

ORIGINAL ARTICLE

Understanding communication skills learning, behavior and attitude among students in three nursing colleges in Qassim region, Saudi Arabia

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ABSTRACT

Background: Effective communication is one of the many skills that nursing students should master to be good at their job. Nursing students have to understand different kinds of communication styles to know how to deal with different situations as an aspect of nursing professional education. Poor communication is a barrier to effective nursing practice and this leaves the nurse to be isolated, feeling more stress and dissatisfied.

Objective: The aim of the present study is to evaluate the communication skills learning, behavior and attitude among nursing students and their thoughts about the role of communication in three colleges in Qassim, KSA.

Methods: A descriptive study was applied using a convenience sample of 116 female students from three nursing colleges in Qassim region, Saudi Arabia. Attitude toward the learning of communication skills was evaluated by Communication Skills Attitudes Scale (CSAS).

Results: All participants were female and most of them 3rd year students. The majority of nursing students at Qassim University (95.1%) had hospital training for three semesters and more compared to 61.8% from Al-Ghad College and 42.9% from Buraydah Colleges. Statistically significant differences were detected among the three colleges regarding most of the items of communication skills behavior. Communication Skills Attitudes Scale revealed a moderate score in the positive attitudes and the average score for negative attitudinal score.

Conclusions: Moderate positive attitudes toward communication skills learning among nursing students of the three colleges. The results provide an important base for improving the content of the current communication curriculum in nursing study programs.

Key Words: Communication skills behavior, Attitude, Nursing college, Qassim region

1. INTRODUCTION

Effective communication can influence a patient's health such as symptom resolution, decreasing of blood pressure, reported pain and decrease of drug use. Nurses have an op-

portunity to promote relationships and patient care in every point of communication.^[1] Many studies emphasized that communication between health care providers and patients affects patient outcomes.^[2,3] Researches indicate that the

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primary cause of medical errors and associated mortality and morbidity is communication breakdowns in health care settings.^[4,5] Communication is a process of exchanging information either in the verbal or nonverbal way and creating relationships with others.^[1] In other words, communication is not just saying words, it is a meaningful conversation with people to influence and exchange information or ideas with them. The effective communication shows knowledge, thoughts, and feelings of people besides showing who they are and what they know. Full communication includes trust, active listening and time control. In addition, it shows empathy and conveys feelings in words; give a sense of caring, sharing ideas clearly and much more.^[6] By contrast, ineffective communication leads to an increased frequency of medical errors and this causes stress, makes nursing tasks difficult, hinders pain control, distances the patient, impedes the correct assessment of the patient and fulfillment of their needs, and decreases the quality of patient care.^[7] The ways to conduct message is developed like words, signs, letters, pictures, colors, signals, body language and gestures and it divided by experts into two categories: Verbal and nonverbal communication.^[8] The clinical communication skills are all communications process with patients, family members, and all the health care providers. Communication behaviors of treatment are providing information, supporting, giving hope and helping them to alleviate their anxiety,^[9] therefore the quality of care is a combination of attitudes, values and beliefs of health care providers. In health services, caring is an important part and nursing care is more essential among health team in health agencies.^[10] Moreover, clarity of clarification is key for an effective communication: data should be essential and the content must be linear with receivers' cultural level.^[11]

2. LITERATURE REVIEW

The most important components of a quality healthcare establishment are quality nurses. Since nurses are taking care of patients during their entire stay. Thus, it is important for nursing students to be prepared and assessed on communication competency prior to exiting their program of study.^[12] Principles in nursing communication which helps to perform nursing work in ease, consistent and accurate way to ensure patient satisfaction and health professional protection, Communication is multidirectional and it represents the interaction between sender and receiver, every receiver gets to be the sender and vice versa.^[13] Besides communication principles, the communication has specified process involves three key parts: a sender (encoder), receiver (decoder) and the message itself. To effectively contact with patients, nurses have to be able to decode information successfully after receiving

it, offering different kinds of communication in various contexts of nursing through kinesthetic, visual and auditory modes to ensure addressing the patients' concerns.^[14]

Nursing students have to understand different kinds of communication styles to know how to deal with different situations as an aspect of nursing professional education,^[15] to clarify, nurse has different goals to communicate, each goal requires certain behavior of communication, such as creating a relationship, assessing patient problems, making decision about nursing care, exchanging information, providing care in physical and psychological aspects.^[16]

