Assessment of Communication Skills Competence for New Graduate Nurses in Babylon Province Hospitals: A Cross-Sectional Study

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Abstract

Background: Good communication is essential to nursing since it has a direct impact on patient satisfaction, safety, and care. New Graduate Nurses (NGNs), however, frequently find it difficult to acquire these abilities as they enter the workforce. The communication capabilities of NGNs have not been extensively studied in Iraq, particularly in Babylon province.

Objective: This investigation directed to assess the communication skills of NGNs in Babylon province, directing on three areas; effective communication, therapeutic relationships, and teamwork. Second, moreover studied how these three skills are affected by demographic characters: (age, gender, and marital status)

Methods: Five public hospitals in Babylon province were selected in the cross-sectional survey between March and April 2023, sample of current study were thirty-two NGNs who had graduated in the preceding year. A37-item questionnaire that validated measure competence in communication skills was used for data collection. One-way ANOVA, t-tests, and descriptive statistics were used to examine the data.

Results: the new graduated nurses of 81.3% showed great competency in teamwork, approximately 69% bested at building therapeutic relationships with their patients, and = (43.8%) presented good skills in area of effective communication. In each area, female nurses and younger nurses (ages 22–24) achieved improved. Once it approached to therapeutic relationships and effective communication, individual nurses outshined their married colleagues.

Conclusion: findings of this study highlight in what way significant it is to recover NGNs' communication skills, very in areas as therapeutic relationships and effective communication. While they exhibited great collaboration capabilities, weaknesses in other of these areas point to the need for concentrating lessons. Developing these critical skills should be the major aim of nursing training and licensed training courses to contribution NGNs in their initial professions and improve care outcomes.

More Information

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communication skills, new graduate nurses, teamwork, therapeutic relationships, nursing education, Iraq.



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Introduction

New graduate nurses are a precious health human resource as the profession continues to experience a workforce shortage, despite a reprieve as a result of the recent recession [1,2]. As NGNs enter the workplace, they are faced with many demands and challenges [3,4]. Other challenges that arise are: persistent criticism about being ill-prepared for the real world of clinical nursing practice; reality shock; and unsupportive work environments that do not foster

trust [5,6]. These elements make it more difficult for nurses to complete their tasks and put more strain on retention [7]. Establishing oneself as a member of the healthcare team, adjusting to the new job and organization, gaining confidence and competence in clinical skills, and understanding the role of a nurse in relation to other healthcare professionals are some of the milestones that must be met, particularly during the first six months of the new graduate program [8]. During their transition to the profession, new



registered nurses encounter patients, families, and medical professionals, particularly physicians and other nurses.

Competence in communication skills, evidenced by the capacity to speak clearly and effectively, with healthcare providers has been found to predict patient satisfaction and quality of care. For both physicians and nurses to properly assess patient requirements and customize care to meet those needs, communication skills is crucial. In certain scenarios involving clinicianpatient contact, communication disputes unavoidable and may be resolved by nurses with effective communication skills. Conflict arises when a social group encounters a difference in culture, values, or power, claims conflict theory. Conflict is ingrained in healthcare services and prevalent in nursing homes since power disparities and hierarchical authority are evident in the majority of healthcare settings [9].

Nurses must get conflict resolution education in order to change their conflict resolution habits. However, comparable to nursing schools in Western nations, communication skills are only taught to nursing students in Iraq in basic nursing courses and courses pertaining to psychology and mental health. As a result, some nursing educators have suggested that the nursing curriculum be strengthened to include more communication instruction. In-service training or other forms of lifelong communication education can also be used to augment nursing school communication instruction [5,10]. Improved healthcare outcomes are correlated with the interpersonal and communication abilities of newly graduated nurses. Communication proficiency is required by international health organizations.

Literature Review

NGNs face several difficulties as they go from nursing school to professional practice. Managing patient care needs, negotiating clinical expectations, and honing effective communication techniques are some of these difficulties. Effective communication is essential in nursing because it has a direct impact on nurse-patient interactions, care quality, and patient safety. However, communication breakdowns might make it more difficult for NGNs to adapt to their professional duties and deliver the best treatment possible. With an emphasis on NGNs in pediatric settings, this review of the literature examines the state of knowledge on communication difficulties in the nursing profession.

