

Examination of Nursing Students' Communication with Life Examples: A Mixed Method Study

Abstract

Background: Individuals need to recognize and develop their communication skill levels for communication to be effective. Especially nurses are expected to have sufficient communication skills. Quality patient care is realized with sufficient communication skills.

Aim: This study aimed to examine nursing students' communication with life examples. Nursing curriculum should be arranged in a way to develop these skills and this skill should be gained to nursing students.

Methods: This study was designed with a convergent parallel mixed method. The sample of the study consisted of 77 nursing students. The quantitative data were collected with the communication skills inventory to determine the level of communication skills of nursing students. Qualitative data were obtained by examining the communication designs, in which students re-animated their experiences with communication problems using effective communication methods and put them in writing. The data were evaluated by content analysis, numbers, and percentages.

Results: As a result of the study, it was determined that the overall communication skill level of the students was high (163 ± 13.0). As a result of the qualitative analysis, two themes, namely, ineffective communication methods and effective communication methods were created. When the experiences of students with communication problems were examined, the ineffective communication methods theme was obtained consisting of five categories. The categories were labeled as not empathizing, not listening effectively, observed negative behaviors, destructive communication, and interrupting the other party in the communication. When the documents of the students who rewrote their experiences using effective communication methods were examined, the effective communication methods theme was obtained from five categories. The categories were labeled as the empathic effect, observed positive behaviors, stimulating the other party in communication, listening and reflecting listening, and catalytic effect.

Conclusion: The study, which evaluates communication skills in nursing students, is argued to contribute to the literature by categorizing communication methods with a different approach and perspective. It is recommended that studies aimed at communication skills education programs continue, and programs whose effectiveness has been proven in research conclusions be included in the nursing curriculum.

Keywords: Communication, communication barriers, nursing, students

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Introduction

Communication is essential in that one can communicate to others the basic requirements that are needed for survival. It is especially vital that individuals with healthcare needs use effective communication methods when expressing themselves.¹ Similarly, effective communication with patients is a need for healthcare professionals. Therefore, communication skills are an indispensable element in clinical nursing practices. In the context of communication in clinical practices, communication skills can basically be defined as being able to manage the communication process.^{1,3} In that sense, it is important not to use ineffective communication methods that may cause communication problems, and to communicate with effective communication methods to manage the process. Likewise, being able to solve the communication problem by considering the event in a multidimensional way is of great importance in managing the process when faced with a communication problem.⁴⁻⁶

Nursing students experience communication problems, from time to time even though communication is of great importance in the field of healthcare. These communication problems become more visible during clinical practices where they have to communicate

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with the patient regularly, especially when they encounter a patient on whom they have to collect data about health problems and plan their care. The reason for this is that students have low self-confidence, fear making a mistake, do not know exactly how the clinic works, disagreements among the clinical team, and patients stigmatize the students.² The acquisition of communication skills begins during the education of nursing students and continues in the process of performing the profession.^{7,8} Learned communication skills contribute to improving the quality of care during the nursing practice process, reducing medical errors, and effective teamwork.^{2,7,8} This information reflects the importance of determining the effective and ineffective communication methods and communication skill levels of nursing students while emphasizing that the adequacy of the nursing curriculum regarding communication should be questioned. It is seen that studies evaluating the adequacy of communication education in the nursing curriculum in Türkiye are limited. Accordingly, this study aimed to determine skill levels and to examine the effective and ineffective communication methods that they adopt for nursing students' communication with life examples.

Questions of the Study

1. What is the communication skill level of 1st-year nursing students who take the communication course?
2. What are ineffective communication methods that students adopt that cause communication problems?
3. What are the effective communication methods that students prefer to prevent communication problems from occurring?

Methods

Study Design

This study was designed with a convergent parallel mixed method. In the convergent parallel mixed study design, quantitative and qualitative data are collected simultaneously, analyses are made separately, and the findings are interpreted by integrating them.⁹ For this purpose, quantitative and qualitative data were collected together at the end of the Interpersonal Communication course and analyzed separately in this study.