There are skills that prove listening such as: reflecting, summarizing, paraphrasing, checking, acknowledging, empathizing and creating educated guesses.^[1] According to the Royal Children's Hospital, Melbourne in 2015, there are some tasks the nurse needs to be a good communicator to perform such as; handover the patients, formulating a care plan, giving appropriate care, communicating with other health care members about patient condition and documenting in patient record.^[17] The Nurse may face barriers in reaching effective communication, some barriers related to communication with the patient such as noise environment, lack of privacy and patient anxiety. Other barriers to communication with health care providers such as lack of time, staff conflict and high workload.^[1] Poor communication is a barrier to effective nursing practice, the new nurse is vulnerable to isolate, feel more stress and dissatisfied. The communication difficulties are not only at the same organizational level but also among different organizational levels, especially between nurses and physicians.^[18]

According to the Australian Commission on Safety and Quality in Health Care, the increasing number of patients who have chronic diseases, causes the increase of communication demand, which in turn, causes the rising of care complexity and rising of unexpected errors and problems which need advanced communication skills to resolve it.^[19] Moreover, nurses' workload does not give nurses enough time to make meaningful discussion with their patients; they only complete measurable duties.^[20] In General, without good communication skills, teachers or practitioners will fail in doing their responsibilities.^[6] These failings in doing effective work may have resulted from inadequate training of communication skills,^[1] Therefore, the use of proper communication styles has advantages in the delivering of healthcare.^[13] Nursing has various roles and every role has general and specific accountability, in professional nurses, the important duty is maintaining and promoting health care. This can be achieved by using many of scientific principles, one of them is establishing proper communication with clients, it

is clearly fundamental in nursing practice quality. It is also essential in nursing to maintain a sensitive and effective relationship with patients and health care providers.^[9] This study sought to investigate and describe the effect of clinical settings with the communication skills of undergraduate nursing students in the Qassim region through three aspects: their knowledge, their behavior and their attitude towards communication skills & and role of communication in the nursing field.

Research questions

- (1) Does the undergraduate nursing students understand

the role of communication skills in clinical settings?

- (2) Does the communication skills learning, behavior and attitude affect the undergraduate nursing students' thoughts regarding the role of communication?

3. RESEARCH METHODOLOGY

3.1 Design & setting

A descriptive study used a convenience sample from three nursing colleges in the Qassim region, Saudi Arabia. The Nursing College, Qassim University, Buraydah private Nursing College and Al-Ghad private Nursing College.