Effective Communication

Professional nursing practice guidelines are outlined by the American Nurses Association [11]. Professional competence in nursing practice encompasses interpersonal and communication skills in addition to psychomotor and clinical diagnostic abilities. It is expected of the newly graduated nurse to communicate in all practice areas and in a variety of forms. One of the requirements for professional nursing practice is communication (see Table 1). Four more professional nursing practice standards assessment, implementation, collaboration, environmental health—also touch on communication [12]. Effective, acceptable, and therapeutic communication has been defined as a communication competence [13]. When patients and healthcare professionals communicate effectively, meaning is created and information is shared, enabling patients to take an active role in their treatment. To ensure that the message and rest) possibilities of the patient and healthcare practitioner are understood, communication process entails a two-way process of expressive and receptive communication [14]. Mutually beneficial conversation with a health-related goal is called therapeutic communication. Table 2 provides examples of nursing core competencies for knowledge and abilities related to appropriate, therapeutic, and effective communication [15]. Before graduating, nursing students must exhibit their understanding of and proficiency in therapeutic communication. The use of clear, succinct, and effective written, electronic, and verbal communication is one of the fundamental abilities of the nurse [15].

Interprofessional Collaboration and Communication

Professional associations for nursing, dentistry, medicine, osteopathic medicine, pharmacy, and public health have acknowledged the importance of interprofessional collaboration in the workplace as a key element of safe, high-quality, easily accessible, patient-centered care [31]. Working across healthcare professions to coordinate, communicate, and integrate care in teams in order to guarantee consistent and dependable treatment is known as interprofessional cooperation [32]. In order to provide high-quality care, the nurse should be able to develop leadership and communication skills in practice settings, work well in nursing and other interprofessional teams, encourage open communication, show respect for one another, and participate in shared decision-making [16,17]. Above all, shared decision-making should include the patient in their treatment [33]. Interprofessional communication is one of the fundamental skills for interprofessional collaborative practice. Effective communication between the new graduate nurse and the healthcare team, patients, and caregivers is essential for teamwork and cooperation in order to integrate safe and effective care both inside and across settings [12,16]. To guarantee proper information sharing and care coordination, health professionals and healthcare systems should also actively cooperate and communicate [34]. Error disclosure, chain-ofcommand, and hands-off communication are a few types of communication that include proper information sharing and care coordination [16].





Situation-Background-Assessment-Recommendation, or SBAR, is a method for conveying important information about a patient's health that has to be addressed right now. It is used in specialist nursing

areas, as a communication strategy, for handing over shift reports, for calling a provider in an emergency, and for process, quality, and improvement.

Table 1: Professional Nursing Practice Standards of the American Nurses Association Standard 11. Communication

- 1. Determines the preferred communication format for coworkers, families, and healthcare consumers.
- 2. Evaluates his or her interpersonal communication abilities while interacting with patients, families, and coworkers.
- 3. Aims for ongoing development of conflict resolution and communication abilities
- 4. Provides information in ways that encourage accuracy to families, the interprofessional team, healthcare consumers, and others.
- 5. Challenges the justification for choices and procedures related to treatment when they don't seem to be in the patient's best interests.
- 6. Notifies the proper person of any observations or worries about risks and mistakes in the practice setting or in care
- 7. Keeps lines of communication open with other providers to reduce the risks of transitions and transfers in the provision of care.
- 8. Offers their professional viewpoint during conversations with the interprofessional team.

Source: [11]

Table 2: Knowledge and Skills in Therapeutic Communication Future Nurse: Essential Nursing Skills

• Makes use of effective, succinct, and clear written, electronic, and conversational communication • Recognizes the effects of one's own communication style on others; • Recognizes visual, aural, and tactile communication• Recognizes the physiological, psychosocial, developmental, spiritual, and communication aspects; • Recognizes the role and responsibility of nurses in applying the principles of action; • Selects the appropriate environment and time to start a conversation; • Evaluates the patient's readiness or willingness to communicate; • Evaluates the patient's communication ability; • Evaluates the barriers to effective communication (language, developmental level anxiety, learning styles, etc.); • Evaluates the impact of using oneself in effective communication; • Builds rapport; • Actively listens to remarks, concerns, and inquiries; • Exhibits effective interviewing techniques

Source: [13]

Purpose of study

The purpose of this study was to explore new graduate nurses' experiences of communication conflict in their encounters with nursing practice.

