

RESEARCH /ARAŞTIRMA

COMMUNICATION SKILLS AND PERCEIVED STRESS OF NURSING STUDENTS DURING FIRST CLINICAL EXPERIENCE

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ABSTRACT

Aim: To evaluate the relationship between communication skills and perceived stress of nursing students during the first clinical experience.

Methods: The cross-sectional descriptive study was conducted with 225 nursing students over the period of February 2018 and June 2018. The students compared the following criteria: willing to participate in the study, being in first clinical experience. The Communication Skills Scale, the Perceived Stress Scale, and the Individual Identification Form were used for collecting data.

Findings: It showed that nursing students' level of communication skills was high and the level of perceived stress was moderate. There was a weak positive correlation between nursing students' communication skills and perceived stress.

Conclusion: Considering that the stress level of students is moderate and the communication skills level is high, this result can be considered as a positive outcome. Effective communication skills are needed to minimize the high stress experienced in clinical practice.

Keywords: Clinic experiment; communication; nursing students; stress.

ÖZ

Hemşirelik Öğrencilerinin İlk Klinik Deneyiminde İletişim Becerileri ve Algılanan Stresleri

Amaç: İlk klinik deneyimde hemşirelik öğrencilerinin iletişim becerileri ile algılanan stresleri arasındaki ilişkiyi değerlendirmek.

Yöntem: Kesitsel tanımlayıcı çalışma, Şubat 2018 ve Haziran 2018 tarihleri arasında 225 hemşirelik öğrencisi ile yapılmıştır. Öğrenciler aşağıdaki kriterleri karşıladı: çalışmaya katılmaya gönüllülük, ilk klinik deneyiminde olma. Veri toplamada İletişim Becerileri Ölçeği, Algılanan Stres Ölçeği ve Birey Tanılama Formu kullanılmıştır.

Bulgular: Hemşirelik öğrencilerinin iletişim becerileri düzeyinin yüksek, algılanan stres düzeyinin orta düzeyde olduğunu göstermiştir. Hemşirelik öğrencilerinin iletişim becerileri ile algılanan stresleri arasında bir zayıf pozitif korelasyon vardı.

Sonuçlar: Öğrencilerin stres düzeyinin orta ve iletişim becerileri düzeyinin yüksek olduğu göz önüne bulundurulduğunda, bu sonuç olumlu bir çıktı olarak düşünülebilir. Klinik uygulamalarda yaşanan yüksek stresi en aza indirmek için etkili iletişim becerilerine ihtiyaç vardır.

Anahtar kelimeler: Klinik deneyim; iletişim; hemşirelik öğrencileri; stres.

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INTRODUCTION

Just as in all other educational programs that are based on practice, in nursing education, the theoretical knowledge and clinical practice, are the complementary parts of each other (1). Learning, in its true sense, for nursing students occurs during clinical practices. Clinical performance is the ability to demonstrate the performance of professional skills or behaviors, including communication, knowledge, technical skills, emotions, clinical judgment, and values of the nursing student (2). Clinical education provides opportunity for the nursing students to observe, develop and practice their intellectual and psychomotor competencies that are indispensable for their profession. Clinical experiences also promote students to investigate emotions and help transfer knowledge from theory into practice (3). Stress in nursing, considered to be relatively more stressful profession comparing to most other professions, is believed to develop during nursing education (3) and it can affect learning negatively (3). It was reported that clinical performance decreased when stress increased (2). Stress that occurs as a response to the physically and psychologically threatening circumstances that the body faces, was described as an substantial psycho-social agent that might influence academic performance and well-being in the education process negatively (3,4). Students experience clinical or academic stress during their education (5). Some of the clinical stress factors experienced by students include; encountering emergency situations in the clinic, the first clinical experience, the death of the patient, the lack of practice ability, the negative attitude of the clinical staff, communication problems and their negative relationship with the clinical staff. Some factors that cause academic stress include: grade pressure or the fear of failure, lack of free time, the presence of difficult academic studies, including exams, financial situations and confusing homework instructions (3,4,6,7).

