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Effective Speaking Skills and Coping Attitudes of Pediatric Nurses

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ABSTRACT
Objective: This descriptive and cross-sectional study was carried out to analyse the effective speaking skills and coping attitudes of pediatric nurses. **Materials and Methods**: The population of the study consists of 251 nurses working in pediatric clinics of two hospitals in the eastern region of Turkey. The data in the study were collected with Descriptive Information Form, Effective Speech Skills Scale and Coping Attitudes Assessment Scale. **Results**: It was found that pediatric nurses had a mean effective speech scale total score of 50.96±16.92 and a mean coping scale total score of 157.75±26.69. Positive significant association was found between mean effective speech scale sub-dimension scores and total scores and between mean coping attitude scale sub-dimension scores and total scores. **Conclusions:** It was found that descriptive characteristics of pediatric nurses such as age, years of working as a nurse and weekly working hours were effective on their effective speech skills and coping attitudes. Effective speech skills of pediatric nurses were moderate. It was found that nurses used their coping attitudes effectively as their effective speech skills developed.
Keywords: Coping Attitudes, Effective Speech Skills, Pediatric Nurse.

Pediatri Hemşirelerinin Etkili Konuşma Becerileri ve Başa Çıkma Tutumları

ÖZ
Amaç: Tanımlayıcı ve kesitsel tipteki araştırma, pediatri hemşirelerinin etkili konuşma becerileri ve başa çıkma tutumunu incelemek amacı ile yapılmıştır. **Gereç ve Yöntem:** Çalışmanın evrenini Türkiye'nin doğusunda bulunan iki hastanesinin çocuk kliniklerinde çalışan 251 hemşire oluşturmuştur. Araştırma verileri Tanıtıcı Bilgi Formu, Etkili Konuşma Ölçeği ve Başa Çıkma Tutumları Değerlendirme Ölçeği kullanılarak elde edilmiştir. **Bulgular:** Pediatri hemşirelerin etkili konuşma ölçeği puan toplam ortalaması 50.96±16.92 ve başa çıkma ölçeği toplam puan ortalaması 157.75±26.69 olduğu bulunmuştur Etkili konuşma ölçeği alt boyutları ve toplam puan ortalaması ile baş çıkma ölçeği alt boyutları ve toplam puan ortalaması arasında pozitif yönde anlamlı bir ilişki olduğu saptanmıştır. **Sonuç:** Pediatri hemşirelerin yaşı, hemşire olarak görev yaptığı yıl ve haftalık çalışma saati gibi tanıtıcı özellikleri etkili konuşma becerilerinde ve başa çıkma tutumlarında etkili olduğu bulunmuştur. Pediatri hemşirelerini etkili konuşma becerilerinin orta düzeyde olduğu saptanmıştır. Etkili konuşma becerileri geliştikçe başa çıkma tutumlarını etkili kullandıkları belirlenmiştir.
Anahtar Kelimeler: Etkili Konuşma, Başa Çıkma Tutumu, Pediatri Hemşiresi.

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INTRODUCTION

As a being that affects the environment and that is affected by the environment, a human constantly communicates with the environment to meet emotional and physical needs (Kumcagiz et al., 2011). Communication is an individual and social tool that enables humans to convey their feelings, thoughts and experiences. Humans understand each other correctly, contact each other and shop through communication (Dilekman et al., 2008; Kumcagiz et al., 2011; Sahin and Ozdemir, 2015). In addition, human beings, who are social creatures, need to communicate in order to understand the social world, affect individuals around them and express themselves (Karadag et al., 2015). It is important for humans to have effective speech skill while performing the communication activity that is so important for them (Yildiz and Yavuz, 2012).

Effective speech is the harmony of physical and mental elements of speech (Yildiz and Yavuz, 2012). Grammar rules, social structure of language and discourse competence should be together in effective speech. Individuals who speak effectively communicate with a style that is self-confident, that assures the other person, uses body language well, has a good command on the subject they are talking about (Yildiz and Yavuz, 2012)

Nursing is a profession which requires continuous communication and interaction with both sick/healthy individuals and other team members (Karadag et al., 2015; Kumcagiz et al., 2011). The nurse should communicate effectively with the sick/healthy individual in the process of knowing the individual with a holistic approach, finding out the needs, providing an effective care and evaluating the care given. The most important condition to achieve this is for the nurse to have effective speech skill (Kumcagiz et al., 2011; Kucukoglu et al., 2018; Sahin and Ozdemir, 2015). In interpersonal relations theory, the nursing theorist Peplau stated that it was important for the nurse to develop "therapeutic nurse-patient relationship" to help people. A lot of nurses have stated that problems can be solved with human relationships (Pektekin, 2013). In the interpersonal communication theory, Travelbee stated that it is important for communication to get deeper and become human-to-human so that nurses, individuals, families or the society can deal with or prevent the disease. Travelbee also stated that nurses should use "human-to-human relationship" in helping individuals and alleviating their distress or pain (Travelbee, 1971).