Sample of the Study

The sample of the study consisted of 113 students enrolled in the "Interpersonal Communication" course given by a university in the spring semester of 2019–2020. First-year nursing students constitute the sample of the research using the criterion sampling method in the context of the purpose and basic understanding of the research.¹⁰ No selection was made in the collection of qualitative data, and qualitative data were collected from the entire sample. The criteria for participation in the study include the fact that the students volunteered, enrolled in the Interpersonal Communication course, and shared the communication problem that they experienced in the format requested from them. The data obtained from 77 students who met the study criteria constituted the quantitative part of the study. The experiences of 70 students constituted the qualitative part of the study because the experience of seven students was not submitted in the desired format.

Data Collection Tools

The quantitative data were collected with a sociodemographic data collection form and the communication skills inventory (CSI)

to determine the level of communication skills of nursing students. For quality data, it was used the form including two structured questions to evaluate the assignment given for the interpersonal relations course.

Sociodemographic Form

This form was prepared by the researcher in light of the current literature.^{11,12} The form includes questions evaluating the perceptions of the student's age, gender, and own communication skills.

Communication Skills Inventory

CSI developed by Ersanli and Balci¹³ is used to determine the communication skills of individuals. This five-point Likert-type inventory evaluates communication skills of individuals in three dimensions as behavioral, cognitive and emotional, and each dimension has 15 questions and inventories. The lowest score to be obtained is 45 and the highest score is 225. Those who score high in the inventory are argued to have high communication skills. The high scores obtained from the sub-dimensions show that communication skills are higher in this dimension. Cronbach's alpha coefficient of the CSI was found to be 0.72.¹³

Structured question form to evaluate the assignment given for the interpersonal relations course

The assignment consists of two structured questions aiming to determine which ineffective communication methods cause students to experience communication problems, and which effective communication methods eliminate this problem. The questions in this assignment are as follows:

1. Write down an experience where you have communication problems from your life examples
2. Re-animate and write this experience you shared with effective communication methods to prevent communication problems from occurring.

Data Collection

Quantitative data were collected online through Google Forms after the end of the course. In the first part of the data collection tool, there was information about the purpose of the study and the fact that participation in the research was completely voluntary. There was a "yes/no" box regarding whether or not they agreed to participate in the study. Participants, who gave consent to participate in the study, were able to access and responded to the questionnaire.

Qualitative data of the study were obtained from the assignment given within the scope of the "Interpersonal Communication" course. Assignments were given at the end of the course and received after 2 weeks. After the assignments were collected, the students were asked whether they volunteered to use the documents within the scope of the research. Since the study was carried out during the pandemic, the documents were collected using the distance education system determined by the university. In this course, students were expected to write down the experiences during which they had communication problems and rewrite their experiences in the communication drafts that they re-animated using effective communication methods in the given assignment. The experiences of students with communication problems were examined in the first stage of the data collection process. They re-animated the experiences that

they wrote in the first stage using effective communication methods for the communication design, and their writings were examined in the second stage. The data collection process created by these two stages constituted the qualitative part of the study.

The “Interpersonal Communication” course consisted of 90-min theoretical courses in the 1st year of the nursing faculty lasting for 14 weeks and covers the subjects affecting interpersonal communication. The purposes of this course are for students to define the concept of communication, to determine the factors affecting communication, to know what the effective and ineffective communication methods are, to discuss the communication barriers and factors that facilitate communication, and to understand the importance of communicating with the patient. This course consists of the definition of communication, communication techniques, problem-solving, conflict resolution, and similar topics.

Validity and Reliability for the Qualitative Part of the Study

All participants’ consents were obtained before the study. The shared experiences were examined by both the researcher and the participants for their respective data to ensure better validity and contribute to the credibility of the study results. The details of the study were presented in a plain and clear way: How the sample selection was made, the characteristics of the participants, and the environment were clearly shared in this study. The analysis was repeated 1 month later by the researcher to ensure invariability in this study. In addition, the internal consistency of the study was enriched by performing data analysis within a previously created and defined conceptual framework.