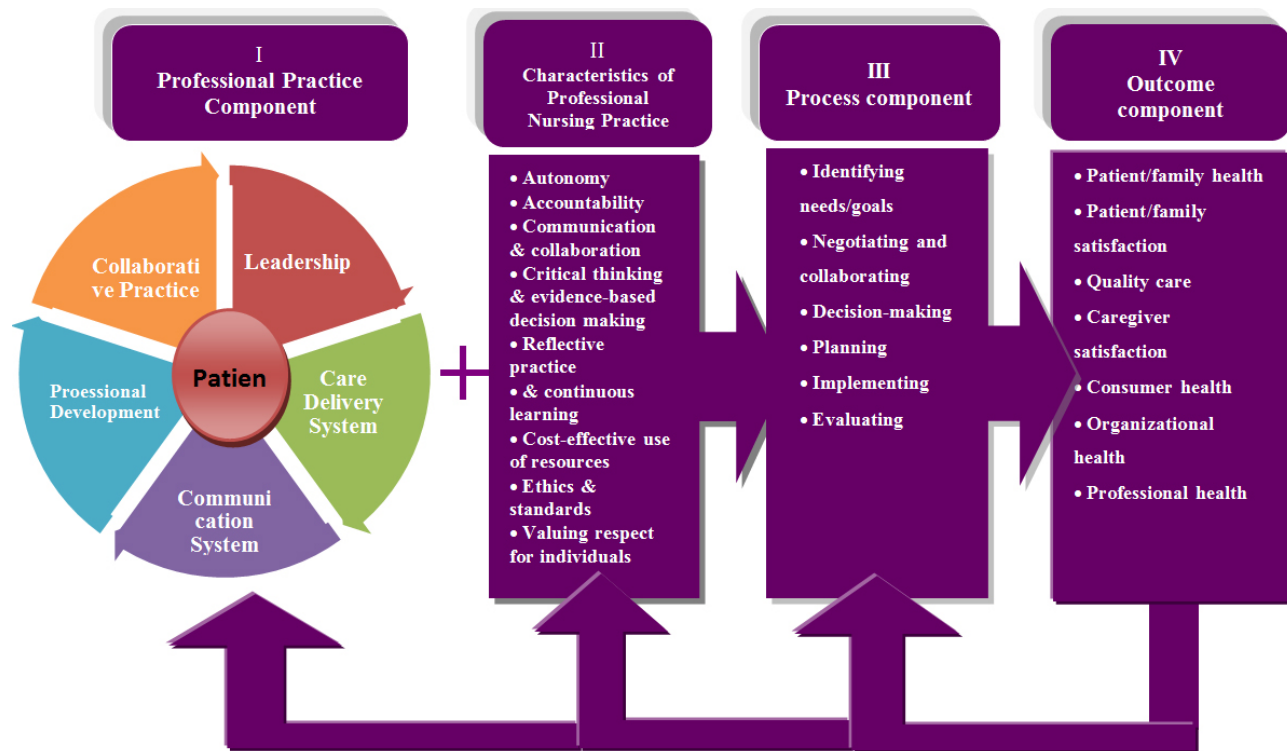


Figure 1. Nursing Professional Practice Model adopted from Hoffart & Woods (1996)^[23]

3.2 Participants

Participants were 116 female nursing students; they participated from different colleges in the Qassim region. Sixty-one participants from Nursing College, Qassim University, twenty participants from Buraydah private Nursing College and thirty-five participants from Al-Ghad private Nursing College. The total male and female nursing students in these colleges are 536 and this leads to a few numbers of participants from these colleges. Participants were female only because in Qassim region male and female students studying in two separate buildings and it is not allowed for one gender to access the building of another gender. The nursing students from the last four semesters were recruited to

participate because they have more opportunities for communication skills, experience with colleagues and/or health care providers.

3.3 Research instruments

The communication skills of participants were evaluated by a standardized tool which was developed by Steckler^[21] in 2012. The tool is divided into three questionnaire's sections; the first section concerning demographic data which include: college name, academic level, age, if the student has trained before in a hospital or not and if yes, the duration of training and the source of student's knowledge regarding communication skills. The second section focused on communication skills learning which includes 22 statements, the third sec-

tion dwelt on communication skills behavior which includes eight statements. Attitudes towards communication skills were measured using the Communication Skills Attitudes Scale (CSAS). This scale was originally developed by Rees et al.^[22] for the purposes of measuring attitudes toward communication among medical students. CSAS consists of 26 items, but based on the pilot study which was carried out done the authors, the CSAS items were reduced to 18 items to avoid repetition and students' confusion. These 18 items were divided into two subscales: 9 items are written in the form of positive statements (positive attitudes subscale), and 9 items were formulated as negative statements about communication skills learning (negative attitudes subscale). Each item is accompanied by a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The total score in each subscale ranged from 9 to 45. A higher score indicates higher positive attitudes towards communication skills learning.

3.4 Data collection procedure

After getting approval from three aforementioned colleges, the researchers scheduled two days for obtaining participants answers. On the first day in Buraydah college, the instructor informed the students and took time at the end of classes to gather them to fill the questionnaires, the researchers were there to clarify any unclear statements, and the filling took one hour for all students. On the second, day the researchers

divided themselves into two colleges, in Qassim University, the instructor gathered students in break time to fill questionnaires and these took 15 minutes of time for filling and two researchers stood by in clarifying any ambiguous item. At the same time, two of the researchers were in Al-Ghad College; the instructor took an oral excuse from the lecturer in each class. The convenient sampling method was used. The Rresponse rate for this study was 84.3%. Hard copies of the questionnaires were distributed among students in the 3rd and 4th year of their studies. After all participants filled-out the questionnaires and data collection has had been finished, data entry and analysis were carried out (see Figure 1).

3.5 Ethical issues and statistical analysis

Prior to data collection, the approval was obtained from the Dean of University Studies Center, female section of Qassim University as well as the deans of participating colleges. Participation in this study was voluntary and all participants were informed of their right to withdraw from the study. All participants were given an explanation of the aim of this study and assured of privacy and confidentiality where the principle of anonymity was strictly adhered to. Data were entered and analyzed using the Statistical Package Social Sciences (SPSS) software program version 23.0. Qualitative variables were presented by using frequency table and percentages and p -value $< .05$ was taken as significant.