Having effective speech skill is a characteristic that especially pediatric nurses should have as much as nurses working in all fields. Pediatric nurses have the responsibility to meet the health care needs of sick or healthy children between the ages of 0 and 18 and to help them deal with their problems (Ozakar and Gozen, 2013). In order to fulfil this responsibility, pediatric nurses communicate with the family and the child and communicate and interact with them during the process of understanding them, knowing their feelings and thought, planning, applying and evaluating their care together. The stronger and more effective this communication is, the more effective will be the care given by the nurse (Ozturk and Dijle, 2014). Studies conducted found that nurses increased patients' life quality, well-being, compliance with treatment, motivation to get well and patient satisfaction through effective communication skill (Kumcagiz et al., 2011; Kucukoglu et al.,2018; Sahin and Ozdemir, 2015). In a study conducted in our country, Kucukoglu et al. found that pediatric nurses had good effective speech skills (Kucukoglu et al., 2018). Effective communication skills can be affected by many characteristics of nurses. These are factors such as age, level of education, upbringing, working environment and level of stress (Karakas and Koc, 2014; Ozturk and Dijle, 2014). Stress is expressed as tension and strain that have a negative effect on the individual physically, mentally, socially and cognitively, resulting from the internal or external environment of the individual (Pargament, 2001). Studies conducted show that pediatric nurses experience stressful events due to many stressful reasons such as too much workload, low number of nurses, lack of personnel and material, having too much responsibility and working overtime (Cam and Buyukbayram, 2017; Ozturk et al., 2015). In the study of Demir Acar and Bulut, it was found that the communication-related problems of nurses and the difficulties brought by the workload negatively affected their motivatin (Demir Acar and Bulut, 2021). A nurse's having high stress management skill can have a positive effect on the communication with the family and the team as much as the sick child (Garli, 2018). For this reason, it is important for pediatric nurses to use effective coping techniques for stress management. Coping is defined as responding cognitively, emotionally and behaviourally in order to eliminate and control the needs and difficulties created by the person in his/her inner and outer world (Karakas and Koc, 2014). Coping attitudes vary depending on many factors such as the individual's upbringing style, parental attitudes, age, gender, education and cultural factors (Konkan et al., 2014). Individuals can use active or passive coping attitudes while coping with a problem. Active or problem focused coping attitude is defined as an adaptive, protective and developing behavioral or spiritual response that aims the stressor to be changed or eliminated by the individual. Passive or emotion focused coping is in the form of avoiding the stressors, and showing behavior that disrupts adaptation and prevents protection and development (Agargun et al.2005; Karakas and Koc, 2014). If coping attitude is used to solve problems, it is more adaptive, protective and developing. However, if it is emotion focused, it can disrupt harmony, prevent

protection and development (Sengul and Baykan, 2013).

In literature, it has been found that nurses use coping skills such as turning to religion, active planning, seeking outside help, avoidance and abstraction when confronted with a stressful event (Singh and Kohli, 2015). It is stated that nurses' using coping attitude positively increases the quality of nursing care, increases pscyhological resilience, decreases stress levels and is important in providing pscyhological first aid support to people experiencing negative situations such as disasters. In their study, Boga et al. stated that nurses' using coping mechanism effectively increases nursing care (Boga et al., 2019). Effective speech skill can affect pediatric nurses' coping attitude and stress management positively. However, this topic has not been researched in literature. This study was conducted to examine the effective speech skills and coping attitudes of pediatric nurses.

MATERIALS AND METHODS

Study type

This study was conducted as a descriptive study.

Study group

It was carried out with nurses working in neonatal intensive care, pediatric intensive care, pediatric emergency and other pediatric services of two hospitals, one university hospital and one state hospital, in the Eastern Anatolia region of Turkey between May and July 2020. The participants were informed about the aim of the study and their written and verbal consents were taken. Improbable sampling method was used in the study. 251 nurses who were working between the dates the study was conducted in and who agreed to participate in the study were included in the study. 5 nurses who did not agree to participate in the study and 9 nurses who were on leave were not included in the study.

Data collection

Descriptive Information Form: It consists of 9 questions such as nurses' age, marital status, hospital worked in, time worked as a nurse and level of education.

The Effective Speech Scale: The scale was developed in 2012 by Yildiz and Yavuz to find out the effective speech characteristics of individuals (Yildiz and Yavuz, 2012). The Likert type scale consists of 5 sub-dimensions as presentation (7 questions), sound (4 questions), style and statement (5 questions), focusing on speaking (4 questions) and paying attention to listeners (4 questions). One can get at least 1 point and at most 5 points from each item of the scale. In the scale, 20 items have positive statements and 4 have negative statements. The negative statements of the scale are reversely coded. One can get at least 24 points and at most 120 points from the scale. A high score from the scale shows high effective speech skill. Internal consistency Cronbach alpha value of the scale is 0.92, while it was found as 0.93 in our study.