Data Analysis

The Statistical Package for the Social Sciences (IBM, Türkiye) 22.0 for Windows was used for statistical analysis in this study. To determine whether the data were distributed normally, the kurtosis and skewness values were used, and values ranging between -2 and +2 were considered compatible with a normal distribution.¹⁴ There was a normal distribution in the analyses. Numbers and percentages were used for variables determined by counting, mean ± standard deviation, and minimum-maximum values for variables determined by measurement.

The experiences of 70 students who met the study criteria were analyzed by the descriptive analysis method.¹⁰ In this context, a thematic framework is created based on the conceptual framework, study questions, and the obtained data in the descriptive analysis. The data are read and put together in a meaningful way according to the thematic framework. The findings are explained, associated, and interpreted in the last stage.¹⁰ A framework was created for the descriptive analysis based on the research questions, the conceptual framework of the study, and the obtained data. A conceptual framework was formed by examining many sources.^{6,8,13,15-18} It was determined under which categories the data would be rewritten and presented according to this framework. The results defined by reading and combining the data were explained, correlated, and interpreted.

Ethical Consideration

This study was conducted in accordance with the principles of Good Clinical Practices and the Declaration of Helsinki. Before the research, the Ethics Committee of Bilecik Şeyh Edebali University was consulted and the Ethics Committee approval of the study was

obtained with the decision numbered 5 of the meeting dated February 09, 2020, and numbered 9. Participation in the study was voluntary.

Results

The results of this study were mentioned in two sections for the quantitative and qualitative data.

The mean age of the nursing students was 19.97 ± 1.307 and 79.2% of the participants were female (Table 1). When the scale and its sub-dimensions were examined, it was found that the mean scores of behavioral, cognitive, and emotional sub-dimensions were 53.00 ± 4.29, 56.00 ± 5.63, and 54.00 ± 5.90, respectively. The mean total CSI score was 163 ± 13.0 (Table 2).

As a result of the qualitative analysis, two themes, namely, ineffective communication methods and effective communication methods were created.

1st theme: Ineffective Communication Methods

	n	%
Age		
19	28	36.3
20	36	46.8
21 and other	13	16.9
Gender		
Male	16	20.8
Female	61	79.2
Having a health problem		
Yes	2	2.6
No	75	97.4
Frequency of communication problems		
Everyday	5	6.5
Once a week	25	32.5
More than once a week	21	27.2
Other	26	33.8
Feeling competent in solving problems		
4 and below	9	11.7
5	13	16.9
6	12	15.6
7	27	35.1
8	10	13.0
9	6	7.8
Previous communication training		
Yes	9	11.7
No	68	88.3

Table 2. Scale scores of the participants

The scale	Number of statements	Min	Max	$\bar{x} \pm SD$
Communication skills inventory	45	112	195	163±13.0
Behavioral	15	44	65	53.00±4.29
1.2. Cognitive	15	26	66	56.00±5.63
1.3. Emotional	15	42	68	54.00±5.90

What ineffective communication methods cause communication problems in the experiences shared by nursing students was examined. The categories resulting from the analysis of the obtained data are shown in Table 3 and a total of 21 ineffective communication methods were classified under five categories. The categories were labeled as not empathizing, not listening effectively, observed negative behaviors, destructive communication, and interrupting the other party in the communication.

Not Empathizing

The percentage of nursing students using lack of empathy was 40.3% (n = 27). The experience of a participant in this method is as follows:

I said, "Dear, please tell me. We could work something out together." My friend said, "We argued with my mother, that's all." And I said, "I don't want to be too insistent and overwhelm you, but I know you. You're upset about something, but I don't think it's a small problem, as you say." My friend said, "My problem may be small for you, but it's never small for me." (P17, F).

