information sharing and teamwork; therefore, the communication skills of nurses are of critical importance. In the study, the CSI total mean score of the nurses was found to be  $169.65 \pm 13.70$ . Given that the highest score of the CSI is 225, it can be asserted that nurses' communication skills are high. In the literature, findings of some studies have indicated that nurses have low communication skills<sup>10-11</sup>; whereas some others have reported that nurses' communication skills are high.<sup>12</sup> A study conducted with patients highlighted that nurses' communication skills should be improved in order to strengthen the nurse-patient relationship.<sup>13</sup> In a study evaluating nurse-patient communication and patients' satisfaction with nursing care, it was determined that nurse-patient communication was correlated with patients' satisfaction with nursing care. The same study reported that nurse-patient communication was inadequate, patients were not satisfied with such communication, and patients had a low level of satisfaction.<sup>10</sup> The high communication skills of nurses in the study can be regarded as an important and valuable finding.

The positive effects of psychosocial care on patients and their caregivers are known. In a systematic review and meta-analysis study on chronic kidney disease patients, psychosocial interventions were found to alleviate depressive symptoms, enhance quality of life, and have beneficial effects on anxiety in these patients and their caregivers.<sup>5</sup> Another study emphasised the importance of psychosocial care in intensive care unit in order to optimise their prognosis.<sup>14</sup> In the study, the PCCSAS total mean score of the nurses was found to be  $64.28 \pm 13.13$ . Given that total score of from the scale ranges from 18 to 90, it can be asserted that the nurses had a moderate level of psychosocial care skills. Studies in the literature have reported similar results. In a study on intensive care nurses,

the PCPSAS mean score of the nurses was found to be  $60.66 \pm 17.46$ .<sup>15</sup> Another study conducted with nurses reported that the PCCSAS mean score of nurses was  $68.22 \pm 12.7$ .<sup>16</sup> In the validity and reliability study of the scale, the PCCSAS mean score of nurses was found to be  $72.06 \pm 9.36$ .<sup>8</sup>

In a study evaluating patients' perceptions of their experiences with nurse-patient communication in oncology units, it was determined that the focus in cancer care is generally to provide physical care to patients by nurses and address the psychosocial aspect as a separate dimension. A remarkable result in the same study was that according to the participants, providing psychosocial care, such as understanding the emotional distress experienced by patients and providing counselling services was not one of the roles of nurses.<sup>17</sup> A study conducted with oncology nurses reported that nurses could not sufficiently determine patients' psychological symptoms and their psychosocial support needs for these symptoms.<sup>7</sup> A qualitative study evaluating the perceptions of nurses working in the oncology unit about psychosocial care revealed that nurses perceived psychosocial care as an abstract concept and had difficulty in providing psychosocial care in a setting where patients' conditions are constantly changing.<sup>6</sup> When positive effects of psychosocial care for the patient and their family are taken into consideration, it is seen that nurses' psychosocial care proficiencies should be improved. In this regard, it is thought that training should be organised at regular intervals to improve nurses' knowledge and skills about psychosocial care, and the efficiency of the training should be evaluated in terms of patient and nurse groups.

In the study, it was found that PCCSAS total score was significantly higher in nurses working in internal medicine clinics, surgical clinics and intensive care units than their counterparts working in the emergency department. When similar studies in the literature are examined, there are studies reporting that there is a significant difference between the unit where nurses work and the subscales of the scale. In a previous study, the symptom diagnosis subscale of the scale was higher in nurses working in intensive care unit than those working in outpatient clinics; The subscale of using information was higher in nurses working in surgical units than in emergency rooms.<sup>18</sup> However, there are also some other studies showing that the unit nurses work in has no effect on their psychosocial care skills.<sup>8,16</sup> It can be asserted that the opportunity for nurses to follow patients in inpatient units for longer periods allows them to make psychosocial evaluation. Furthermore, it is thought that nurses do not have the opportunity to develop their skills in identifying and

diagnosing psychosocial symptoms and providing psychosocial intervention for patients receiving short-term treatment in emergency units. Psychosocial care skills, which include holistic evaluation of the patients, determination of their psychosocial needs and intervention, may be related to the clinical working conditions of nurses and the time they spend with the patient.

