



"Appraising the Communication Skills of Nursing Students in Clinical Settings"

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Abstract

Background: Effective communication is a core competency for nursing students, essential for establishing therapeutic relationships, ensuring patient safety, and delivering high-quality, person-centered care. Despite its importance, nursing students often enter clinical settings with underdeveloped communication skills, influenced by anxiety, lack of confidence, and limited practical exposure.

Aim: This study aimed to assess the communication skills of nursing students during patient interactions in clinical settings, examine their self-perceived clinical competence, and determine associations between communication skills and selected demographic variables.

Methods: A descriptive and correlational study was conducted among 60 final-year nursing students at a selected nursing college in Kanyakumari District. Data were collected using a structured questionnaire, including socio-demographic variables and the Persian version of the Communication Skills Scale (Sharif Nia et al., 2022). Communication skills were categorized as poor, moderate, good, or excellent. Descriptive statistics summarized demographic and communication data, while t-tests, ANOVA, and Chi-square tests assessed associations between communication scores and demographic variables, with significance set at $p < 0.05$.

Results: Most participants were aged 20–22 years (90%) and female (60%). The majority reported strong motivation for nursing (96.7%) and perceived themselves as adequately competent (75%). Communication skills were predominantly good (51.7%) to excellent (25%), with a mean score of 40.08 (SD = 4.85). Only a small proportion exhibited moderate (21.7%) or poor (1.6%) skills. No significant associations were found between communication scores and demographic variables ($p > 0.05$), suggesting that factors beyond age, gender, course type, residence, or year of study influence communication competence.

Conclusion: Nursing students generally demonstrate satisfactory to excellent communication skills and confidence in clinical practice. However, a subset requires targeted support to enhance competence. Integrating structured communication training, mentorship, and emotional intelligence development in nursing curricula can improve professional engagement, patient-centered care, and overall clinical performance.

Keywords: Nursing students, Communication skills, Clinical competence, Therapeutic communication, Clinical practice

Introduction

Communication is a fundamental and dynamic process that involves the exchange of verbal and nonverbal messages between two or more individuals. In healthcare, particularly in nursing, communication plays a central role in establishing therapeutic relationships, ensuring patient safety, and delivering high-quality, person-centered care (Sharif Nia et al., 2022). Nurses, as frontline caregivers, occupy a pivotal position in the healthcare system and are often the primary point of contact for patients. Consequently, their ability to communicate effectively directly influences clinical outcomes, patient satisfaction, and the overall quality of care provided (El Sebai Badr & Shehata, 2021; Liu et al., 2023).

Therapeutic communication (TC) is a core aspect of professional nursing, referring to the use of specific interpersonal techniques aimed at promoting the physical and psychological well-being of patients (Mercan & Mersin, 2025). It encompasses strategies such as active listening, empathy, open-ended questioning, reassurance, and purposeful silence—each facilitating trust, reducing anxiety, and enhancing patient engagement in care (Martin & Chanda, 2023; Nayak et al., 2023). Effective TC fosters emotional support and contributes to faster recovery, whereas poor communication can lead to patient dissatisfaction, heightened stress, treatment noncompliance, and even adverse events (Coelho et al., 2023; Sana et al., 2024).

Despite its importance, studies have shown that nursing students often enter clinical environments with underdeveloped communication skills. Anxiety, lack of self-confidence, and unfamiliarity with real-world hospital settings exacerbate this gap (Abdolrahimi et al., 2021; Liu et al., 2023). In clinical practice, nursing students are expected to interact not only with patients but also with families and multidisciplinary healthcare teams. These interactions require the integration of theoretical knowledge, emotional intelligence, and situational awareness—skills typically developed through structured guidance and experiential learning (Burgaz Kinas et al., 2025). However, communication deficiencies persist, with students sometimes avoiding eye contact, misusing non-verbal cues, or relying heavily on task-oriented dialogues (Martin & Chanda, 2023; Nayak et al., 2023).