Not Listening Effectively

This category includes not listening and asking appropriate questions to continue listening. The lack of effective listening skills was 56.7% (n = 38) of the experiences reported as communication problems. A part from the experience of a participant in this category is as follows:

"So, he was angry that I didn't listen to him and that he forgot what he was saying. In our conversation on WhatsApp, he said, "When I stop talking, you can then write. Do you understand?" he said. The fact that I interrupted him in this conversation twice made him angry even more quickly. He couldn't help himself, so he said, "Just shut up, really." Then, our communication was damaged even more without giving me time to explain myself by saying things in a loud tone, such as "You always interrupt when I talk, you always interrupt, shut up, and listen" (P23, F).

Observed Negative Behaviors

Inappropriate body language and loud tone of voice are categorized as negative behaviors in communication as a result of this study. The most common problem in this category was the use of inappropriate body language (n = 38, 56.7%). A part from the experience of two participants in this category is as follows:

"I started listening to her with interest because she would really take care of me. She asked me if I had a problem. But when she asked me that, she was sarcastic. I thought she was just asking out of curiosity.

Table 3. Categories on ineffective communication methods theme

Ineffective communication methods*	n	%
Not empathizing		
1. Lack of empathy	27	40.3
Not listening effectively		
2. Not listening	38	56.7
3. Not asking appropriate questions	9	13.4
Observed negative behaviors		
4. Inappropriate body language	38	56.7
5. Loud tone of voice	29	43.3
Destructive communication		
6. Devaluation	58	86.5
7. "You" Language	49	73.1
8. Judging	37	55.2
9. Defending	16	23.9
10. Threatening	16	23.9
11. Ordering	27	40.3
12. Advising	17	25.4
13. Inappropriate criticism	12	17.9
Interrupting the other party in the communication		
14. Inability to express.	36	53.7
15. Changing the subject	6	9.0
16. Improper termination of communication	4	6.0
17. Providing incomplete information	4	6.0
18. Not feeling confident	4	6.0
19. Not giving feedback	3	4.5
20. Not knowing oneself	2	3.0
21. The recipient not being in a suitable state for communication	1	1.5

*Participants have selected more than one answer

And at that moment, I was hard on her. I started yelling at her, and maybe that's where my first communication mistake started. When I yelled at her like that and reached heavily and she started to move away from me" (P12, F).

"We shared the hours of using the computer during the COVID period. We had certain hours. When my brother did not comply with these hours, I shouted (you will get up, it's enough, etc.), and pushed him. The more I shouted, the louder my brother shouted. My approach to him was wrong, too, so we had a communication break and problem" (P55, M).

Destructive Communication

This category includes devaluation, "you" language, judging, defending, threatening, ordering, advising, and inappropriate criticism. The

most common use in this category was devaluation (n=58 86.5%). A part from the experience of two participants in this category is as follows.

“Enough about your naughty boy! ... The branch of the lemon tree that I have taken care of is broken! I bet your boy broke it! Your naughty son broke it... Are you trying to cover your child’s mistake with a case of lemon? See your child’s impudence first! If that naughty boy’s ball gets in our garden again, I will cut it off and give it back to you” (P62, F).

“What did you say, what did you say? What the hell are you talking about? I don’t understand how you can upset your friend of many years by saying this.” (P17, F)

Interrupting the Other Party in Communication

This category includes the inability to express, changing the subject, improper termination of communication, providing incomplete information, not feeling confident, not giving feedback, not knowing oneself, and the recipient not being in a suitable state for communication. The most common use in this category was the inability to express (n = 36 53.7%). A part from the experience of two participants in this category is as follows:

“By the way, I hope you get high on this test, your results from the last time were very low. You can’t win college like this. Who do I work for every day, myself or so that you can go to a good university?” (P36, F)

“My dad called and said, ‘Don’t you think you should come home, son, don’t you have a home?’” he said. And I said, “You don’t have to call and say the same thing over and over again. If you want, get a secretary to repeat it when it’s close to 11:00. I would say that ‘I’m coming that’ and it would be done. Am I a child or don’t I know when to come home, Dad?” I said. Since he was hurt, I think he said, “OK then, son” and hung up the phone” (P25, M)

2nd theme: Effective Communication Methods

In this section, 70 communication designs formed by re-animating and writing the experiences shared in the first part of the qualitative results using effective communication methods were examined. The categories resulting from the analysis of the communication designs formed by the communication methods added to prevent communication problems are given in Table 4. A total of 24 effective communication methods were classified under five categories. The categories were labeled as the empathic effect, observed positive behaviors, stimulating the other party in communication, listening and reflecting listening, and catalytic effect.

