Original Article

Nursing Students' Communication Skills and Styles of Coping with Stress: A Public University Case

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ABSTRACT

Aim: This study was conducted to identify nursing students' communication skills and styles of coping with stress. **Methods**: A total of 922 nursing students participated in the study, which was designed as cross-sectional research. The data were collected using the Sociodemographic Characteristics Data Form, the Communication Skills Scale (CSS) and the Stress-Coping Styles Scale (SCSS) in 2017. Higher scores from the CSS and the SCSS indicated higher levels of communication skills and stress-coping methods. The data were analysed using SPSS for Windows (version 18.0). **Results**: The total score from the CSS was 124.09 ± 14.94 (min. 45, max. 225). The average of the total CSS scores of the nursing students was found to be low (124.09 ± 14.94). Out of the sub-scales of the SCSS, the highest score was for the Self-Confident sub-scale (19.87 ± 3.18) and the lowest score average was for the Seeking Social Support sub-scale (7.81 ± 2.25). **Conclusion**: The curricula should be developed in manner that ensures the effective development of nursing students' communication skills which will help them solve their social and psychological problems.

Key words: Nursing, student, stress, communication

The most essential primary goal of universities is to raise responsible individuals who are equipped with the skills as well as professional and world knowledge [1]. Being a university student, sometimes the environment of the place may be stressful for some students. Students may face numerous problems when they learn that university life is not what they expected or when they fail to make their dreams come true or are unable to relate to their subjects [2]. While many young individuals leave their families to start a new life in a new environment in order to attain university education, they go through a great amount of stress and become concerned about adapting to dormitory life, overcoming economic challenges, their future jobs and the working environment of the jobs [3]. Stress is a factor that creates tension,

sadness and depression in individuals, which, at the same time, paves the way for adverse health outcomes. The relationship between stress and physical and mental health cannot be denied [4-6]. Coping with stress consist of cognitive and behavioural efforts to tolerate, change or avoid the sources of stress [7]. Communication is mandatory for individuals to express themselves and it can be defined as the way in which individuals express themselves and send across messages through their behaviours, speech, silence, posture etc. [8]. The messages conveyed using communication skills create sound and positive effects on others, and communication techniques are the most powerful tools for understanding and interpreting other people. Nursing is a profession that requires intense interpersonal communication.

Communication techniques are one of the most important tools which will be beneficial to nursing students in reaching out to individuals, defining problems and providing care and assistance in both their social and professional lives [9,10]. Due to the nature of their profession, nurses are expected to have access to the necessary information and use it to the benefit of the individuals for whom they provide care, be successful in interpersonal relations, solve problems, cope with stress and think critically. As they provide services directly to individuals, nurses initiate contact with patients and start the communication process with them in all applications [11].

Identifying students' communication skills and stress-coping methods as well as the effect of their communication skills on their stress-coping styles in their university lives is crucial for those providing psychological support to these students [12,13]. It is an important step for nursing students who will be entering the healthcare industry in the future to muster adequate communication skills, know about methods of coping with stress and develop intervention methods in this regard. This study was conducted with the aim of determining the communication skills and stress-coping methods of nursing students.

METHODS

This was an analytical cross-sectional study with the population of 1,037 students attending the Nursing Department at the Health Sciences Faculty of a university in Turkey during the academic year 2017–2018. The entire population was planned to be included in the sampling, and 922 students (88.91%) who agreed to participate were included in the study. Before proceeding with the study, Ersanlı and Balcı (1998), who developed the communication skills scale (CSS), and Şahin and Durak (1995), who performed the validity and reliability tests of the Turkish version of the stress-coping styles scale (SCSS), were contacted by e-mail and their permissions to use the scales were obtained. In addition, the ethical committee's approval was also obtained for the study. The data were collected using the 28-item Sociodemographic Characteristics Data Form, the CSS and the Turkish version of the SCSS.

The socidemographic characterstics form was developed by the authors who included the information on the students' ages, school year, genders, education levels and the employment status of their parents, their communication with their families, schools, friends and nurses working in the service, and their comments on the social activities they attend.

The SCSS scale consists of 30 items and the scores were obtained separately from the sub-scales. The scores for the 4-point Likert-type SCSS range between 0 and 3. The first and ninth items are reverse-scored in calculating the average score of the scale. The scale has five sub-scales, namely, Self-Confident (items 8, 10, 14, 16, 20, 23 and 26), Optimistic (items 2, 4, 6, 12 and 18), Helpless (items 3, 7, 11, 19, 22, 25, 27 and 28), Submissive (items 5, 13, 15, 17, 21 and 24) and Seeking Social Support (items 1, 9, 29 and 30) [15,16].

The first version of CSS initially had 70 items but, the scale was later applied to a sample of 500 university students and the number of items was reduced to 45 . The answers to the CSS items are 'always (5)', 'usually (4)', 'sometimes (3)', 'rarely (2)', and 'never (1)'. The highest and lowest scores from the total CSS are 225 and 45, respectively. Higher average scores from the CSS indicate higher levels of communication skills (Ersanlı and Balcı, 1998) [14]. The data were analysed using SPSS for Windows (version 18.0). The significance level was accepted as $p < 0.05$.