Another significant component of the stress experienced by students in the clinic is the communication factor. An individual under stress has difficulty in communication. Besides being a positive contact, communication is among the basic needs of an individual (8). Communication skills involve not only a sensitivity to listening and answering skills but also sensitivity to the verbal and non-verbal messages (9). One of the constantly emphasized factors in nursing care,

communication is defined as the central point of communicating ability with patients and is seen as the heart of all nursing care by nursing experts (10). This is because competencies of nurses in professional communication have a critical importance in increasing the quality of clinical performance in healthcare settings (11). Nurses with higher professional communication competency may increase the confidence between the patients and medicals, develop professionalism in nursing care services, and increase their professional image of nursing (12–14). Communication is especially significant for the professions that focusing on serving people. Hence, it is of great importance to have influential communication skill for nursing students who provide care for ill and unhealthy people, and who work with groups composed of vulnerable people as children, elderly and disabled individuals (15). When considering the impact of communication skills on stress, students need to have effective communication skill in order to reduce the stress they experience in the clinic. Effective communication skills will enhance students' self-confidence and professional satisfaction in caring.

Although there have been some studies related to the communication skills or the stress that nursing students experience during their clinical education in Turkey and in different countries there are limited studies dealing with the relationship between perceived stress and communication skills.

The aim of the study was to explore the relation between communication skill and perceived stress of nursing students during first clinical experience.

Questions of research:

1. What is the level of communication skills of students?
2. What is the level of perceived stress of students?
3. Is there a relation between communication skill and perceived stress of students?

METHODS

Design

The study was carried out as a cross-sectional descriptive study.

Samples and setting of study

This study was carried out over the period February 2018 and June 2018 with second year nursing students in a nursing faculty in Turkey. Study data were collected in the first three days of the clinical practice. In the nursing faculty, students experience clinical practice for the first

time in second year- first semester. Universe of study comprised 280 students. The number of sample was assigned to be 163 with 5% error in the 95% confidence interval using the known universe sample equation formula. In total, 248 questionnaires were dispersed to students but 232 questionnaires were collected. Seven questionnaires were excluded from the study because of missing. As a result data of 225 (80.3%) students were analyzed in the study.

Data Tools and Collection

The data were obtained using the Communication Skills Scale (CSS), the Perceived Stress Scale (PSS), and the Individual Identification Form. Ten items questionnaire about sociodemographic characteristics of students were in Individual Identification Form which occurred by the researchers using the literature (6,15–17). Before collection of data, a pilot study was done with 25 students. Then forms were deployed to students who volunteered to take part in the study and who will have clinical experience for the first time. The forms collected back after 20 minutes.

Communication Skills Scale

The scale was envolved by Korkut-Owen and Bugay (2014) to evaluate the skill of communication level of university students. It consists of 25 items in 4 subscales: communication principles and basic skills-CPBS (10 items), self-expression-SE (4 items), effective listening and non-verbal communication-EDSOI (6 items), and willingness to communicate-WTC (5 items). The scale is scored on a 5-point Likert scale: never (1), rarely (2), sometimes (3), often (4) and always (5). Total score; minimum is 25 points, and maximum is 125 points. Lower total score indicates a lower communication skill (17). Korkut-Owen and Bugay (2014) noticed the value of Cronbach's alpha was .88. For this study was .88.

Perceived Stress Scale for Nursing Students

This scale was envolved by Sheu et al. and adapted to Turkish by Karaca, Yıldırım, Ankaralı, Açıkğöz and Akkuş (2014) to evaluate the perceived stress level of nursing students. The scale consists of 29 items in 6 subscales: lack of professional knowledge and skills stress-LPKS (3 items), taking care of patients stress-TCPS (8 items), assignments and workloads stress-AWS (5 items), teachers and nursing staff stress-TNSS (6 items), clinical environment stress-CES (3 items), and peers and daily life stress-PDLS (4 items). The scale is scored on a 5-point Likert scale: not stressful at all (0), very stressful (4). Total score;

minimum is 0 point and maximum is 116 points. Lower total score indicates a lower perceived stress (18). Karaca, Yıldırım, Ankaralı, Açıkğöz and Akkuş (2015) noticed the value of Cronbach's alpha was .94. For this study was .94.

Data analysis

The SPSS for Windows, version 22.0 was used for data analysis. The normality of data was analysed using Kolmogorov-Smirnov test. The mean, standard deviation, minimum-maximum, frequency and percentage were using for descriptive statistics. The results obtained were compared using Mann Whitney U test and, Kruskal-Wallis Test and Spearman's rank correlation. A p value of <0.05 was considered statistically significant.