COPE Scale: The scale was developed in 1989 by Carver et al. and its Turkish validity study was conducted in 2005 by Agargun et al. (Agargun, et al., 2005; Carver, Scheier, and Weintraub, 1989). The Likert type scale consists of 60 questions. The scale has 15 sub-dimensions as positive reinterpretation and growth (1-4), mental disengagement (5-8), focus on and venting emotions (9-12), instrumental social support (13-16), active-coping (17-20), denial (21-24), turning to religion (25-28), humor (29-32), behavioral disengagement (33-36), restraint (37-40), emotional social support (41-44), substance use (45-48), acceptance (49-52), suppression of competing activities (53- 56) and planning (57-60). Whichever of the sub-dimensions the individual gets a high score from, it means that the individual uses that coping attitude. Agargun et al. calculated the Cronbach alpha value of the scale as 0.79. In the present study, Cronbach alpha value of the scale was found as 0.94.

Statistical analysis

SSPS 22 program was used in data analysis with percentage, mean, standard deviation, independent groups t test, one way ANOVA, Pearson correlation analysis and advanced analysis of Bonferroni**.** Shapiro Wilk normality test was used to calculate the normality distribution of the data. The data were found to be normally distributed in the study ($p> 0.05$). $p<0.05$ was considered to be statistically significant in the study.

Ethical considerations

Before the study was started, written permissions were obtained from the nurses were to be included in the study's sample. Written approval was obtained from the author's Firat University Non-interventional Researches Ethics Committee (Approval no/date: 380996/2020).

RESULTS

It was found 46.2% of the nurses were between 20 and 38 years of age, 60.2% were married, 55.8% worked in pediatric service and 56.6% had children (Table 1).

Table 2 shows the descriptive characteristics of the nurses and their mean effective speech total scale and sub-dimension scores. The difference between nurses' age and mean presentation, sound, style and statement sub-dimension and total scale scores were found to be statistically significant. It was found that the difference between nurses' marital status and their mean style and statement level, the service nurses worked in, and their presentation mean scores and level of education and mean focusing on speaking scores was significant. It was found that the difference between the years nurses worked and weekly working hours and mean presentation, style and statement and sound sub-dimensions and total scores was statistically significant ($p<0.05$).

The difference between nurses' state of having children and mean effective speech scale total and sub-dimensions scores was not found to be statistically significant (Table 2, p>0.05

Table 1. The distribution of nurses' descriptive characteristics (n=251).

Descriptive characteristic	n	%
Age (year)		
20-28	116	46.2
29-37	54	21.5
38 and over	81	32.3
Marital status		
Married	151	60.2
Single	100	39.8
Have children		
Yes	142	56.6
No	109	43.4
Hospital		
State	126	50.2
University	125	49.8
Service		
Neonatal intensive care unit	43	17.1
Pediatric service	140	55.8
Pediatric emergency	44	17.5
Pediatric intensive care	24	9.6
Years working as nurse		
1-4	65	25.9
5-8	57	22.7
9-12	45	17.9
13 and over	84	33.5
Level of education		
Vocational health school	48	19.1
Two-year degree	49	19.5
Undergraduate	142	56.6
Post-graduate	12	4.8
Weekly working hours		
40 hours	176	70.1
41 hours and over	75	29.9

Table 2. Comparison of nurses' descriptive characteristics and mean effective speech scale scores.

Descriptive characteristics	Presentation	Sound	Style and statement	Focusing on Speaking	Paying attention to listeners	Total
Age (year)						
20-28 (1)	12.74±5.65	7.22±3.33	9.34±3.67	11.21±4.81	8.08±3.66	48.59±14.52
29-37 (2)	15.35±7.37	9.11±4.60	11.63±4.86	11.00±4.61	9.33±3.93	56.43±21.95
38 and over (3)	13.93±6.21	7.69±3.35	10.27±4.76	10.44±4.60	8.37±3.42	50.70±15.62
F	3.320	5.020	5.230	.638	2.208	4.067
p	**0.038**	**0.007**	**0.006**	0.529	0.112	**0.018**
Advanced analysis of Bonferroni	2>3 >1	2 >1,3	2 >3 >1			2 >3 >1
Marital status						
Married	14.30±6.52	8.04±4.05	10.61±4.83	10.91±4.60	8.60±3.68	52.45±18.04
Single	12.72±5.86	7.39±3.09	9.46±3.49	10.86±4.83	8.20±3.67	48.63±14.89
t	1.943	1.439	2.174	0.083	0.829	1.742
p	0.053	0.151	**0.031**	0.934	0.408	0.082
Have children						
Yes	14.14±6.45	7.89±3.92	10.59±4.84	10.82±4.44	8.73±3.97	52.16±18.32
No	13.19±6.09	7.71±3.41	9.58±3.70	11.15±4.99	8.06±3.24	49.69±14.93
t	1.172	0.379	1.800	-.543	1.417	1.142
p	0.242	0.705	0.073	0.588	0.158	0.254

Table 2 (continued). Comparison of nurses' descriptive characteristics and mean effective speech scale scores.