RESULTS

The average age of the participating students was 20.11 ± 1.62. Out of the 922 nursing students, 65.9% lived in nuclear families: 41.0% of their mothers and 29.4% of their fathers were primary school graduates, and rest of the 26.1% lived with their parents in the Mediterranean region (Table 1).

The data of their communication characteristics showed that 46.6% had 'very good' relations with their mothers, 26.2% with their fathers, 26.7% with their families, 11% with the academic units at the school, 7.6% with their friends and 9.2% with the nurses (Table 2). The distribution of the average scores of nursing students from the sub-scales of the SCSS is provided in Table 3. Out of the SCSS sub-scales, the self-confident sub-scale had the highest average score with 19.87 ± 3.18. The seeking social support had the lowest average score among the SCSS sub-scales with 7.81 ± 2.25 (Table 3).

Table 1. Distribution of Demographic Characteristics of the Nursing Students

Demographic Characteristics		Number	%
Gender	Female	722	78.3
	Male	200	21.7
Family Type	Nuclear Family	608	65.9
	Extended Family	168	18.3
	Fragmented Family	146	15.8
Education Status of Mother	Illiterate	117	12.7
	Literate	190	20.6
	Primary School	378	41.0
	Secondary School	118	12.8
	High School	97	10.5
	Associate Degree	18	2.0
	Bachelor's Degree	4	0.4
Education Status of Father	Illiterate	106	11.4
	Literate	172	18.7
	Primary School	271	29.4
	Secondary School	143	15.5
	High School	164	17.8
	Associate Degree	59	6.4
	Bachelor's Degree	7	0.8
Profession of Mother	Housewife	566	61.4
	Civil Servant	124	13.4
	Worker	135	14.6
	Retired	39	4.2
	Self-Employed	58	6.3
Profession of Father	Unemployed	58	6.3
	Civil Servant	104	11.3
	Worker	222	24.1
	Retired	259	28.1
	Self-Employed	180	19.5
	Occasionally Employed	99	10.7
Region of Living with Family	Marmara Region	192	20.8
	Mediterranean Region	241	26.1
	Eastern Anatolia Region	78	8.5
	South-eastern Anatolia Region	84	9.1
	Aegean Region	239	25.9
	Central Anatolia Region	77	8.4
	Black Sea Region	11	1.2
Total		922	100.0

Table 2. Distribution of Communication Characteristics of the Nursing Students

Communication Characteristics of the Students		Number	%
Status of Communication with Mother	Very Good	430	46.6
	Good	316	34.3
	Moderate	130	14.1
	Low	33	3.6
	Very Low	13	1.4
Status of Communication with Father	Very Good	242	26.2
	Good	244	26.5
	Moderate	222	24.1
	Low	124	13.4
	Very Low	90	9.8
Status of Communication with Family	Very Good	246	26.7
	Good	430	46.6
	Moderate	200	21.7
	Low	35	3.8
	Very Low	11	1.2
Status of Communication with Academic Units at School	Very Good	101	11.0
	Good	260	28.2
	Moderate	356	38.6
	Low	158	17.1
	Very Low	47	5.1
Status of Communication with Friends	Very Good	70	7.6
	Good	424	46.0
	Moderate	321	34.8
	Low	92	10.0
	Very Low	15	1.6
Status of Communication with Nurses	Very Good	85	9.2
	Good	307	33.4
	Moderate	347	37.6
	Low	124	13.4
	Very Low	59	6.4
Total		922	100.0

Table 3: Average Scores of SCSS Sub-Scales

Sub-Scale	Minimum	Maximum	Mean ±SS
Submissive	6.00	22.00	9.90 ± 3.01
Helpless	6.00	28.00	13.94 ± 3.54
Seeking Social Support	5.00	17.00	7.81 ± 2.25
Optimistic	6.00	19.00	8.98 ± 2.60
Self-Confident	7.00	31.00	19.87 ± 3.18

Statistical difference was found between the gender of nursing students and the Seeking Social Support sub-scale (p < 0.05). No statistical difference was identified between the region of living with the family and professions of the mothers and fathers and the Seeking Social Support sub-scale (p > 0.05). There was statistically significant difference between the status of communication with the mother and the Helpless sub-scale (p < 0.05) while no statistically significant difference could be identified with other sub-scales (p > 0.05). No statistical difference could be found between the status of communication of the father and the SCSS sub-scales (p > 0.05). There was statistical difference between the status of communication with the family and the Helpless and Seeking Social Support sub-scales (p < 0.05) while no difference could be detected with other sub-scales (p > 0.05). Likewise, there was statistical difference between the status of communication with the friends and the Self-Confident and Seeking Social Support sub-scales (p < 0.05) while no difference could be identified with other sub-scales (p > 0.05). The study found statistical difference between the status of communication with the nurses and the Self-Confident, Seeking Social Support and Submissive sub-scales (p < 0.05) while no difference could be observed with other sub-scales (p > 0.05).