Ethical consideration

Ethical approval was acquired from a Ethics Committee of University Scientific Research Publication (Approval No: 449-2018) for conducting this study. The students were informed about the study, then all of students who volunteered to join provided written consent. The permission of the scales was obtained from the authors for using in the study. The study was conducted in coherence with ethical standards of the Declaration of Helsinki.

FINDINGS AND DISCUSSION

The students' age were in the range of 19-25 years. The mean age of students was 20.87±1.0 years. Of the students, 84.9% were female (n=191), 14.9% had enough income (n=33), 36% satisfied with their profession (n=81), 24% were living difficulties in social communication (n=54), and 77% had a negative impact on academic success from stress (n=174). Two-thirds of students preferred the profession willingly, and 46% were had introvert personality (n=105).

Communication skills

In total, the data of 225 students were analyzed. The mean total score of CSS was 98.95± 9.68 (range, 68-121), which showed an high grade communication skills (n=225). Mean subscales scores were 40.27 ±3.98 for communication principles and basic skills, 15.60±2.26 for self-expression, 23.89±2.78 for effective listening and non-verbal communication, and 19.08±2.72 for willingness to communicate. Independent variables of the data that may influence CSS scores are offered in Table 1.

The score of CPBS were higher among students who preferred the profession willingly, students who satisfied with their profession and those who for introvert personality structure ($p<.05$). SE and WTC subscales scores were higher among students who no living difficulties in social communication, satisfied with their profession and extravert personality ($p<.05$). ELNC subscale was significantly higher among students who were female, students who preferred the profession willingly and those who didn't live difficulties in social communication ($p<.05$). Total CSS scores were significantly higher among students who preferred the profession willingly ($p<.00$), students who satisfied with their profession ($p<.00$), those who weren't living difficulties social in communication ($p<.00$) and those who for extravert personality ($p<.00$) (Table 1).

Having efficient communication skills is more important, particularly for the professionals whose major concern focus is people and caring (11). Influential communication is an essential part of care services, which develops nurse-patient relationship, and which has a severe impact on the perceptions of patient about care quality and treatment results (27). Nursing students required efficient communication skill in their educational and social environment as well as in their clinical practices (11).

This study shows that level of communication skill of students are high. The results of several research (9,11,15,28) support the findings of this study. In another study, it was found that the students had moderate level communication skills (13). In the study, the communication skills were found to be high in those who chose the profession willingly and in those who were satisfied with the nursing profession. This situation might be attached to the fact that individuals have less stress and are more open to communication in the professions they like doing. In another study, it was found that there was no difference between voluntariness and communication skills while the individuals are choosing their profession (16). While one of the important variables in communication is gender and women have better communication skills (17,29), in our study, no difference was found in communication skills level regarding the gender. A different study supports our findings (30). In this study, the communication skills of those who have no difficulty in social communication and those with extraverted personality were found higher. No studies were detected in the literature about the variables. This might be accounted for the fact that the interaction with the social environment gives rise to the need for communication with others and thus helping individuals improve their communication skills.

Table 1. Communication Skills Scale Total and Subscales Scores Based on Sociodemographic Characteristics of Students