Methods

Study Design

A descriptive study cross-sectional study. In Babylon Province, Iraq. The research following hypotheses:

H1: Newly graduated nurses exhibit varying levels of communication competence across different areas (e.g., effective communication, therapeutic relationships, teamwork).

H2: Communication competence differs based on demographic factors such as gender, age, and marital status.

Settings

The study was conducted in 4 hospitals in Babylon Province, Iraq, Alhilh General Teaching Hospital, Babylon Maternity Teaching Hospital, Margin Teaching Hospital, Imam Ali Hospital, and Almusaib General Hospital. These hospitals were purposively selected to

ensure a mix of hospital sizes and types of care (e.g., general, specialty, pediatric care). The selected hospitals are typical for the region, as they are representative of common healthcare facilities in terms of staffing, resources, and patient demographics.

Participants

Purposive selected new graduated nurse of (32) between March 2023 and April 2023. assuring the confidentiality of information. The inclusion criteria were (1)Employment as a registered nurse at one of the selected hospitals, (2)Graduation within the past 12 months, and (3)At least one month of clinical experience. Nurses who were enrolled in postgraduate studies or had prior professional nursing experience were excluded from the study.

The response rate was 85% (32/38). While purposive sampling facilitated the inclusion of only newly graduated nurses, it may have introduced selection bias.

Instruments





Data was gathered using instruments that were created. Three validated instruments for communication skill included in the were questionnaire, which had 37 items and included demographic data. Three crucial areas of communication competency are evaluated by this 37item test.:

Therapeutic Relationships (17 items), Effective Communication (12 things), and Teamwork (8 items). A 3-point Likert scale, with 1 denoting low, 2 medium, and 3 high, was used for each question. Respondents were asked to rate their own communication proficiency. The instrument's Cronbach's alpha was 0.383, indicating acceptable internal consistency. Expert assessment by pediatric nursing specialists and communication experts was part of a comprehensive content validation process for the instrument. The instrument accurately recorded the expected constructions, according to the experts' feedback. Five experts with over a decade of experience in evaluating the instrument's 1-intelligibility, 2-relevance, and 3competence lend the instrument validity. These experts have worked in a variety of sectors.

Data Collection

Self-administration of study-related questionnaires was used to gather data. Information is self-reported by participants. Nurses were advised of their ability to discontinue participation in the study at any moment, and participation was entirely voluntary. Prior to data collection, each subject gave their informed consent. Over the course of a month, data was gathered.

Data Analysis

Using the spss 28.0 software, a descriptive and inferential statistic was used to examine the relevant data. Statistical significance was established at a level of P < 0.05. Using t-tests for continuous variables and χ 2-tests for categorical variables, the characteristics of the comparison group and intervention group were compared. To compare the mean scores of male and female nurses, independent samples t-tests were used to examine the communication competency scores for each subscale (Effective Communication, Therapeutic Relationships, Teamwork). The mean scores for each age group were compared using a one-way ANOVA. If there were significant differences in the ANOVA, post hoc analyses were performed using Tukey's HSD test.

Ethical Considerations

A scientific research commute at the government health department and nursing faculty provided ethical permission (2023/3).

Results

The demographic details of the entire study sample are shown in Table 3. The findings indicate that, with a

mean of 1.09±0.390, the majority of nurses (93.8%) in the sample are in the age range of 22–24. 87.5 percent of them were female. The majority of recently graduated nurses were unmarried (21).