Average of the total CSS scores of nursing students was found to be low (124.09 ± 14.94). No difference could be identified between the total CSS scores and the gender, region of living with the family and professions of the mother and the father of the students (p > 0.05). In addition, there was no statistically significant difference between the total SCSS score of the status of communication with the mothers, fathers, families, and friends of the students, academic units and nurses (p > 0.05).

DISCUSSION

Nursing is a profession that relies heavily on human relations and communication. Therefore, it is important for nursing students to have adequate communications skills, be aware of potential stressors and be able to manage stress. In this study, more than half of the nursing students reported their status of communication with the family to be very good or good while describing their communications with the academic units at the faculty and as moderate with the nurses working at the hospital. New research should be conducted on the lecturers, staff, nurses and other health workers at these institutions to investigate into the reasons for this poor communication performance.

An amendment to the Turkish nursing legislation in 2007 allowed male students to apply for the nursing departments at universities, and this change has stimulated the demand for male nurses in this profession [18-21]. In the present study, we found that about a quarter of the students were male, which was gratifying to see as it would help strengthen the profession of nursing. We found that more than half of the students lived in nuclear families, and this is in line with the general trend of the country, that is, 66.4% of Turkey's population lived in nuclear families according to data from the Turkish Statistical Institute [22]. Another noteworthy finding was that students from every region in Turkey chose the nursing department and this indicates that nursing is a popular profession. Students from the nearby regions tend to choose the department most frequently. The ease of access to their families would facilitate the students' from the social support mechanisms of their families, which in turn, would enhance their communications. Indeed, it is highly likely for students who would be departing from their parents for the first time to attend a university to undergo stress. It is believed that proximity to their families would help them overcome this adversity in a shorter time. In our study, no difference was found between the region they lived in before attending the university and the SCSS sub-scales, and this could be due to their ability to recover from stress quickly.

The finding that the nursing students got the highest score from the Self-Confident sub-scale of the SCSS and the lowest score from the Seeking Social Support sub-scale is supported by other studies [23,24]. Temel et al. found the highest scores for the Helpless sub-scale and lowest scores for the Submissive sub-scale [25]. When the results of other studies were examined, it was observed that they reported lower average scores for the sub-scales of the SCSS than our study [26-28]. This could be the result of the differences in terms of sampling, the nursing departments involved and the years when the studies were conducted.

The present study found significant difference between the SCSS sub-scales and the gender of the nursing students (p < 0.05), and in the same vein, another study found difference between the Submissive sub-scale and the gender (p > 0.05) [24]. In another study, difference was

identified between the Helpless sub-scale and the gender (p < 0.05) [29]. The Helpless sub-scale scores of the female students were higher compared to the male students. This could be because of the relatively inferior position of women in society compared to men. Another factor may be the higher number of privileges afforded to male children than female children in their upbringing.

In a study, statistical difference was found between the status of communication with the mother and the Helpless, Submissive and Seeking Social Support sub-scales. In the present study, we found no significant difference between the status of communication with the mother and the Helpless sub-scale. In this regard, more studies should be conducted using more samples at different times. In our study, we found no significant difference between the status of communication with the father and the SCSS sub-scale scores. Türksoy found significant difference between the status of communication with the father and the Helpless and Seeking Social Support sub-scales [29]. The presence of statistical difference between the status of communication of the nursing students with their friends and the nurses and the Self-Confident and Seeking Social Support sub-scales is an important finding. Indeed, the students left their family homes and started living independently in a different city and region by attending the university. It was observed that as their communications with their friends and the nurses increased, their efforts to cope with stress intensified. Therefore, the staff at the universities and healthcare institutions should be trained on this matter. Nursing students not only maintain communication with the people around them in their daily lives but also communicate with the patients for whom they provide care and the faculty members with whom they work as well as the nurses and other health workers. Therefore, communication levels of nursing students are very crucial. Further research on this area is extremely important. In the study, the total CSS scores of the nursing students were found to be low. However, the curricula of the nursing departments at the universities in our country include courses on communication skills. Further, communication skills are frequently discussed in almost all courses. To enhance the retention of the knowledge on communication skills which are taught theoretically in the courses, we recommend scenario activities, role-play, and short video demonstrations. Temel and Şişman (2017) found that the communication scores of the nursing students increased after a 10-session training on communication. They further

observed that the virtual socialisation of the students significantly declined as a result of the communication skills training [30]. In our study, the low CSS scores of the students may be associated with the increased use of technology and a higher level of virtual socialisation among them.

CONCLUSION

The results of the study may be beneficial for the nursing education. In a way to support our results, scenario activities, role-play and short video demonstrations may be suggested in addition to the training activities for improving stress-coping skills and to enhance the retention of the content of communication skills courses in the curricula of the nursing departments. In addition, similar studies on the teaching of stress-coping styles and enhancing counselling services and using different samples and at different times will contribute to the literature.

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