Empathic Effect

Empathy, which is one of the main factors facilitating communication, was identified as a method adopted by students in solving their problems. The empathy method was adopted in 79.1% of 70 rewritten experiences with an effective communication method. Parts from the experience and rewritten experience of a participant in adopting this method are as follows:

Experience

“The other day, while I was in my room again, suddenly my father entered my room without knocking. And I was very upset because I

Table 4. Categories on effective communication methods theme

Effective communication methods	n	%
Empathic effect		
1. Empathy	53	79.1
Observed positive behaviors		
2. Effective body language	48	71.6
3. Effective tone of voice	20	29.9
4. Smiling	13	19.4
5. Using Silence	1	1.5
Stimulating the other party in communication		
6. Correct expression	60	89.6
7. Expressing feelings and thoughts	37	55.2
8. Giving feedback	20	29.9
9. Giving information	17	25.4
10. Presenting options	12	17.9
11. Opening oneself up	1	1.5
Listening and reflective listening		
12. Effective listening	42	62.7
13. Asking effective questions,	32	47.8
14. Reflecting	10	14.9
15. Encouraging	9	13.4
16. Summarizing	5	7.5
Catalytic Effect		
17. “I” Language	17	25.4
18. An effort for reconciliation	15	22.4
19. Accepting criticism	11	16.4
20. Respecting	11	16.4
21. Knowing oneself	11	16.4
22. Not judging	10	14.9
23. Sincerity	4	6.0
24. Establishing trust	4	6.0
*Participants have selected more than one answer		

was very uncomfortable with these things, and even though my father knew about it, he did this. In a very loud tone, “Why are you coming in without knocking?” I angrily shouted. My father asked in a louder tone than mine, “Will I ask your permission when entering a room in my house?” he said in response to my reaction. It hurt me to hear him say that. On top of that, I was even angrier. I didn’t know what I was saying after that. I yelled in his face and said, “May your house do you no good!”

Rewritten experience

“The other day, while I was in my room, my father entered my room without knocking. He wouldn’t normally go in without knocking

because he knew I was uncomfortable with these things. With empathy, I thought maybe he was distracted and didn't notice. In a calm tone, "Dad, can you knock on the door next time?" I asked. As I predicted, my father said that it was due to his absent-mindedness and would pay attention the next time" (P8, F).

Observed Positive Behaviors

In addition to verbal messages, non-verbal messages have an important place in communication. Effective communication methods in this category are effective body language, effective tone of voice, smiling, and using silence. The most preferred method in this category was effective body language (n=48; 71.6%). Parts from the experience and rewritten experience of a participant in this category are as follows:

Experience: "After raising my head slightly and giving my father an uncomfortable look, I responded in a monotonous tone. "The same videos are also sent to me; I watch them when I am available. Thank you for letting me know." My father said, "You need to watch it now, get them out of the way. Improve yourself a little bit and don't postpone everything." I was bored and raised one eyebrow and continued to talk with a nervous and insincere smile. "I'm indeed improving myself, just because you don't see it doesn't mean it's not real. What did you do today besides watch videos?" I asked. I was overwhelmed by what I had heard. I wanted to finish my meal and get away from the environment as soon as possible, pretending not to hear my father. I chose not to react at all to what he said and continued to eat" (P58, F).

Rewritten experience: "After raising my head and smiling slightly at my father, I responded in a normal tone. "The same videos are also sent to me; I watch them when I am available. Thank you for letting me know." And my dad said, "When you watch it, maybe we can talk about the videos, and you should try not to postpone it. There are useful videos with which you can improve yourself." I raised my eyebrows slightly and opened my eyes and continued to talk curiously. "I've been trying to improve myself lately, so that's good to hear, thank you. I'll try to watch the videos" I said. (P58, F).