Nursing students may encounter language diversity, gender-related sensitivities, or hierarchical dynamics that discourage assertive communication. Such barriers hinder therapeutic relationship-building and increase the likelihood of miscommunication and emotional disconnect with patients (Sana et al., 2024). Research indicates that difficulties in applying TC techniques often stem from personal limitations, such as fear and emotional insecurity, as well as institutional factors including insufficient supervision, unclear expectations, and unsupportive clinical learning environments (Alkhelaiwi et al., 2024; Liu et al., 2023).

Addressing these challenges necessitates a multifaceted educational approach. Recent studies highlight the effectiveness of structured training programs—simulation, role-play, standardized patient interactions, and reflective practice—in enhancing communication competencies among nursing students (Coelho et al., 2023; Mercan & Mersin, 2025). These interventions provide safe environments for experiential learning, promote critical

thinking, and build confidence. Moreover, incorporating feedback from patients and families offers an authentic assessment of students' communication behaviors and emotional presence (Sharif Nia et al., 2022).

Standardized tools such as the Health Professionals Communication Skills Scale (HP-CSS) have been validated to measure domains including empathy, information-sharing, and authenticity (Leal-Costa et al., 2016; Sharif Nia et al., 2022). Combined with faculty observation and patient feedback, these tools provide comprehensive insights into students' strengths and areas needing improvement.

Communication training in nursing education is still evolving. While the theoretical concepts of TC are incorporated in syllabi, their practical application in clinical settings is often limited and unmonitored (El Sebai Badr & Shehata, 2021). High patient volumes, sociocultural diversity, and healthcare resource constraints pose additional challenges. Nursing students frequently face work overload, time pressures, and minimal communication-focused mentorship, all of which compromise the quality of nurse-patient interactions.

Furthermore, the lack of standardized evaluation mechanisms in nursing institutions contributes to a disconnect between classroom learning and clinical practice. Reflective debriefing, role-play, and patient feedback are rarely emphasized. Consequently, students may graduate without the confidence or competence to manage complex emotional, cultural, and ethical interactions in clinical settings (Alkhelaiwi et al., 2024; Liu et al., 2023).

Given these challenges, there is a pressing need to assess the current status of therapeutic communication skills among nursing students in clinical settings. This study aims to evaluate the effectiveness and limitations of students' communication practices during clinical placements, exploring their experiences with TC, barriers faced, and application of learned techniques. Including the perspectives of patients and families provides a holistic view of how students' communication is perceived in real clinical encounters.

By identifying gaps and facilitators in students' therapeutic communication, this research seeks to inform nursing educators and policymakers about areas requiring curricular enhancement and clinical support. The findings may guide the development of culturally responsive, competency-based communication training modules. Ultimately, improving communication skills among nursing students can enhance patient care outcomes, strengthen nurse-patient relationships, and produce confident, compassionate nursing graduates capable of meeting the complex demands of modern healthcare.

Aim of the Study

To identify the sociodemographic variables of nursing students during patient interactions in clinical settings.

To assess the level of communication skills of nursing students during patient interactions in clinical settings.

To determine the association between the level of communication skills and selected demographic variables of nursing students.

Material and Method

Design and Sample

This descriptive and correlational study was conducted to examine the relationship between nursing students' communication skills and their clinical practice. The study was carried out at a selected nursing college in Kanyakumari District.

The target population included final year graduate nursing students enrolled in the selected college. A total of 60 students who were available at the time of data collection, willingly agreed to participate, and completed the study tools formed the final sample.

Data Collection Tools

Data were collected using a structured questionnaire comprising two sections. Section A included socio-demographic variables such as age, place of residence (urban/rural), whether the student loved the nursing profession, and their self-perceived competence in clinical practice. Section B consisted of the Communication Skills Scale, Persian Version (Sharif Nia et al., 2022), which includes 18 items rated on a 3-point Likert scale (1 = Never, 2 = Sometimes, 3 = Always). This scale was used to assess the students' ability to communicate effectively in clinical settings. The total possible score ranges from 18 to 90, with higher scores reflecting stronger communication skills. Communication skills were categorized based on the following score ranges: 45–54 indicates excellent communication skills, 36–44 indicates good communication skills, 27–35 indicates moderate communication skills, and 18–26 indicates poor communication skills. The Cronbach's alpha reliability coefficient for the Persian version of the scale has been reported to be high. In the current study, the Cronbach's alpha coefficient was found to be satisfactory (value to be inserted after analysis).