Variables	Communication Skills Scale				
	CPBS (10-50 scores) M±SD	SE (4-20 scores) M±SD	ELNC (6-30 scores) M±SD	WTC (5-25 scores) M±SD	TOTAL (25-125 scores) M±SD
Gender					
Female	40.39±4.05	15.59±2.25	24.04±2.82	19.16±2.71	99.19±9.76
Male	39.61±3.54	15.67±2.33	23.02±2.44	18.64±2.76	96.97±8.95
	Z= -1.35 p=.17	Z= -0.32 p=.74	Z= -1.68 p=.09	Z= -1.01 p=.30	Z= -1.15 p=.24
Prefer of profession					
Willing	40.92±3.89	15.79±2.13	24.30±2.69	19.31±2.57	100.34±9.13
Not willing	38.97±3.85	15.22±2.46	23.06±2.80	18.62±2.96	95.89±10.13
	^a Z= -3.67 p=.00	Z= -1.63 p=.10	Z= -3.13 p=.00	Z= -1.34 p=.18	Z= -3.11 p=.00
Job satisfaction					
Not satisfied	38.62±4.23	16.0±2.6	23.43±3.48	18.93±3.47	97±12.08
Partially satisfied	39.89±3.66	15.21±2.15	23.61±2.43	18.58±2.39	97.32±8.31
Satisfied	41.19±4.24	16.16±2.26	24.41±3.10	19.90±2.87	101.65±10.64
	X ² =8.60 p=.01	X ² =8.59 p=.01	X ² =5.20 p=.07	X ² =12.98 p=.00	X ² =11.17 p=.00
Difficulties in communication					
Yes	40.14±4.38	13.92±2.13	22.87±2.83	17.47±2.68	94.35±10.0
No	40.31±3.85	16.13±2.03	24.21±2.70	19.61±2.51	100.28±9.16
	Z= -0.09 p=.92	Z= -6.03 p=.00	Z= -3.11 p=.00	Z= -5.06 p=.00	Z= -4.13 p=.00
Perception of personality type					
Introvert	40.77±4.16	14.64±2.13	23.56±2.78	18.01±2.64	97.0±9.49
Extravert	39.84±3.77	16.44±2.02	24.18±2.77	20.01±2.43	100.48±9.59
	Z= -1.95 p=.05	Z= -5.94 p=.00	Z= -1.59 p=.11	Z= -5.53 p=.00	Z= -2.68 p=.00
Effect of stress on academic success					
Yes	40.38±4.05	15.57±2.21	23.91±2.86	19.06±2.79	98.94±9.84
No	39.90±3.73	15.70±2.42	23.80±2.52	19.13±2.49	98.54±9.21
	Z= -0.96 p=.33	Z= -0.38 p=.70	Z= -0.09 p=.92	Z= -0.01 p=.99	Z= -0.31 p=.75
TOTAL	40.27±3.98	15.60±2.26	23.89±2.78	19.08±2.72	98.85±9.68

Z: Mann Whitney U; X² Kruskal Wallis; CPBS: communication principles and basic skills; SE: self-expression; ELNC: effective listening and non-verbal communication; WTC: willingness to communicate



Perceived stress

The mean total score of PSS was 75.49 ± 20.18 (range, 18-114), which showed a moderate level of stress ($n=225$). Mean score of subscales were 8.67 ± 2.47 for lack of professional knowledge and skills stress, 21.96 ± 5.88 for taking care of patients stress, 13.0 ± 3.83 for assignments and workloads stress, 15.02 ± 4.69 for teachers and nursing staff stress, 7.89 ± 2.65 clinical environment stress, and 8.91 ± 3.85 peers and daily life stress. Independent variables of the data that may influence PSS scores are presented in (Table 2). Lack of professional knowledge and skills stress, clinical environment stress and assignments and workloads stress scores were higher among students who female and students who had a negative impact on academic success from stress ($p < .05$). The taking care of patients stress score was significantly higher, associated with female gender, introvert personality and negative impact of stress on academic success ($p < .05$). The teachers and nursing staff stress score was significantly higher among students who were female and had insufficient income ($p < .05$). Peers and daily life stress score was only associated with female gender ($p < .05$) (Table 2). Total PSS scores were significantly higher among students who were female ($p < .00$), students who had insufficient income ($p < .05$), and those who had a negative impact on academic success from stress ($p < .009$) (Table 2).

The stress related with clinical experiences may occur in various different learning conditions that require complex decision-making and critical thinking skills (7). Among the various situations that cause stress include; different and complex nature of the clinical environment, seeing people suffering, being emotional, having difficulty in remembering what is learned, having low grades in examinations, and

insufficiency in communication with patients and colleagues practice (3). The results of this current study have revealed that nursing students have moderate stress level in their first clinical internship. In the literature review, it was found that there were differences in the results of different studies carried on the subject matter. Meanwhile the findings of several studies were found to be similar with this current study (5,7); in some other studies, stress level was found to be either lower (19,20) or higher (21–23). In a study, 86% of the students that have clinical experience for the first time stated that they were afraid to have negative experiences in the clinic (1). Following the first clinical experience, the stress level perceived by the students may gradually lessen throughout the whole nursing education. In their following practices, as students will have more experience, skills and knowledge, they can deal with stress more efficiently practice (3).