Descriptive characteristics	Presentation	Sound	Style and statement	Focusing on Speaking	Paying attention to listeners	Total
Service						
Neonatal intensive care unit (1)	15.58±8.38	8.81±4.19	9.72±4.16	11.48±4.42	8.60±3.56	54.21±20.11
Pediatric service (2)	13.85±5.61	7.74±3.50	10.36±4.09	10.86±4.45	8.72±3.42	51.54±15.30
Pediatric emergency (3)	13.50±6.54	7.64±4.23	10.07±5.65	11.27±5.59	7.95±4.79	50.43±19.53
Pediatric intensive care (4)	9.67±2.84	6.42±2.30	9.67±3.95	9.54±4.83	7.42±2.70	42.71±12.28
F	4.823	2.266	0.347	0.989	1.189	2.547
p	**0.003**	0.081	0.791	0.389	0.315	0.057
Advanced analysis of Bonferroni	1>2,3 >4					
Years working as nurse						
1-4 (1)	11.75±4.12	6.74±2.87	8.93±3.62	11.65±4.99	7.57±2.92	46.65±11.99
5-8 (2)	13.82±6.73	7.51±3.56	9.82±3.90	10.67±5.05	8.56±4.32	50.39±17.61
9-12 (3)	15.76±7.48	9.62±4.42	11.58±4.44	10.78±3.99	9.40±3.74	57.13±16.96
13 and over (4)	13.98±6.37	7.77±3.64	10.50±4.96	10.60±4.58	8.52±3.57	51.13±20.32
F	3.860	5.855	3.638	0.719	2.326	3.550
p	**0.010**	**0.001**	**0.013**	0.542	0.076	**0.015**
Advanced analysis of Bonferroni	3>2 >1	3>2 >1	3>2 >1			3>2 >1
Level of education						
Vocational health school (1)	13.02±5.24	7.65±3.25	9.77±3.45	9.13±3.54	8.17±2.68	47.73±13.66
Two-year degree (2)	13.82±4.58	7.76±2.59	11.06±4.13	11.06±4.65	8.59±2.99	52.29±10.40
Undergraduate (3)	13.73±7.15	7.81±4.20	10.07±4.75	11.46±4.83	8.53±4.12	51.61±19.91
Post-graduate (4)	15.25±5.59	8.00±3.36	8.58±4.01	11.00±5.98	7.92±4.06	50.75±9.63
F	0.433	0.038	1.356	3.066	0.224	0.751
p	0.730	0.990	0.257	**0.029**	0.880	0.523
Advanced analysis of Bonferroni				2,3,4 >1		
Weekly working hour						
40 hours	12.76±5.82	7.29±3.58	9.75±4.46	10.73±4.77	8.15±3.74	48.68±16.24
41 hours and over	15.82±6.91	8.82±3.74	11.00±4.12	11.28±4.54	9.10±3.42	56.01±17.46
t	-3.559	-3.008	-2.045	-.824	-1.861	-3.159
p	**0.000**	**0.003**	**0.042**	0.410	0.064	**0.002**

In the study, the difference between nurses' age and their mean coping scale mental disengagement, restraint, emotional social support and substance use sub-dimensions was found to be significant ($p<0.05$). The difference between nurses' state of having children and their mean restraint, suppression of competing activities sub-dimension scores and the service they worked in and their mean focusing on and venting emotions sub-dimension scores was found to be statistically significant ($p<0.05$). The difference between the number of years nurses worked and their mean mental disengagement, humor and substance use sub-dimension scores was found to be significant ($p<0.05$). The difference between nurses' marital status and level of education and their mean coping scale total and sub-dimension scores was not found to be statistically significant ($p>0.05$). The difference between nurses' weekly working hours and their mean positive reinterpretation and growth, focusing on and venting emotions, humor, behavioral disengagement and substance use sub-dimension scores was found to be significant (Table 3, $p<0.05$).

Table 3. Comparison of nurses' descriptive characteristics and mean COPE scores.