Table 1. Characteristics of participants

Items	Qassim University n = 61	Al-Ghad Colleges n = 35	Buraydah Colleges n = 20
Level			
• 5-6	44 (72.1%)	14 (40%)	7 (35%)
• 7-8	17 (27.9%)	21 (60%)	13 (65%)
Age			
• ≤ 21 Years	20 (32.8%)	5 (14.3%)	2 (10%)
• 22-26 Years	41 (67.2%)	30 (85.7%)	17 (85%)
• > 27 Years	0 (0%)	0 (0%)	1 (5%)
Hospital Training			
• Yes	60 (98.4%)	34 (97.1%)	14 (70%)
• No	1 (1.6%)	1 (2.9%)	6 (30%)
Duration of Training			
• One Semester	0 (0%)	5 (14.3%)	1 (7.1%)
• Two Semesters	1 (1.6%)	8 (23.5%)	7 (50%)
• Three Semesters & more	58 (95.1%)	21 (61.8%)	6 (42.9%)
• Summer Training	2 (3.3%)	0 (0%)	0 (0%)
Source of Knowledge about Communication Skills			
• Course	50 (82%)	21 (60%)	1 (5.9%)
• Subject	9 (14.8%)	8 (22.9%)	13 (76.5%)
• Article	2 (3.3%)	5 (14.3%)	3 (17.6%)
• Did not know about it	0 (0%)	1 (2.9%)	0 (0%)

4. RESULTS

A total of 116 female nursing students from three nursing colleges (Qassim, Al-Ghad College and Buraydah Colleges) in the Qassim region, Saudi Arabia participated in the present

study and more than half of them were from the Qassim College (52.5%). Regarding the academic level, 72.1% of Qassim University participants were at 5-6 and 27.9% were at 7-8. From Al-Ghad and Buraydah College, it was 40%

and 35% were at 5-6 respectively. For level 7-8 there were 60% of participants from Al-Ghad College and 65% of participants from Buraydah College. Most of the participants of Qassim, Al-Ghad and Buraydah Colleges had their age ranging from 22-26 years (67.2%, 85.7% & 85% respectively). The majority of participants from Qassim University (98.4%), Al-Ghad Colleges (97.1%) and Buraydah College (70%) had hospital training. Most of nursing students at Qassim University (95.1%) had hospital training for three semesters and

more compared to 61.8% from Al-Ghad College and 42.9% from Buraydah Colleges. Only the participants from Qassim University (3.3%) had summer training. Regarding the source of knowledge about communication skills, most of the participants from Qassim University (82%) and Al-Ghad College 60% received their knowledge from a course while 76.5% of Buraydah College students received a subject on communication skills (see Table 1).