In this study, when the variables affecting stress were considered, the perceived stress level of women and of those whose academic success was negatively affected because of stress was found higher. In the literature review, in some studies conducted on students, the stress level was found high in female participants (5,6,24) but in some other studies, it was found that there was no relationship between gender and stress (7,25,26). Similar to the results of the study, in the study conducted by Karaca, Yıldırım, Ankaralı Açıkgöz and Akkuş (2017), it was determined that the stress level was higher in those whose academic success was low. In the results of the study, no difference was defined between the level of stress and the voluntariness to choose the nursing profession. While the results of the study carried out by (1) supports our findings, in another study it was found that the stress level is lower in those who chose the nursing profession willingly (26).

Table 2. Perceived Stress Scale Total and Subscales Scores Based on Sociodemographic Characteristics of Student

Perceived Stress Scale for Nursing Students							
	LPKS (0-12 scores) M±SD	TCPS (0-32 scores) M±SD	AWS (0-20 scores) M±SD	TNSS(0-24 scores) M±SD	CES (0-12 scores) M±SD	PDLS (0-16 scores) M±SD	TOTAL(0-116 scores) M±SD
Gender							
Female	8.93±2.39	22.60±5.60	13.46±3.72	15.43±4.62	8.19±2.53	9.30±3.79	77.93±19.36
Male	7.17±2.43	18.52±6.30	10.44±3.48	12.73±4.51	6.20±2.69	6.70±3.50	61.74±19.45
	Z= -3.78 p=.00	Z= -3.60 p=.00	Z= -4.11 p=.00	Z= -2.97 p=.00	Z= -3.86 p=.00	Z= -3.60 p=.00	Z= -4.20 p=.00
Prefer of profession							
Willing	8.71±2.50	21.96±6.31	12.88±3.99	15.00±4.93	7.93±2.79	8.91±4.00	75.42±21.55
Not willing	8.58±2.43	22.02±4.96	13.24±3.51	15.06±4.21	7.81±2.35	8.92±3.58	75.65±17.23
	Z= -0.51 p=.61	Z= -0.33 p=.73	Z= -0.32 p=.74	Z= -0.17 p=.85	Z= -0.90 p=.36	Z= -0.13 p=.89	Z= -0.44 p=.65
Job satisfaction							
Not satisfied	8.87±2.82	22.43±5.94	15.18±4.08	14.50±4.96	8.18±2.63	9.93±3.95	79.12±19.75
Partially satisfied	8.53±2.45	21.57±5.88	12.78±3.71	14.64±4.53	7.72±2.62	8.54±3.77	73.81±19.85
Satisfied	8.83±2.46	22.55±5.89	12.92±3.89	15.72±4.87	8.09±2.70	9.26±3.94	74.44±20.73
	X ² =1.24 p=.53	X ² =2.35 p=.30	X ² =4.82 p=.09	X ² =3.40 p=.18	X ² =1.91 p=.38	X ² =3.50 p=.17	X ² =3.11 p=.21
Difficulties in communication							
Yes	8.94±2.34	23.87±5.11	13.83±3.31	15.07±4.68	8.51±2.16	8.57±3.81	78.81±17.25
No	8.58±2.52	21.39±6.00	12.74±3.95	15.01±4.71	7.69±2.76	9.02±3.87	74.45±20.95
	Z= -0.81 p=.41	Z= -2.55 p=.01	Z= -1.77 p=.06	Z= -0.18 p=.85	^a Z= -1.81 p=.07	^a Z= -0.75 p=.45	Z= -1.22 p=.22
Type of personality							
Introvert	8.98±2.46	23.20±5.71	13.40±3.78	15.42±4.86	8.29±2.57	8.75±4.09	78.06±20.17
Extrovert	8.40±2.47	20.92±5.85	12.65±3.86	14.67±4.53	7.54±2.67	9.05±3.65	75.25±19.99
	Z= -1.77 p=.07	Z= -2.88 p=.00	Z= -1.53 p=.12	Z= -1.35 p=.17	Z= -2.17 p=.02	Z= -0.58 p=.55	Z= -1.72 p=.08
Effect of stress on academic success							
Yes	8.97±2.41	22.90±5.58	13.49±3.62	15.34±4.70	8.20±2.52	9.07±3.86	77.99±19.42
No	7.62±2.44	18.86±5.86	11.33±4.09	13.94±4.55	6.84±2.80	8.37±3.84	60.98±20.58
	Z= -3.40 p=.00	Z= -4.03 p=.00	z= -3.33 p=.00	Z= -1.83 p=.06	Z= -3.01 p=.00	Z= -1.20 p=.22	Z= -3.22 p=.00
TOTAL	8.67±2.47	21.96±5.88	13.0±3.83	15.02±4.69	7.89±2.65	8.91±3.85	75.49±20.18