Descriptive characteristics	Positive reinterpretation and growth	Mental disengagement	Focus on and venting emotions	Emotional social support	Active-coping	Denial	Turning to religion	Humor	Behavioural disengagement
Age (year)									
20-28 (1)	11.76±2.11	11.41±2.13	8.59±3.52	10.76±2.57	11.46±2.49	9.62±2.92	9.65±2.41	11.09±2.44	9.95±2.80
29-37 (2)	12.00±2.65	10.22±2.13	8.44±2.74	10.74±2.37	11.37±2.38	9.35±2.07	9.60±2.28	10.85±2.90	9.28±2.02
38 and over (3)	11.41±2.65	10.38±2.44	8.60±2.90	10.00±2.68	11.09±3.12	9.41±2.66	9.36±2.74	11.10±2.78	9.10±2.84
F	1.06	7.59	0.43	2.37	0.43	2.67	0.336	0.172	2.721
p	0.35	**0.001**	0.96	0.96	0.64	0.79	0.715	0.842	0.068
Advanced analysis of Bonferroni		1 >2,3							
Marital status									
Married	11.55±2.44	10.67±2.20	8.73±2.99	10.61±2.54	11.43±2.60	9.72±2.63	9.77±2.53	11.15±2.74	9.64±2.71
Single	12.01±2.25	11.09±2.26	8.17±3.41	10.42±2.58	11.23±2.72	9.21±2.27	9.24±2.32	10.94±2.42	9.41±2.62
t	-1.494	-1.422	1.361	0.585	0.562	1.468	1.653	0.626	0.683
p	0.137	0.156	0.175	0.559	0.575	0.143	0.100	0.532	0.495
Have children									
Yes	11.81±2.44	10.71±2.31	8.44±2.91	10.53±2.53	11.59±2.56	9.73±2.53	9.74±2.44	11.33±2.50	9.63±2.54
No	11.62±2.36	11.04	8.64±3.47	10.53±2.64	11.09±2.71	9.23±2.84	9.33±2.52	10.76±2.75	9.49±2.83
t	0.620	1.110	-.493	-.011	1.494	1.464	1.305	1.699	0.417
P	0.536	0.268	0.623	0.991	0.136	0.144	0.193	0.091	0.677
Service									
Neonatal intensive care unit (1)	12.07±2.14	10.40±2.37	7.44±2.68	10.33±2.71	11.51±2.67	9.74±2.81	9.35±2.45	10.65±2.61	9.07±2.72
Pediatric service (2)	11.55±2.58	11.06±2.32	8.83±3.14	10.50±2.51	11.25±2.78	9.38±2.57	9.36±2.27	11.04±2.77	9.53±2.66
Pediatric emergency (3)	11.36±2.21	10.64±2.40	9.20±3.27	10.41±2.91	11.07±2.64	9.73±3.02	10.43±2.98	11.05±2.54	10.09±3.00
Pediatric intensive care (4)	12.54±2.11	10.54±1.61	7.29±3.20	11.08±2.12	11.88±2.23	9.33±2.33	9.29±2.51	11.71±2.16	9.33±2.11
F	1.788	1.238	4.168	0.490	0.574	0.752	2.375	0.815	1.103
p	0.150	0.296	**0.007**	0.690	0.633	0.388	0.074	0.487	0.349
Advanced analysis of Bonferroni			3 >2 >1,4						
Level of education									
Vocational health school	12.02±2.44	11.19±2.20	8.50±3.18	11.06±2.43	11.40±2.49	9.96±2.65	9.69±2.25	11.35±2.74	9.92±2.68
Two-year degree	11.67±2.16	11.02±2.04	8.43±2.74	10.43±2.86	11.24±2.80	9.00±2.83	9.61±2.93	10.65±2.55	9.14±2.68
Undergraduate	11.52±2.49	10.66±2.35	8.40±3.30	10.37±2.48	11.50±2.59	9.47±2.58	9.40±2.37	11.06±2.68	9.43±2.66
Post-graduate	12.67±2.23	10.50±2.88	10.17±2.89	10.33±3.11	9.25±3.41	10.00±3.05	10.33±2.74	11.08±2.47	10.75±2.90
F	1.187	0.838	1.170	0.918	2.673	1.195	0.625	0.574	1.570
p	0.315	0.474	0.322	0.433	**0.048**	0.312	0.599	0.632	0.197
Weekly working hours									
40 hours	11.93±2.31	10.92±2.12	8.77±3.36	10.61±2.64	11.43±2.56	9.67±2.66	9.60±2.48	11.25±2.64	9.77±2.79
41 hours and over	11.26±2.53	10.56±2.54	7.94±2.56	10.25±2.45	11.10±2.99	9.15±2.68	9.47±2.48	10.50±2.66	8.93±2.37
t	2.015	1.138	2.097	0.996	0.883	1.380	0.365	2.025	2.239
p	**0.045**	0.256	**0.037**	0.320	0.378	0.169	0.715	**0.044**	**0.026**

Table 3 (continued). Comparison of nurses' descriptive characteristics and mean COPE scores.