Table 2. Communications skills learning and role of communication

Question (Communication Skills learning)	Qassim University (n = 61)			Al-Ghad Colleges (n = 35)			Buraydah Colleges (n = 20)			p-value
	N (%)			N (%)			N (%)			
	Agree	Neutral	Disagree	Agree	Neutral	Disagree	Agree	Neutral	Disagree	
In order to be a good nurse I must have good communication	60 (98.4)	1 (1.6)	0 (0)	35 (100)	0 (0)	0 (0)	17 (85)	3 (15)	0 (0)	.007*
Nobody is going to fail their nursing program for having poor communication skills	10 (16.9)	29 (49.2)	20 (33.9)	13 (37.1)	18 (51.4)	4 (11.4)	10 (50)	9 (45)	1 (5)	.004*
Developing my communication skills is just as important as developing my knowledge of nursing	45 (73.8)	10 (16.4)	6 (9.8)	29 (82.9)	4 (11.4)	2 (5.7)	16 (80)	3 (15)	1 (5)	.852
Learning communication skills will help me to respect patients	54 (88.5)	6 (9.8)	1 (1.6)	33 (94.3)	2 (5.7)	0 (0)	16 (80)	4 (20)	0 (0)	.443
I haven't got time to learn communication skills	11 (18)	16 (26.2)	34 (55.7)	11 (31.4)	10 (28.6)	14 (40)	3 (15%)	11 (55)	6 (30)	.061
Learning communication skills is interesting	41 (67.2)	16 (26.2)	4 (6.6)	28 (80)	6 (17.1)	1 (2.9)	17 (85)	3 (15)	0 (0)	.412
Learning communication skills has helped me or will help me respect my colleagues	59 (96.7)	1 (1.6)	1 (1.6)	30 (85.7)	5 (14.3)	0 (0)	16 (80)	4 (20)	0 (0)	.055*
Learning communication skills has improved my ability to communicate with patients	60 (98.4)	0 (0)	1 (1.6)	30 (85.7)	5 (14.3)	0 (0)	16 (80)	4 (20)	0 (0)	.016*
Communication skills teaching states the obvious and then complicates it	29 (48.3)	21 (35)	10 (16.7)	20 (57.1)	6 (17.1)	9 (25.7)	15 (75)	5 (25)	0 (0)	.047*
Learning communication skills is too easy	14 (23)	33 (54.1)	14 (23)	22 (62.9)	9 (25.7)	4 (11.4)	12 (60)	8 (40)	0 (0)	.000*
Learning communication skills has helped me or will help me to facilitate team-working skills	51 (83.6)	9 (14.8)	1 (1.6)	31 (88.6)	2 (5.7)	2 (5.7)	15 (75)	4 (20)	1 (5)	.425
I find it difficult to trust information about communication skills given to me by non-clinical lecturers	16 (26.2)	28 (45.9)	17 (27.9)	19 (54.3)	7 (20)	9 (25.7)	6 (30)	9 (45)	5 (25)	.050*
Learning communication skills has helped or will help me recognize patients' rights	48 (78.7)	10 (16.4)	3 (4.9)	30 (85.7)	4 (11.4)	1 (2.9)	17 (85)	3 (15)	0 (0)	.801
Communication skills teaching would have a better image if it sounded more like a science subject.	34 (55.7)	22 (36.1)	5 (8.2)	26 (74.3)	6 (17.1)	3 (8.6)	15 (75)	5 (25)	0 (0)	.188
When applying for nursing, I thought it was a really good idea to learn communication skills	48 (78.7)	12 (19.7)	1 (1.6)	30 (85.7)	4 (11.4)	1 (2.9)	14 (70)	4 (20)	2 (10)	.344
I find it hard to admit to having some problems with my communication skills	17 (28.8)	28 (47.5)	14 (23.7)	10 (28.6)	20 (57.1)	5 (14.3)	8 (40)	8 (40)	4 (20)	.647
I think it's really useful learning communication skills in the nursing program	49 (80.3)	11 (18)	1 (1.6)	30 (85.7)	5 (14.3)	0 (0)	16 (80)	4 (20)	0 (0)	.865
My ability to pass exams will get me through my nursing rather than my ability to communicate	24 (40)	30 (50)	6 (10)	22 (62.9)	8 (22.9)	5 (14.3)	16 (80)	4 (20)	0 (0)	.007*
Learning communication skills is applicable to learning nursing.	46 (75.4)	14 (23)	1 (1.6)	26 (74.3)	4 (11.4)	5 (14.3)	11 (55)	6 (30)	3 (15)	.048*
I find it difficult to take communication skills learning seriously	15 (24.6)	18 (29.5)	28 (45.9)	14 (40)	9 (25.7)	12 (34.3)	10 (50)	10 (50)	0 (0)	.004*
Learning communication skills is important because my ability to communicate is a lifelong skill	55 (90.2)	5 (8.2)	1 (1.6)	33 (94.3)	2 (5.7)	0 (0)	16 (80)	4 (20)	0 (0)	.385
Communication skills learning should be left to psychology students, not nursing students	10 (16.4)	13 (21.3)	38 (62.3)	16 (45.7)	8 (22.9)	11 (31.4)	7 (35)	4 (20)	9 (45)	.022*

Note. *p-value \leq .05, Chi-Square test was used to calculate p-value

Questions from communication skills learning domain showed the statistically significant difference in the response for Q1, Q2, Q7, Q8, Q9, Q10, Q12, Q18, Q19, Q20 and Q22 for Qassim University, Al-Ghad College and Buraydah College participants' response (see Table 2).

Regarding communication skills behavior and Role of Communication, Table 3 illustrates that higher significant numbers of students at Buraydah College agreed with the statement "checking for patient's understanding is generally unnecessary", (Qassim University: 19.7%, Al-Ghad College:

28.6% & Buraydah College 70%). From Buraydah College, significantly higher numbers of participants agreed with the statement "communication address patient's emotions and psychological issues absolutely essential in nursing today", (Qassim University: 11.5%, Al-Ghad College: 40% & Buraydah College 50%). High numbers of participants on agreed with the statement that addressing patient's emotions and psychological issues is an essential part of the role of communication (Qassim University: 88.1%, Al-Ghad College: 54.3% & Buraydah College 85%).