Table 3: Characteristics of the New Graduate Nurses

Variable	Item	Frequency	%		
Age	22-24 year	30	93.8		
	25-27 year	1	3.1		
	28-30 year	1	3.1		
	Mean= 1.09				
	(SD)=0.390				
Gender	Female	28	87.5		
	Male	4	12.5		
Marital	Single	21	65.6		
status	Marriage	11	34.4		

Table 4: Frequencies and Percentages Distribution of Communication and Interpersonal of New Graduate Nurse and Effective Communication

(12 Multiple Choice Questions)

(12 Mataple Choice Questions)				
No.	Ass	F	%	
1	Low	10	31.3	
2	Medium	8	25.0	
3	High	14	43.8	
	Total	32	100.0	

Note: n= number of samples, F= frequency, %=percentage, Ass=assessment=low≤12%, M=medium (24) H=high≥36%

In terms of effective communication, the majority of new graduate nurses (43.8%) demonstrate high competency, while 31.3% exhibit low competency, and 25% show medium competency.

Table 5. Frequencies and Percentages Distribution of Communication and Interpersonal of New Graduate Nurse and Therapeutic Relationship (30 Multiple Choice Questions)

(30 Multiple Choice Questions)				
No.	Assessment	Frequency	Percentage	
1	Low	10	31.3	
2	Medium	0	0	
3	High	22	68.8	
	Total	32	100.0	

Note: F stands for frequency, % for percentage, n for number of samples, M = medium=60%, Ass=assessment=low≤30%) H=high≥90%

The results for therapeutic relationships show that 68.8% of new graduate nurses demonstrate high competency, with only 31.3% exhibiting low competency.





Table 6: Frequencies and Percentages Distribution of Communication and Interpersonal of the New Graduate Nurse with Teamwork (8 Multiple Choice Questions)

	<u> </u>		
No.	Assessment	Frequency	Percentage
1	Low	5	15.6
2	Medium	1	3.1
3	High	26	81.3
	Total	32	100.0

Note: F stands for frequency, % for percentage, n for number of samples, Assessment = low ≤8%, M = medium = 16% H=high≥24%

Regarding teamwork, an overwhelming 81.3% of nurses demonstrated high competency, with only 15.6% showing low competency and 3.1% at a medium level.

Table 7: Relationship between the Effective
Communication Score and Basic Socio-Demographic
Characteristics Variables

Age	Effectiv	Total			
	Low	Medium	High		
22-24	9	8	13	30	
25-27	1	0	0	1	
28-30	0	0	1	1	
Total	10	8	14	32	
Female	8	7	13	28	
Male	2	1	1	4	
Total	10	8	14	32	
Single	5	7	9	21	
marriage	5	1	5	11	
Total	10	8	14	32	

The association between socio-demographic characteristics and effective communication revealed that the majority of nurses in the 22-24 age group scored highly in communication, with 13 out of 30 demonstrating high competency. Female nurses had higher effective communication scores compared to male nurses. Single nurses (65.6%) also showed higher levels of competency in this area compared to married nurses.

For therapeutic communication, 68.8% of nurses in the 22-24 age group showed high competency, with the majority of female nurses (20 out of 28) also demonstrating high therapeutic communication skills. In comparison, male nurses showed lower competency, with only 2 out of 4 achieving high scores. The majority of single nurses (76.2%) scored high in therapeutic communication, whereas only a smaller proportion of married nurses did so.

Table 8: Relationship between the Therapeutic
Communication Score and Basic Socio-Demographic
Characteristics Variables

Age	Therapeutic communication			Total	
	Low	Medium	High		
22-24	10	0	20	30	
25-27	0	0	1	1	
28-30	0	0	1	1	
Total	10	0	22	32	
Female	8	0	20	28	
Male	2	0	2	4	
Total	10	0	22	32	
Single	5	0	16	21	
marriage	5	0	6	11	
Total	10	0	22	32	
			•	•	

Table 9: Shows the Relationship between Teamwork Score and Basic Sociodemographic Characteristics

Age	Teamwork			Total	
	Low	Medium	High		
22-24	5	1	24	30	
25-27	0	0	1	1	
28-30	0	0	1	1	
Total	5	1	26	32	
Female	2	1	25	28	
Male	3	0	1	4	
Total	5	1	26	32	
Single	4	1	16	21	
marriage	1	0	10	11	
Total	5	1	26	32	
	•			•	

The data for teamwork showed that most nurses in the 22-24 age group (80%) demonstrated high competency in teamwork, with females again outperforming males (25 out of 28 females scored high). In terms of marital status, single nurses (76.2%) were more likely to demonstrate high teamwork skills compared to married nurses, with only 10 out of 11 married nurses scoring high. Overall, teamwork was a strong area for new graduate nurses in this study.