Descriptive characteristcs	Restraint	Emotional social support	Substance use	Acceptance	Suppression of competing activities	Planning	Cope Total
Age (year)							
20-28 (1)	10.47±2.24	12.03±2.25	11.81±2.11	10.39±2.25	10.16±2.90	11.36±2.08	160.41±26.52
29-37 (2)	9.83±1.93	10.94±2.42	12.11±2.60	10.39±1.66	10.50±1.97	10.81±2.33	156.44±22.19
38 and over (3)	10.86±2.38	11.35±3.02	10.72±2.73	10.33±2.53	10.47±2.36	10.65±2.66	154.83±29.50
F	3.480	3.534	6.844	0.016	0.486	2.448	1.128
p	**0.032**	**0.031**	**0.001**	0.984	0.616	0.089	0.325
Advanced analysis of Bonferroni	1,3 >2	1 >3 >2	2 >1 >3				
Marital status							
Married	10.64±2.32	11.54±2.70	11.38±2.55	10.41±2.26	10.52±2.47	11.05±2.50	158.81±25.89
Single	10.23±2.95	11.68±2.58	11.82±2.30	10.36±2.16	10.10±2.61	11.02±2.05	156.95±26.91
t	1.465	-.419	-1.388	0.176	1.276	0.085	0.546
p	0.144	0.675	0.166	0.860	0.203	0.933	0.585
Have children							
Yes	10.79±2.12	11.72±2.63	11.56±2.62	10.37±2.28	10.64±2.35	11.16±2.47	159±24.82
No	10.12±2.30	11.47±2.68	11.52±2.32	10.39±2.19	10.00±2.75	10.90±2.13	156.13±28.28
T	2.398	0.749	0.107	-0.081	1.993	0.891	1.079
p	**0.017**	0.454	0.915	0.936	**0.047**	0.374	0.282
Service							
Neonatal intensive care unit	9.91±2.09	11.58±2.42	11.63±2.47	10.23±1.93	10.12±2.13	1.72±2.15	154.74±26.64
Pediatric service	10.49±2.19	11.49±2.82	11.43±2.58	10.51±2.34	10.26±2.48	11.11±2.40	157.79±26.67
Pediatric emergeny	10.86±2.64	11.50±2.66	11.00±2.23	10.11±2.36	10.77±3.19	11.02±2.62	159.25±29.84
Pediatric intensive care	10.58±1.98	12.17±2.22	12.83±2.08	10.29±1.81	10.33±2.33	11.00±1.89	160.21±21.45
F	1.378	0.446	3.030	0.431	0.572	0.295	0.293
p	0.250	0.720	0.300	0.731	0.634	0.829	0.830

Table 3 (continued). Comparison of nurses' descriptive characteristics and mean COPE scores.

Descriptive characteristcs	Restraint	Emotional social support	Substance use	Acceptance	Suppression of competing activities	Planning	Cope Total
Years working as a nurse							
1-4 (1)	10.62±2.04	11.94±2.54	12.02±2.011	10.46±2.34	10.43±2.73	11.31±1.20	162.63±26.87
5-8 (2)	10.26±2.46	11.61±2.57	11.33±2.29	10.04±2.16	10.16±2.86	11.35±2.52	155.53±27.33
9-12 (3)	10.31±2.12	11.22±2.65	12.13±2.52	10.96±1.91	9.93±2.22	10.38±2.16	157±64.00
13 and over (4)	10.56±2.34	11.45±2.84	10.94±2.80	10.21±2.32	10.60±2.33	10.90±2.53	155±56.00
F	0.367	0.725	3.496	1.647	0.786	1.913	1.043
p	0.777	0.538	**0.016**	0.179	0.503	0.128	0.373
Advanced analysis of Bonferroni	1,3 >2,4						
Level of education							
Vocational health school	10.65±2.41	11.90±2.41	11.92±2.43	10.69±2.27	10.31±2.75	11.42±2.05	161.96±25.94
Two-year degree	10.59±2.38	11.98±2.50	11.43±2.19	9.98±2.18	10.31±3.06	11.43±2.29	156.92±28.27
Undergraduate	10.26±2.10	11.46±2.70	11.39±2.62	10.33±2.20	10.32±2.33	10.78±2.41	156.37±25.72
Post graduate	11.58±2.61	9.92±3.37	11.83±2.41	11.17±2.48	10.75±2.05	10.50±2.78	160.83±35.30
F	1.548	2.267	0.610	1.354	0.111	1.648	0.591
p	0.203	0.081	0.609	0.257	0.954	0.179	0.621
Weekly working hour							
40 hours	10.53±2.23	11.59±2.60	11.77±2.38	10.50±2.29	10.50±2.60	11.07±2.31	159.90±27.00
41 hours and over	10.32±2.32	11.54±2.87	11.03±2.61	10.10±2.10	10.03±2.38	10.94±2.47	153.13±25.59
t	0.652	0.137	2.182	1.281	1.324	0.375	0.070
p	0.515	0.891	**0.030**	0.201	0.187	0.708	1.821

Table 4 shows the association between nurses' mean effective speech scale sub-dimensions and total scale and mean coping scale sub-dimensions and total scale scores. The nurses' mean effective speech scale score was 50.96 ±16.92, their mean coping scale total score was 157.75±26.69 and a positive strong association was found between them (Table 4, p <0.05).

Table 4. Association between mean effective speech and COPE scores.