Table 3. Communications skills behavior and the role of communication

Question (Communication Skills learning)	Qassim University			Al-Ghad Colleges			Buraydah Colleges			p-value
	N (%)			N (%)			N (%)			
	Agree	Neutral	Disagree	Agree	Neutral	Disagree	Agree	Neutral	Disagree	
1. Communication is important to clarify the treatment plan with patients	57 (93.4)	4 (6.6)	0 (0)	30 (85.7)	4 (11.4)	1 (2.9)	16 (80)	4 (20)	0 (0)	.252
2. Checking for patient understanding is generally unnecessary	12 (19.7)	8 (13.1)	41 (67.2)	10 (28.6)	4 (11.4)	21 (60)	14 (70)	6 (30)	0 (0)	.000*
3. Nurses and other health professionals must work to collaborate more effectively	56 (91.9)	5 (8.2)	0 (0)	31 (88.6)	3 (8.6)	1 (2.9)	14 (70)	5 (25)	1 (5)	.112
4. Acknowledging the patient's experience is not necessary in nurse- patient relationships	16 (26.2)	12 (19.7)	33 (54.1)	11 (31.4)	12 (34.3)	12 (34.3)	8 (40)	5 (25)	7 (35)	.254
5. Dealing with the emotional problems of patients is the responsibility of psychiatrists, psychologists and social workers, not nurses	7 (11.5)	15 (24.6)	39 (63.9)	14 (40)	11 (31.4)	10 (28.6)	10 (50)	5 (25)	5 (25)	.000*
6. Communication address patient's emotions and psychological issues absolutely essential in nursing today	52 (88.1)	7 (11.9)	0 (0)	19 (54.3)	14 (40)	2 (5.7)	17 (85)	3 (15)	0 (0)	.002*
7. Patients are generally unaffected by nurses non-verbal responses	10 (16.4)	21 (34.4)	30 (49.2)	15 (42.9)	12 (34.3)	8 (22.9)	9 (45)	3 (15)	8 (40)	.010*
8. Nurses need to be aware of their body language and use of personal space when talking with patients	54 (88.5)	4 (6.6)	3 (4.9)	31 (88.6)	3 (8.6)	1 (2.9)	12 (60)	4 (20)	4 (20)	.030*

Note. *p-value ≤ .05, Chi-Square test was used to calculated p-value

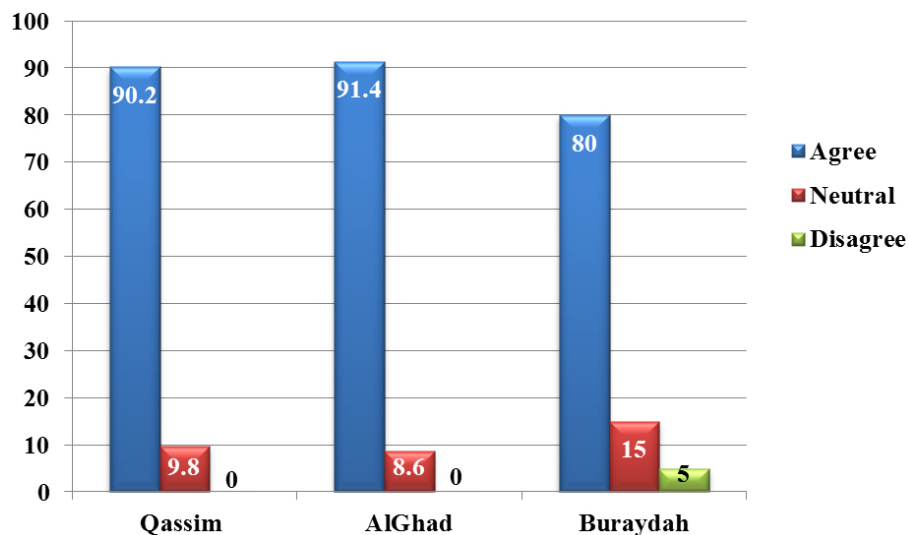


Figure 2. Percentage distribution of students' response toward statement "Good nurse-patient communication improves patient's health"