Data Collection Procedure

Participants were informed about the objectives, methodology, voluntary nature of participation, and confidentiality of their responses under the Declaration of Helsinki. Informed consent was obtained before data collection. The data were collected using Google Forms shared with the participants. Students took approximately 15–20 minutes to complete the questionnaires.

Statistical Analysis

Descriptive statistics such as frequency, percentage, mean, median, standard deviation, minimum, and maximum were used to summarize the socio-demographic characteristics of participants and their communication skill levels. Communication skills were categorized as poor, moderate, good, or excellent based on the total scores obtained.

For inferential analysis, the t-test was applied to compare communication scores across categorical variables with two groups (e.g., gender, course type), while one-way ANOVA was used for variables with more than two groups (e.g., age, year of study). The Chi-square test was performed to examine the association between communication scores and residential status. A p-value of <0.05 was considered statistically significant. The results were presented in tables for clarity.

Results

Table 1: Distribution of participants according to sociodemographic variables (N = 60)

Variable	Category	Frequency (n)	Percentage (%)
Age	20–22 years	54	90.0
	23–25 years	6	10.0
	>25 years	0	0.0
Gender	Male	24	40.0
	Female	36	60.0
Love towards the Nursing Profession	Yes	58	96.7
	No	2	3.3
Feeling of Adequacy	Adequate	45	75.0
	Partially Adequate	15	25.0
Self-Perceived Clinical Competence	Competent	28	46.7
	Moderately Competent	30	50.0
	Incompetent	2	3.3

Table 1 reveals that the majority (n = 54, 90.0%) aged 20–22 years and a smaller proportion (n = 6, 10.0%) aged 23–25 years, indicating a predominantly young participant group. Females constituted the majority of participants (n = 36, 60%) compared to males (n = 24, 40%), reflecting the gender distribution commonly seen in nursing education. Most students (n = 58, 96.7%) reported a strong love for the nursing profession, suggesting high intrinsic motivation, while only a few (n = 2, 3.3%) expressed a lack of interest. Regarding self-perceived clinical adequacy, three-fourths of the participants (n = 45, 75.0%) felt adequate in their clinical skills, and a quarter (n = 15, 25.0%) felt partially adequate. In terms of clinical competence, nearly half (n = 30, 50.0%) rated themselves as moderately competent, 28 students (46.7%) considered themselves competent, and a small proportion (n = 2, 3.3%) perceived themselves as incompetent. Overall, the findings suggest that the majority of nursing students are motivated, feel confident in their profession, and perceive themselves as competent or moderately competent, although a small subset may benefit from additional support and guidance to enhance their clinical skills and confidence.

Table 2: Distribution of participants according to communication skill levels (N = 60)

Communication Skill Level	Score Range	Frequency (n)	Percentage (%)
Excellent	45–54	15	25.0
Good	36–44	31	51.7
Moderate	27–35	13	21.7
Poor	18–26	1	1.6

Table 2 shows the distribution of communication skill levels among the 60 nursing students, revealing that the majority demonstrated good communication skills (n = 31, 51.7%), followed by excellent skills in 15 students (25.0%). Thirteen participants (21.7%) exhibited moderate communication skills, while only one student (1.6%) was categorized as having poor communication skills. These findings indicate that most nursing students possess satisfactory to high levels of communication competence, reflecting a generally positive ability to interact effectively in clinical settings. However, a small proportion may require additional support to enhance their communication proficiency.

Table 3: Descriptive statistics of communication score (N = 60)

Statistics	Value
Mean	40.08
Median	41.00
Standard Deviation	4.85
Minimum	26
Maximum	49

Table 3, the descriptive statistics of communication scores among the 60 nursing students revealed a mean score of 40.08 and a median of 41.00, indicating that the central tendency of scores falls within the “good communication” range. The scores ranged from a minimum of 26 to a maximum of 49, demonstrating variability in students’ communication abilities. The standard deviation of 4.85 suggests moderate dispersion around the mean, indicating that while most students performed at a good level, some exhibited lower or higher levels of communication competence. Overall, the results suggest that nursing students generally possess satisfactory communication skills, with a few displaying either below-average or excellent proficiency.