Z: Mann Whitney U; X²: Kruskal Wallis; LPKS: lack of professional knowledge and skills stress; TCPS: taking care of patients stress; AWS: assignments and workloads stress; TNSS: teachers and nursing staff stress; CES: clinical environment stress; PDLS: peers and daily life stress



Table 3. Correlation between Communication Skills Scale and Perceived Stress Scale scores of the nursing students

Variables		LPKS	TCPS	AWS	TNSS	CES	PDLs	TOTAL
CPBS	r	.232	.255	.162	.245	.181	.099	.230
	p	.000*	.000*	.051	.000*	.006*	.140	.001*
SE	r	.123	-.005	.033	.108	-.350	.109	.06
	p	.065**	.946	.619	.108	.603	.104	.000*
ELNC	r	.262	.207	.213	.239	.153	.202	.249
	p	.000*	.000*	.000*	.000*	.022**	.002*	.000*
WTC	r	.084	-.054	-.004	.029 ^a	-.005	.084	.020
	p	.210	.422	.947	.668	.937	.209	.770
TOTAL	r	.210	.139	.134	.199	.107	.148	.182
	p	.000*	.037**	.045**	.003*	.108	.026**	.006*

* p<.01; ** p<.05

LPKS: lack of professional knowledge and skills stress; TCPS: taking care of patients stress; AWS: assignments and workloads stress; TNSS: teachers and nursing staff stress; CES: clinical environment stress; PDLs: peers and daily life stress; CPBS: communication principles and basic skills; SE: self-expression; ELNC: effective listening and non-verbal communication; WTC: willingness to communicate

The correlation between communication skills and perceived stress

Table 3 indicate the correlation of nursing students' CSS and PSS total and subscales scores. The statistically weak positive correlation between the subscales scores and total scores of the two scales ($r=.182$) was there. As total CSS score increases, total perceived stress score increase (Table 3).

Consequently of the study, it was found that there is a weak positive relationship between communication skills and perceived stress. As the communication skills increase, perceived stress increases. Different from our findings, Onan, Barlas, Karaca, Yıldırım, Taşkıran and Sumeli (2015), in their study, found that there is a negative correlation between communication skill and perceived stress. Considering that the level of students stress is moderate, this result can be considered as a positive outcome. Every individual, more or less, experiences stress, but stress does not always have only negative impacts on the individuals. Stress may bring about to fruitful results when managed well (31). The moderate-stress experienced by the individuals with effective communication skills contributes to the motivation of individuals and helps students to try harder to cope with cases. This effort motivates students to communicate more with clinical workers, trainers and patients (32). However, the high-stress experience in the first clinical practice might significantly affect the

student's professional socialization process and his / her professional decisions (3).

In several studies regarding clinical education, students stated that they experienced stress related to communication problems they encountered in the clinic (9,33,34). Ineffective communication may be associated with increased stress (27). In a study, while students had no communication problems with their patients and relatives, they stated that they experienced stress in communication with the physicians (7). Park and Song (2005) in their study noted that nurses stated that individual stress leads to communication obstacle. In different study, however, it was found that perceived stress level was found lower with the students who attended the 10-hour-communication skills workshop before their first clinical education (35). In a study conducted with medical students, it was found that the stress that the students have during their communications with the patients decreased with the students who received communication skill and stress management education decreased (31).

Limitations

The study could conducted with the students registered in one nursing faculty. Because of this reason, the study results cannot be generalized to compass a nation-wide student population. The data obtained from the study are based upon self-reporting of the students and the limited number of studies in the literature about this subject.