Stimulating the Other Party in Communication

Some methods provide a facilitating effect to ensure the continuity and health of communication. The six methods in this category (correct expression, expressing feelings and thoughts, giving feedback, giving information, presenting options, and opening oneself up) serve this purpose. Correct expression (n=60, 89.6%) ranks first in this category. The experience of a participant in this category is as follows:

Experience: "I saw my patient smoking on the fire escape on the clinic floor, and I went up to him and said, "I think I've warned you many times not to smoke, along with the reasons." My patient said, "Yes, I know, I don't care about your bans, and everyone smokes." I interrupted him and continued. "I warn everyone I see; it is very important that you do not smoke for your health and treatment. I did your oxygen therapy 20 min ago, and you went out smoking right after it. You may think that everyone smokes, but your lungs are in no condition to tolerate smoking." (P31, F).

Rewritten experience: "I saw my patient smoking on the fire escape on the clinic floor, and I went up to him and said, "I'd like to talk to you about smoking, let's go there if it's okay. How many cigarettes do you smoke a day? Cigarette smoke causes serious damage to the lungs. I

want to help you quit smoking." I said. (If I approached in this way, my patient would be more open to communication and could share his problem with me. I could teach him about the harms of smoking and what kind of situation smoking would create in his own case. I should have encouraged him to make a decision and show him that I would be with him in increasing the quality of his health in this process as his nurse. I should have avoided showing inappropriate attitudes to the individual and instead supported him" (P31, F).

Listening and Reflective Listening

Effective listening, asking effective questions, reflecting, encouraging, and summarizing are included in this category. Methods in this category are approaches that can be used to initiate and maintain communication. One of the most common methods used in this category was effective listening (n=42; 62.7%). Parts from the experience and rewritten experience of a participant in adopting this method are as follows:

Experience: "Tell me about there. Do people live in the desert, like in documentaries?" my uncle said. Hence, I lifted my head from the phone and said, "Huh? What were you saying uncle, I was reading a very important message?" My uncle said in a harsh tone, "Oh, this is the habit of young people today. You, young people do not listen to the elderly anymore." (P63, F)

Rewritten Experience: "Tell me about there. Do people live in the desert, like in documentaries? My uncle said. And I said, "Exactly, uncle, it was a nice place. We went there and studied our lessons and saw how the people there lived." My uncle said, "If it's in our destiny, we might go and see there someday." And I said, "How's your business? Did you take care of the field?" I asked. My uncle said, "That's taken care of, thank goodness, everything is fine for now." And I said, "Uncle, I have to answer the phone, I have some important work to do," and I directed my attention to my phone (P63, F).

Catalytic Effect

Nine methods emerged in this study to create a catalytic effect on communication. These are; "I" language, an effort for reconciliation, accepting criticism, respecting, knowing oneself, not judging, sincerity, and establishing trust. If these methods are used, it is thought that the method has a positive effect on the change of the other individual while the individual using the methods remains unchanged in communication. It can be said that effective communication methods with catalytic effects accelerate communication, eliminate situations that will harm communication, and produce the desired situation. The use of these methods with precision will make it easier to achieve the desired goal. For this reason, it is among the indispensable methods in communication. Parts from the experience and rewritten experience of a participant in this category are as follows:

Experience: "Is there anything you want to tell me?" I brought up the subject, on a day we were sitting together. He didn't get it, of course, and he said, "Oh, no, like what?" he said. And I said, "I really don't understand why you're doing this. I know about your parents, why didn't you tell me? Am I not your closest?" I asked. My friend looked at me dull and I continued, "I thought so, but apparently I'm not. From now on, I won't tell you anything" (P68, F).

Rewritten experience: I calmed her down on a day we were sitting together and at the right time, "I know about your parents. And I

understand that you could not tell me. I'm always here for you. I'm here whenever you want to tell me." I said. He looked at me, smiled, and said, "Thank you. I know you've always been there for me, and you make me feel it. I'm going through a very difficult time. I feel so unhappy. I'm so inexperienced, I don't know what to do." And I hug him and said "Stuff like that happens in the family. We will leave the decision to them and try to remain calm; you are not alone, it will pass" (P68, F).