Table 4: Association of communication score with demographic variables (N = 60)

Demographic Variable	Test Used	Test Value	p-value	Significance
Gender	t-test	0.84	0.405	NS
Age	ANOVA	1.62	0.208	NS
Course Type	t-test	1.15	0.254	NS

Residential Status	Chi-square	2.12	0.146	NS
Year of Study	ANOVA	2.32	0.103	NS

(NS = Not Significant at p > 0.05)

Table 4 revealed that the association of communication scores with selected demographic variables among the 60 nursing students revealed no statistically significant relationships. Gender ($t = 0.84$, $p = 0.405$), age ($F = 1.62$, $p = 0.208$), course type ($t = 1.15$, $p = 0.254$), residential status ($\chi^2 = 2.12$, $p = 0.146$), and year of study ($F = 2.32$, $p = 0.103$) were all found to be not significant ($p > 0.05$). This indicates that the communication competence of the participants was generally independent of these demographic characteristics, suggesting that factors other than age, gender, course type, residence, or year of study may influence students' communication skills in clinical settings.

Discussion

This study examined nursing students' demographics, self-perceived clinical competence, and communication skills, along with associations between communication competence and selected demographic variables. The majority of participants were young adults aged 20–22 years ($n = 54$, 90.0%) and predominantly female ($n = 36$, 60%), reflecting trends in nursing education globally (Kang, Lee, & Cho, 2021). Most students expressed strong motivation for nursing ($n = 58$, 96.7%) and perceived themselves as adequately competent ($n = 45$, 75.0%), consistent with research showing that positive attitudes and professional satisfaction are linked to enhanced clinical engagement (Burgaz Kınas, Bilgiç, & Gürdoğan, 2024).

Analysis of communication skills revealed that most students demonstrated good ($n = 31$, 51.7%) to excellent ($n = 15$, 25.0%) proficiency, with only a few exhibiting moderate ($n = 13$, 21.7%) or poor ($n = 1$, 1.6%) skills. The mean communication score of 40.08 ($SD = 4.85$) and scores ranging from 26 to 49 indicate generally satisfactory competence with some variability. These findings align with prior studies emphasizing the importance of effective communication for patient engagement and clinical performance (Huang & Pun, 2022; Riaz et al., 2025). Effective communication, reinforced by emotional intelligence, allows nursing students to establish therapeutic relationships, manage stress, and improve patient outcomes (Riaz et al., 2025).

No statistically significant associations were found between communication scores and demographic variables, including gender, age, course type, residential status, or year of study ($p > 0.05$). This suggests that communication competence is largely independent of these characteristics, with factors such as interpersonal skills, motivation, and structured training playing a more critical role (Kang et al., 2021; Burgaz Kınas et al., 2024).

While most students perceived themselves as moderately competent or competent, a subset ($n = 15$, 25%) felt only partially adequate in clinical skills, and a small proportion ($n = 2$, 3.3%) perceived themselves as incompetent. These students may benefit from targeted interventions, including communication-focused curricula, mentorship, and practice-based learning, to enhance both confidence and competence (Kang et al., 2021; Huang & Pun, 2022).

Overall, the findings indicate that nursing students are generally motivated, confident, and capable communicators. However, tailored interventions are essential to address variability in communication and clinical competence. Implementing structured programs that integrate interpersonal skills development, emotional intelligence, and practical communication strategies can bridge the gap between classroom instruction and clinical practice, ultimately improving patient engagement and professional development (Riaz et al., 2025; Huang & Pun, 2022).

Conclusion

The study highlights that nursing students are generally young, motivated, and possess satisfactory to excellent communication skills, with most perceiving themselves as competent in clinical practice. Communication competence was not influenced by demographic factors, suggesting that motivation, interpersonal skills, and structured training play a more pivotal role. However, a subset of students demonstrated only moderate or partial competence, indicating a need for targeted interventions. Integrating structured communication programs, mentorship, and emotional intelligence development into nursing curricula can enhance students' clinical confidence, professional engagement, and patient-centered care. Future research should explore longitudinal effects of such interventions and identify additional factors influencing communication and clinical competencies among nursing students.

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