CONCLUSION

An overall assessment of the study, which aims to explore the relationship between communication skill and perceived stress of nursing students, shows that nursing students who come to the clinic for the first time have moderate stress and high level communication skills, and these two properties are positively correlated. In light of findings, we suggested the following:

The role of effective communication with clinical staff in the clinical success of the students is of great importance. For this reason, trainers should teach students effective communication skills which will also help physicians, patients and nurses as well as each other.

Good communication are needed to minimize the high stress experienced in clinical practice. Efficient communication skill can improve self-confidence of students in care. Therefore, the communication skills component should be included in the program syllabus.

In order to reduce students' stress about communication, self-efficacy should be

increased. Because the disruption of communication affects patient care negatively, can cause stress and other problems.

If possible, it should be implemented realistic scenarios with high realistic simulation practices prior to clinical practice, and implement practices to keep students' stress level at the appropriate level.

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Contribution of The Author: GGA: Data collection and manuscript writing, analysis and interpretation of data, editing of manuscript.

GGA & LH: Design of the study, review and final approval of manuscript.

REFERENCES

1. Bayar K, Çadır G, Bayar B. Determination Thought and Anxiety Levels of Nursing Students Intended for Clinical Practice. *TAF Preventive Medicine Bulletin*. 2009;8(1):37-42.
2. Jiang X, Jiang N, Ye Y, Hu R, Ni Z. Effects of perceived stress and professional values on clinical performance in practice nursing students: A structural equation modeling approach. *Nurse Education Today*. 2018;71:157-62.
3. Karabacak Ü, Uslusoy E, Şenturan L, Alpar ŞE, Yavuz DE. First day in clinical practice: Evaluating stress of nursing students and their ways to cope with it. *Health MED*. 2012;6:596.
4. Burnard P, Haji Abd Rahim HTBPD, Hayes D, Edwards D. A descriptive study of Bruneian student nurses' perceptions of stress. *Nurse Education Today*. 2007;27(7):808-18.
5. Bahadır-Yılmaz E. Academic and clinical stress, stress resources and ways of coping among Turkish first-year nursing students in their first clinical practice. *Kontakt*. 2016;18(3):e145-51.
6. Karaca A, Yıldırım N, Ankaralı H, Açıkgöz F, Akkuş D. Turkish Adaptation of Perceived Stress Scale, Bio-psycho-social Response, and Coping Behaviours of Stress Scales for Nursing Students. *Journal of Psychiatric Nursing [Internet]*. 2015;15-25.
7. Kim KH. Baccalaureate nursing students' experiences of anxiety producing situations in the clinical setting. *Contemporary Nurse*. 2003;14(2):145-55.
8. Anosheh M, Zarkhah S, Vaismoradi M. Nurse-patient communication barriers in Iranian nursing. *International Council of Nurses*. 2009;243-9.
9. Abdrbo A. Assessment of Nursing Students' Communication Skills. *Nurs Educiton Perspective (Wolters Kluwer Heal [Internet])*. 2017;38(3):149-51.
10. Meng L, Qi J. The effect of an emotional intelligence intervention on reducing stress and improving communication skills of nursing students. *Neuro Quantology*. 2018;16(1):37-42.
11. Ferreira M, Silva D, Pires A, Sousa M, Nascimento M, Calheiros N. Clinical Skills and Communication in Nursing Students. *The European Proceedings of Social and Behavioural Sciences*. 2016;51-60.
12. Song HS, Choi JY, Son YJ. The relationship between professional communication competences and nursing performance of critical care nurses in South Korea. *International Journal of Nursing Practice*. 2017;23(5):1-7.
13. Shafakhah M, Zarshenas L, Sharif F, Sabet Sarvestani R. Evaluation of Nursing Students' Communication Abilities in Clinical Courses in Hospitals. *Global Journal of Health Sciences [Internet]*. 2015;7(4):323-8.
14. Claramita M, Tuah R, Riskione P, Prabandari YS, Effendy C. Comparison of communication skills between trained and untrained students using a culturally sensitive nurse-client communication guideline in Indonesia. *Nurse Education Today*. 2016;36:236-41.
15. Cerit B, Çıtak Bilgin N, Ak B. Relationship