COPE Sub-dimensions and total score	Presentation	Sound	Style and statement	Focusing on Speaking	Paying attention to listeners	Total
Positive reinterpretation and growth	r=-0.127 **p=0.045**	r=-0.118 p=0.163	r=-0.137 **p=0.030**	r=-0.109 p=0.089	r=-0.142 **p=0.024**	r=-0.169 **p=0.007**
Mental disengagement	r=-0.058 p=0.358	r=-0.150 **p=0.017**	r=-0.141 **p=0.025**	r=-0.012 p=0.848	r=-0.056 p=0.377	r=-0.107 p=0.092
Focus on and venting emotions	r=0.094 p=0.138	r=-0.071 p=0.260	r=-0.057 p=0.366	r=0.146 **p=0.021**	r=0.100 p=0.114	r=-0.046 p=0.464
Emotional social support	r=-0.069 p=0.278	r=-0.094 p=0.139	r=0.122 p=0.098	r=0.052 p=0.408	r=-0.071 p=0.262	r=-0.072 p=0.256
Active-coping	r=-0.127 **p=0.045**	r=-0.139 **p=0.028**	r=-0.176 **p=0.005**	r=0.099 p=0.116	r=-0.153 **p=0.016**	r=-0.129 **p=0.042**
Denial	r=-0.093 p=0.141	r=-0.041 p=0.514	r=-0.024 p=0.702	r=0.126 **p=0.046**	r=-0.012 p=0.845	r=-0.018 p=0.781
Turning to religion	r=-0.156 **p=0.014**	r=-0.119 p=0.060	r=-0.100 p=0.113	r=0.035 p=0.583	r=-0.128 **p=0.043**	r=-0.128 **p=0.043**
Humor	r=-0.131 **p=0.038**	r=-0.105 **p=0.098**	r=-0.062 p=0.328	r=-0.042 p=0.511	r=-0.139 **p=0.028**	r=-0.106 p=0.093
Behavioural disengagement	r=-0.130 **p=0.040**	r=-0.087 p=0.168	r=-0.081 p=0.200	r=0.085 p=0.178	r=-0.121 p=0.055	r=-0.091 p=0.150
Restraint	r=-0.152 **p=0.016**	r=-0.174 **p=-006**	r=-0.091 p=0.150	r=0.011 p=0.859	r=-0.184 **p=0.003**	r=-0.155 **p=0.014**
Emotional social support	r=-0.070 p=0.273	r=-0.199 **p=0.002**	r=-0.135 **p=0.033**	r=-0.031 p=0.629	r=0.062 p=0.331	r=-0.126 **p=0.046**
Substance use	r=-0.086 p=0.176	r=-0.055 p=0.389	r=-0.092 p=0.148	r=-0.046 p=0.466	r=-0.057 p=0.572	r=-0.093 p=0.143
Acceptance	r=-0.039 p=0.536	r=-0.038 p=0.550	r=-0.101 p=0.110	r=0.112 p=0.076	r=-0.054 p=0.395	r=-0.030 p=0.640
Suppression of competing activities	r=-0.121 p=0.056	r=-0.180 **p=0.004**	r=-0.139 **p=0.028**	r=0.108 p=0.087	r=-0.196 **p=0.002**	r=-0.133 **p=0.036**
Planning	r=-0.125 **p=0.049**	r=-0.205 **p=0.001**	r=-0.135 **p=0.032**	r=-0.045 p=0.476	r=-0.121 p=0.056	r=-0.165 **p=0.009**
Cope Total	r=-0.150 p=0.017	r=-0.167 **p=0.008**	r=-0.148 **p=0.019**	r=0.059 p=0.349	r=-0.152 **p=0.016**	r=-0.147 **p=0.020**

DISCUSSION

Effective speech includes elements such as an individual's having self-confidence, giving confidence to the other person, using body language well, and explaining the subject with a suitable style (Yildiz andYavuz, 2012). Coping attitude, on the other hand, is the cognitive, emotional and behavioral response to events that will cause stress in the individual (Agargun et al., 2005). It is important for pediatric nurses to have effective speech skills and to use effective coping skills in showing a holistic approach to the child and the family and providing high quality care (Aydogan and Ozkan, 2020; Boga et al., 2019; Catak and Bahcecik, 2015; Dikmen et al., 2016). This study examines pediatric nurses' effective speech skills and coping attitudes. The result of our study effective speech skills of pediatric nurses were moderate. The results of our study show that having higher weekly working hours, being between 29 and 37 years of age and working as a nurse for 9-12 years had a significant effect on presentation, sound, style and expression development of effective speech. The fact that pediatric nurses had increased professional experience and awareness with their increasing age may have developed their skills of self-confidence and empathy and enabled them to have effective communication (Tutuk et al., 2002). Because they are new to the profession, nurses between 20 and 28 years of age and those older than 38 may have worked intensely and under difficult conditions. This situation may have negatively affected their effective communication as a result of professional burnout, stress and decreased power. Karadag et al. found that age and time in the profession were important in nurses' developing communicative skills (Karadag et al., 2015). In other studies, it was found that nurses who were between 36 and 43 years of age, those who had been working as nurse for 15 to 19 years and those who worked for 45 to 50 hours a week had better communicative skills (Kumcagiz et al., 2011; Sahin and Ozdemir, 2015). These results are in parallel with the results of our study. In this study, it was found that nurses' being married or working in neonatal intensive care unit had an important effect on their developing style and expression. Marriage can contribute to a person's individual development, self-expression, being patient and understanding the feelings and thoughts of others better (Ucar, 2018). At the same time, neonatal intensive care unit nurses' being able to apply their independent roles more when compared with other pediatric nurses, having higher cooperation in neonatal intensive care environment, and being in continuous communication with the parents may have developed their listening and speaking skills (Nacar, 2019). In the neonatal intensive care unit, being in constant communication with the parents during the mother-infant bonding process, preparing the baby