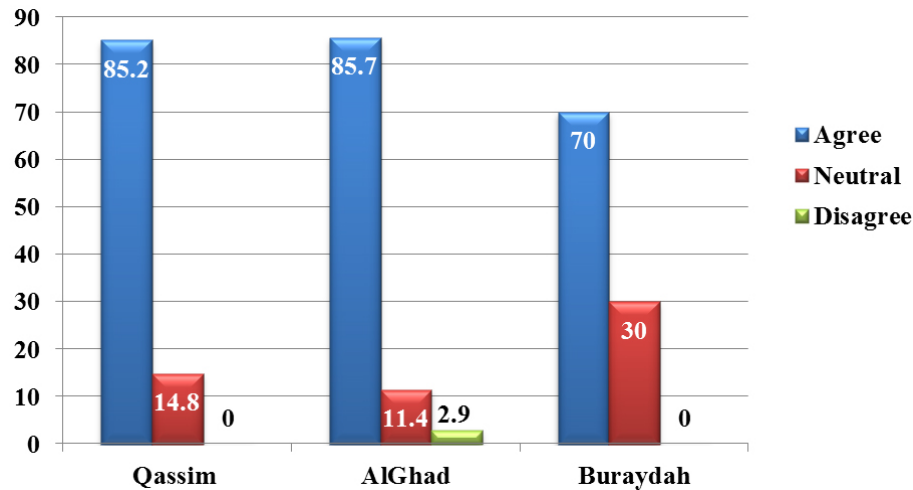


Figure 3. Percentage distribution of students' response toward the statement "Good communication is a core clinical skill"

The majority of participating students agreed regarding the statement "Good nurse-patient communication improves patient's health", (90.2% of Qassim University, 91.4% from Al-Ghad College and 80% from Buraydah college) and this difference was not statistically significant (p -value = .235) (see Figure 2).

Most of the participants agreed that "Good communication is a core clinical skill" (85.2% of participants from Qassim, 85.7% of participants from Al-Ghad College and 70% of participants from Buraydah) and this difference was statistically insignificant (p -value = .225) (see Figure 3).

Table 4. Attitude scores of the CSAS questionnaire regarding learning communication skills

No.	Items of CSAS	Qassim University		Al-Ghad Colleges		Buraydah Colleges	
		Mean	SD	Mean	SD	Mean	SD
Items of positive attitudes scores							
1	In order to be a good nurse I must have good communication skills.	3.01	0.13	2.00	0.39	2.15	0.37
4	Developing my communication skills is just as important as developing my knowledge of nursing.	2.96	0.96	1.23	0.55	1.25	0.55
5	Learning communication skills has helped or will help me respect patients	3.13	0.39	2.06	0.24	1.20	0.41
7	Learning communication skills is interesting.	2.39	0.61	1.22	0.49	1.15	0.37
9	Learning communication skills has helped or will help facilitate my team-working skills.	4.00	0.83	2.60	0.89	2.00	0.97
10	Learning communication skills has or will improve my ability to communicate with patients.	4.13	0.89	2.04	0.24	1.27	0.49
12	Learning communication skills is fun.	3.10	0.85	2.53	0.75	2.10	0.57
14	Learning communication skills has helped or will help me respect my colleagues	3.13	0.39	3.00	0.24	1.20	0.41
18	When applying for nursing, I thought it was a really good idea to learn communication skills.	4.11	0.59	2.24	0.50	1.69	0.40
Items of negative attitude scores							
2	I do not feel confident in my ability to express a sense of caring for my patients	2.21	0.76	1.91	0.90	2.06	0.94
3	I have difficulty in suspending my personal beliefs and biases in order to hear and accept a client/patient as a person	2.20	0.75	1.65	0.81	1.50	0.69
6	I feel if I talk to clients/patients on an individual, personal basis, things might get out of control	1.79	0.76	1.65	0.77	1.55	0.69
8	I don't feel strong enough to listen to the fears and concerns of my client/patient	2.90	0.79	2.03	0.87	1.55	0.60
11	I often find it difficult to express empathy with clients/patients	1.90	0.83	1.53	0.75	1.30	0.57
13	If I find it hard to relate to a client/patient, I'll stop trying to work	1.80	0.79	1.43	0.89	1.65	0.69
15	I often find it hard to relate to clients/ patients from a different culture than mine	3.82	0.92	2.91	1.06	1.50	0.79
16	I don't need good communication skills to be a nurse	1.00	0.72	2.31	1.56	2.50	0.99
17	I don't use creative or unusual ways to express caring for my clients/patients	3.13	0.89	1.04	0.24	1.29	0.46