- between smartphone addiction of nursing department students and their communication skills†. *Contemporary Nurse*. 2018;6178:1–11.
16. Kumcağız H, Yılmaz M, Balcı Çelik S, Avcı Aydın İ. Hemşirelerin iletişim becerileri: Samsun ili örneği. *Dicle Tıp Dergisi* 2011;38(1):49-56.
 17. Owen FK, Bugay A. Developing a Communication Skills Scale: Validity and Reliability Studies. *Mersin University Journal of the Faculty of Education*. 2014;10(2):51-64.
 18. Karaca A, Yıldırım N, Ankaralı H, Açıkgöz F, Akkuş D. Perceived level of clinical stress, stress responses and coping behaviors among nursing students. *Journal of Psychiatric Nursing*. 2017;8(1):32-9.
 19. Kirshbaum MN, Klainin-Yobas P, Phillips B, Turnbull B, He FX. Assessing stress, protective factors and psychological well-being among undergraduate nursing students. *Nurse Education Today*. 2018;68:4-12.
 20. Shalaby SAM, AlDilh SMS. Exploring the Relationship between Perceived Stress and Academic Achievement among Critical Care Nursing Students. *Athens Journal of Health*. 2015;2:283–96.
 21. Luo Y, Meng R, Li J, Liu B, Cao X, Ge W. Self-compassion may reduce anxiety and depression in nursing students: a pathway through perceived stress. *Public Health* 2019;174:1-10.
 22. Mohamed BM, Ahmed ES. Perception of Nursing Students towards Clinical Stressors in the Faculty of Applied Medical Sciences. *Journal of American Sciences*. 2012;8(12):608-17.
 23. Moridi G, Khaledi S, Valiee S. Clinical training stress-inducing factors from the students' viewpoint: A questionnaire-based study. *Nurse Education Practice*. 2014;14(2):160-3.
 24. Sanad HM. Stress and Anxiety among Junior Nursing Students during the Initial Clinical Training: A Descriptive Study. *American Journal of Nursing Research* 2019;7(6):995-9.
 25. Liu M, Gu K. Perceived stress among Macao nursing students in the clinical learning environment. *International Journal of Nursing Sciences*. 2015;2:128-33.
 26. Hamaideh SH, Al-Omari H, Al-Modallal H. Nursing students' perceived stress and coping behaviors in clinical training in Saudi Arabia. *Journal of Mental Health*. 2017;26(3):197-203.
 27. Norouzinia R, Aghabarari M, Shiri M, Karimi M, Samami E. Communication Barriers Perceived by Nurses and Patients. *Global Journal of Health Sciences*. 2015;8(6):65-74.
 28. Ozdemir G, Kaya H. Midwifery and nursing students' communication skills and life orientation: correlation with stress coping approaches. *Nursing and midwifery Studies*. 2013;2(2):198-205.
 29. Taşkın AK, Taşğın Ö, Başbaran MH, Taşkın C. Examine Of Emotional Intelligence Levels on Physical Education Students According To Some Variables. *Selçuk University Journal of Physical Education and Sport Science*. 2010;12(2):98-103.
 30. Kaya M. Evaluation Of The Communication Skills Of Nursing And Physical Education And Sports Students' And The Its Affecting Factors abstract. *ACU Sağlık Bilimleri Dergisi* 2016;3:134-41.
 31. Bragard I, Etienne AM, Merckaert I, Libert Y, Razavi D. Efficacy of a communication and stress management training on medical residents' self-efficacy, stress to communicate and burnout: A randomized controlled study. *Journal of Health Psychology*. 2010;15(7):1075-81.
 32. Chan CKLL, So WKWW, Fong DYTT. Hong Kong Baccalaureate Nursing Students' Stress and Their Coping Strategies in Clinical Practice. *Journal of Professional Nursing*. 2009;25(5):307-13.
 33. Rafati F, Nouhi E, Sabzehvari S, Dehghan-Nayyeri N. Iranian Nursing Students' Experience Of Stressors In Their First Clinical Experience. *Neurosurgery*. 2008;63(3):516-26.
 34. Sarıkaya O, Civaner M, Kalaca S. The anxieties of medical students related to clinical training. *International Journal of Clinical Practice* 2006;60(11):1414-8.
 35. Mırzayı O, Vaghei S, Koushan M. The Effect Of Communicative Skills On The Perceived Stress Of Nursing Students. *Journal of Sabzevar University of Medical Science*. 2010;17(2):88–95.