In the study, it was determined that PCCSAS total score of psychosocial care skills was statistically significantly higher in those with 1-10 patients per nurse than in those with 11 and more patients. In Saygın's<sup>16</sup> study of intensive care nurses, it was determined that although the total mean score of psychosocial care skills was not statistically significant, it was higher in those with a small number of patients.<sup>16</sup> In the present study, it was observed that the nurse-patient ratio is an important variable in psychosocial care skills. Low number of patients per nurse can facilitate accurate diagnosis by using the information necessary for psychosocial care in a timely manner by considering the workload and time of nurses. It is thought that the number of patients under the nurse's responsibility is important so that the nurse can allocate sufficient time for psychosocial evaluation and determining and meeting the needs of the patients. It can be asserted that the working conditions of nurses should be regulated in order to enhance the quality of psychosocial care.

The therapeutic communication skills that nurses establish with the patient have an important place at every stage of psychosocial care.<sup>2</sup> In the study, a significant and positive correlation was found between CSI total score and the PCCSAS total score of the nurses ( $r=0.242$ ;  $P<.01$ ). A qualitative study examining nurses' perceptions of the barriers to providing psychosocial care reported that most of nurses perceived communication as an important part of psychosocial care.<sup>19</sup> A study stated that patients' limited communication of their psychosocial problems to nurses is not limited to their relationships with nurses, but is also related to nurses' perceptions of their roles and proficiency in providing psychosocial care. One of the important points emphasised in the study is that providing a good physical care through effective communication is the key to improving the psychosocial well-being of patients.<sup>17</sup> A review study examining communication in cancer care reported that healthcare professionals need to strengthen their knowledge about factors affecting communication to improve their skills in providing the most appropriate information and support to patients and family members. It is emphasised that improving communication can also improve psychosocial care.<sup>20</sup> Nurses' high communication

skills are an important variable that increases their diagnosis and evaluation skills, which are essential for primary level psychosocial care.

### Limitations

The research was conducted on nurses working in the specified hospital. Generalizability can be considered a limitation. It may be recommended to conduct more studies investigating the relationship between nurses' communication skills and psychosocial care skills in larger sample groups.

The finding of the study emphasises the importance of the correlation between nurses' communication skills and psychosocial care skills. In this regard, it is thought that as nurses' communication skill levels increased, their psychosocial care skills may increase. It is thought that training should be organised at regular intervals for nurses to improve their knowledge and skills about communication and psychosocial care, and the efficiency of the training should be evaluated periodically for patient and nurse groups.

**Etik Komite Onayı:** Karabük Üniversitesi Girişimsel Olmayan Klinik Araştırmalar Etik Kurulu'ndan onay alındı (Tarih: 17.11.2021 Sayı: E-77192459-050.99-81047 Karar No: 2021/681). Karabük Üniversitesi Eğitim ve Araştırma Hastanesi'nden gerekli kurumsal izin alındı (Tarih: 29.11.2021 Sayı: E-34771223-774.99).

**Bilgilendirilmiş Onam:** Araştırmaya katılan hemşirelere bilgilendirilmiş onam formu imzalatılmıştır.

**Hakem Değerlendirmesi:** Dış bağımsız.

**Yazar Katkıları:** Fikir – HD, SD; Tasarım – HD, SD; Denetleme – SD; Veri Toplanması ve/veya İşlemesi – HD; Analiz ve/veya Yorum – HD, SD; Literatür Taraması – HD; Yazıyı Yazan – HD, SD; Eleştirel İnceleme – SD.

**Çıkar Çatışması:** Yazarlar, çıkar çatışması olmadığını beyan etmiştir.

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**Ethics Committee Approval:** Approval was obtained from the Karabük University Non-Interventional Clinical Trials Ethics Committee (Date: 17.11.2021 Number: E-77192459-050.99-81047 Decision No: 2021/681). The necessary institutional permission was obtained from Karabük University Training and Research Hospital (Date: 29.11.2021 Number: E-34771223-774.99).

**Informed Consent:** The nurses participating in the study signed an informed consent form.

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Concept-HD, SD; Design-HD, SD; Supervision-SD; Resources – Data Collection and/or Processing – HD; Analysis and/or Interpretation – HD, SD; Literature Search – HD; Writing Manuscript – HD, SD; Critical Review – SD.

**Conflict of Interest:** The authors have no conflicts of interest to declare.

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