Regarding attitude toward learning communication skills, Table 4 shows that among the positive items, the highest positive attitudes were found in item 10 “Learning communication skills has or will improve my ability to communicate with patients” and item 18 “When applying for nursing, I thought it was a really good idea to learn communication skills”. The lowest positive attitudes were expressed in item 7 “Learning communication skills is interesting” and item 4 “Developing my communication skills is just as important as developing my knowledge of nursing”. Among the negative items, the highest negative attitudes were found in item 15 “I often find it hard to relate to clients/patients from a different culture than mine”, and item 11 “I often find it difficult to express empathy with clients/patients”. The lowest negative attitudes were expressed in item 6 “I feel if I talk to clients/patients on an individual, personal basis, things might get out of control” and item 13 “If I find it hard to relate to a client/patient, I’ll stop trying to work”.

5. DISCUSSION

Effective communication is one of the most important skills that nursing students should master to be good in their job.^[21] In the hospital environment, most time of communication with the patient occurred by nurses.^[24] A quality nurse is the most important component of a quality healthcare establishment, not only are nurses the first to interact with patients in a clinical setting; but they also take care of patients during their entire stay.^[25] The goal of the present study is to evaluate the communication skills learning, behaviour and attitude of undergraduate nursing students at the three colleges of nursing and their thoughts on the role of communication. One study in 2012 of 312 nursing students at the beginning of practice sessions showed that 88.1% of nursing students had poor skills in clinical, treatment, and interpersonal communication and they need extra training.^[26] On the contrary, our results revealed that most of nursing students in the Qassim region had trained in hospitals for three semesters or more which subsequently exhibit an understanding of communication. In accordance with this finding, Zamanzadeh et al. emphasized that nurses have to receive training of communication skills in a regular manner to gain more competence and confidence in their role because they will face challenges resulting from the nature of the environmental work, which is often given little time to communicate and have stressful situations.^[27] Regarding learning of communication skills; the majority of nursing students agreed that learning communication skills is applicable to learning nursing and that clinical communication skills are important in the practice of nursing care (see Table 2). They agreed that their knowledge about communication skills come from studying course. These results

are similar to those achieved by Leite,^[28] in this study most students felt prepared in the area of communication skills, although some have negatively assessed the preparation they got in that field and stated that there was some room for improvement.

Data analysis showed that nursing students are aware of the importance of acquiring good communication skills and interpersonal relationships as shown in Table 3. This confirms the principle that the help function is an important area for any health care professional. In our participants’ opinion on communications skills behavior, they reported that nurses need to be aware of their body language and use of personal space when talking with patients. This is in accordance with Patrício (2012), who mentioned that nursing professionals should know how to approach the patients, how to listen to them, they should learn to say the right words at the right time, know how to encourage communication through expressions like gazing, gestures and how to make the act of asking questions.^[29]

Part of our study objective was to examine the attitudes toward learning communication skills, the present results shows moderate positive attitudes score of the CSAS questionnaire towards learning communication skills among nursing students of the three colleges especially those from Qassim University. It may be due to their studying of communication skills as a complete course. Moderate positive attitudes towards learning communication skills among nursing students is supported by a study conducted recently among 227 University nursing students in Martin.^[30] In addition, strong disagreement with the statement “I don’t need good communication skills to be a nurse” indicate a positive perception of the importance of communication skills in the practice among students. These results are in accordance with the research study of Busch et al.^[31] where low negative attitudes towards communication skills and moderate positive attitudes were found among medical students in Germany.

This study had a number of limitations; the study was carried out with students in three colleges in urban centers, and the inclusion of other centers could have resulted in different results. The sample size may not have been large enough to detect significant differences among the three colleges and this was because of a students’ number in Buraidah and Al-Ghad colleges. This study depended on self-report measures and self-report data have been criticized for their potential response bias. However, in this study, all of the questionnaires were anonymously filled and accordingly, this strategy may lead to increase in the accuracy of the questionnaires and reduce the bias. Further studies with a larger sample size and the comparison group are necessary. Male students are not

included in this study since it was difficult to communicate with them. Finally, we cannot rule out the possibility that our findings are due to other extraneous variables; therefore, future studies would be beneficial.

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AUTHORS' CONTRIBUTIONS

HT, AA, AR, MA and RA designed and implemented the study. AA, AR, MA and RA were involved in the data gathering and analysis and helped to draft the manuscript. Administrative, technical, or logistic supports were contributed to AA, AR, MA and RA. Critical revision of the article for important intellectual content was done by HT. All authors read and approved the final manuscript.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare they have no conflicts of interest.

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