for care at home, and the mother's caregiver role requires being competent in empathy and communication skills (Demir Acar, Günay and Cevik Güner, 2018). In our study, it was found that the nurses who were undergraduates were better in focusing on speech when compared with nurses who were vocational health high school graduates. Nurses' making more use of resources and having more knowledge as their level of education increases and thus having more developed professional nursing skills may have affected their effective communicative skills positively. One of the most important characteristics of professional nurses is effective communication (Aydogan and Ozkan, 2020). It has been found in studies that nurses' having high level of education plays an important role in developing communicative skills (Aydogan and Ozkan, 2020; Karadag et al., 2015). Studies have also shown that nurses' professionalism increases as their level of education increases (Dikmen et al., 2016, Fisher, 2014). In our study, we found that age was important in determining which coping skills nurses used. The reason for this can be the fact that different dimensions of coping attitude develops with different experiences gained by nurses at different ages. In addition, the experiences gained in the profession with the increase in age may have caused developing behavioral and psychological responses in solving problems, using the existing resources and coping with stress positively (Catak and Bahcecik, 2015). Celikler (2017) found that nurses between 29 and 35 years of age used more effective coping methods when compared with nurses between 20 and 27 years of age, while Celmece ve Işiklar (2016) found that nurses 31 years of age and over used more effective coping methods when compared with nurses 29-30 years old (Celikler, 2017; Celmece and Işiklar, 2016). In this study, it was found that nurses working in pediatric emergency or pediatric service and those who had children had higher coping attitude when compared with the other nurses. In their study, Celmece and Işiklar stated that the service nurses worked in was effective in their coping attitude (Celmece and Işiklar, 2016). The reason for this may be the changes in the workload of nurses according to the units they worked in, differences in the communication they had with the patients and their relatives and insufficient personnel and material (Celmece and Işiklar, 2016). Having a child provides the mother with important attainments such as knowledge, skill, motivation, attention, patients, effort and taking responsibility. It can be said that nurses who are mothers develop the attitude of coping with negative situations thanks to these attainments (Yildiz, 2010). In our study, it was found that nurses who had been working for 1-4 years and those who were working for 40 hours had better coping attitude. Nurses are more likely to encounter unfamiliar situations in the first years of their profession. This situation may have caused nurses to explore different aspects of coping attitudes and to gain experience in the face of events. Study conducted has found that the number of years nurses worked and weekly working hour affected coping attitude (Karakas and Koc, 2014). In the study, positive significant association was found between nurses' mean effective speech scale sub-dimension scores and total scale scores and their mean coping attitudes scale sub-dimension scores and total scale scores. It can be seen that thanks to effective speech skills, nurses have higher self-confidence, they can attract attention and they use body language well. They also know their subject well, explain in an appropriate style and concentrate on finding a solution to the problem. They also handle the problem from a different aspect in order to see the more positive sides of the problem (Aydogan and Ozkan, 2020; Kumcagiz et al., 2011; Tutuk et al., 2002). It can also be seen that they do their best to get what they want and think about how they can solve the problem best. This situation shows that effective speech skill is important in using coping mechanism effectively.

Limitations of Study

The limitation of the study is the low number of nurses working in pediatric clinics of the hospitals that the study was conducted in.

CONCLUSION

It was found that descriptive characteristics of pediatric nurses such as age, service they worked in, the number of years they worked as nurse and weekly working hours were effective in effective speech skills and coping attitudes. It was found that their coping attitudes developed as their effective speech skills developed. As a conclusion, trainings should be given to nurses in hospitals with in-service training about how they can use effective speech and coping methods. More comprehensive training should be given in nurses' undergraduate education to develop their effective speech skills and coping attitudes. It is recommended to conduct studies comparing the effective speaking and coping attitudes of pediatric nurses and nurses working in other adult services.

Conflict of Interest

The author declare no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Author Contributions

Plan, design: DCŞ, UG; **Material, methods and data collection:** DCŞ, UG; **Data analysis and comments:** DCŞ, UG; **Writing and corrections:** DCŞ, UG.

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