Discussion

This study aimed to evaluate the communication and interpersonal competencies of new graduate nurses in Babylon Province, with a focus on three key areas: effective communication, therapeutic relationships, and teamwork. The results of this study reveal both strengths and areas for improvement, offering valuable insights for nursing education and professional development.





Effective Communication

According to the survey, 43.8% of recently graduated nurses demonstrated high proficiency in effective communication, compared to 31.3% who were ranked poor and 25% who were rated medium. These findings imply that while a sizable percentage of nurses have adequate communication abilities, a sizable fraction continue to struggle in this crucial area. Reducing mistakes, improving patient trust, and guaranteeing proper patient care all depend on effective communication [18]. The results align with other studies that highlight the value of communication instruction in nursing education [19]. Effective communicators build closer bonds with patients and coworkers, which enhances the quality of care provided [20]. These results suggest that nursing schools should place a high priority on developing students' communication skills, combining academic understanding with real-world, hands-on practices to enhance these abilities [21].

Therapeutic Relationships

A promising trend in the therapeutic interaction's growth was also showen by the survey, as 68.8% = nurses good scores received. To supply holistic care, academic nurses must be able to shape a type of empathy and patient trust, which is shown by this [22]. The 31.3% = nurses that performed therapeutic relationships poorly would benefit from excessive practice building and maintaining these crucial Therapeutic Relationships . Making better patient outcomes have been associated with therapeutic links [23], and the research confirms that NGN are often ready to verify these relationship. To assure that all healthcare nurses can provide effective, sympathetic care, though, additional health training centered on the delicacies of therapeutic communication, mostly with susceptible groups, should be involved in health nursing education training [24].

Teamwork

Teamwork began as a intense expertise including the NGN, with =81.3% proving high competence. Teamwork is a keystone of successful health care nurses delivery [25], that finding is undertaking, proposing that NGN are well-ready to participate in distributed planning. Nevertheless, = 15.6% of participating nurses at rest revealed low skill, which may be recognized to specific factors or inadequate experience to team training thru nursing college. Teamwork is critical for the approach of quality care, and safeguarding that all NGN are competent in teamwork must be an import for academic educational programs and health care associations [26]. The Training of nurses that advances interprofessional team collaboration, shared respect, and collective decision-making could assist join the space for those who scored lower in teamwork area [27].

Sociodemographic Factors

The correlation between sociodemographic attributes communication competencies discovered attracting tendencies. Youthful nurses (22-24 yrs.) communication, constantly gotten better in therapeutic relationships, and teamwork competed to their older colleagues. This is associated with the belief that NGN, who may have gotten more up-to-date nursing training, are improved trained with present communication expertise [28]. Moreover, femalenurses leaned to result greater in all skill regions, proposing that gender might affect transfer techniques and interactive competences [29]. Marital status similarly competed a role, with one nurses bettering their married teammates in communication and therapeutic relationships, maybe outstanding to These altered private bonds. demographic comprehensions indicate that altered health training interventions possibly will be intended to report limited tests challenged by several nurses' groups [30].

Conclusion

We emphasize how critical teamwork, therapeutic relationships, and effective communication are to NGNs' professional development. Confident results for clients and the deliver of exceptional nursing are body upon these expertise. Nursing curriculums and healthcare government institutions may competently prepare nurses to meet the requirements of a shifting health-care environment among strengthening these three fields in nursing education and nursing practice.

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Conflict of interest

No conflict of interest has been declared.

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Author Contributions

Dr. Al-Showaily is responsible for the study conception and design. Dr. Moustafa A. performed the data collection, data analysis, and drafting of the manuscript.

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