Discussion

The evaluation of the communication skills of nursing students is important in achieving the communication training objectives and reviewing the content of the training. In particular, it is necessary to determine the effective communication methods used and to categorize these methods.

This study was found that 55.9% of the participants marked 7 and above. Moreover, the CSI score varies between 45 and 225 throughout the sample, and the sample average was calculated as 163 ± 13.0 points. The high score obtained from the scale suggests that the overall communication skills of the students are high. There are studies in the literature that obtained results that are similar to our findings.^{7,11,19,20} However, there are also studies in which opposite or different findings were obtained. For example, one study found that the overall level of students' communication skills was moderate,^{21,22} unlike the present study in which we found the overall level of communication skills to be quite high. However, a main difference between these studies and the present one is that in our study, the data obtained were collected after the interpersonal communication course. Therefore, the high score obtained may be due to the fact that the data were collected in a period when the information received during the course was quite new. There are study results related to the fact that communication skills training provided to nursing students increases students' abilities in this regard.^{3,12}

In this study, life examples are defined as students presenting sections from their lives. The ineffective communication methods that cause students to experience problems, and effective communication methods used by students to solve these problems were examined in the qualitative part of the research.

In the first stage, ineffective communication methods that cause communication problems for students were discussed. Five categories consisting of 21 ineffective communication methods emerged when the experiences of students with communication problems were examined. These categories were labeled as not empathizing, not listening effectively, observed negative behaviors, destructive communication, and interrupting the other party during communication. It was observed that the most commonly used method that causes communication problems is devaluation, listed under the destructive communication category. In the second place, the "you" language was observed from the same category. In the third place, it was determined that the body language was not used effectively from the observed negative behavior category. There are many methods in the literature that cause communication problems. Similar to the results of this study, not listening, unclear expression, inability to empathize, judging, distrust, lack of information, giving orders, and threatening are shown as obstacles that cause communication problems in the literature.^{17,23,24} A lack of empathy and insensitivity to patients' emotions, expectations and perspectives, a lack of trust,

the choice of appropriate words, a clear message, a non-therapeutic touch, an inappropriate tone of voice, and body language are among the ineffective communication methods used in communication with the patient.^{25,26} In a study conducted with physicians and nurses, it was determined that inappropriate body language and words used were among the sources of communication problems.¹ There are ineffective communication methods such as physical distance, inappropriate communication environment, physical appearance, negative perception, status differences, inadequate information about effective communication, and the negative effect of past experiences, which are not detected in our study results but are included in the literature.^{1,17} This information shows that ineffective communication methods cause communication problems. As a result of our study, it was seen that the communication of the students using these methods was adversely affected in the experiences that they shared, ended in a way, they did not want, and sometimes, these communication conflicts even constituted an obstacle for the students to communicate with the same person(s) again.

In the second stage, the methods used by students who rewrote their experiences using effective communication methods were determined. Effective communication methods were categorized as "empathic effect," "observed positive behaviors," "stimulating the other party in communication," "listening and reflecting listening," and "catalytic effect." Communication methods in each specified category are used to define effective communication.²⁷ Similar to the results of this study; empathy, listening, helpful and unbiased communication, being respectful, being friendly, and building trust are among the methods used to solve communication problems.^{1,5} Many methods are expected to be included and used among the communication skills of nursing students.^{15,28,29} Twenty-four methods were found within the determined categories when the methods preferred by the students in solving communication problems were examined. Correct expression, which is under the category of "stimulating the other party in communication," ranks first in solving the communication problem. In the second place, there is empathy from the "empathic effect" category, and the effective body language from the "observed positive behaviors" category is in the third place. The correct expression is to ensure that any known topic is easily understood. As a matter of fact, it is as important to be able to tell what you know correctly as it is to know something.³ The correct expression is indispensable not only in communication with the patient in the nursing profession but also in all conditions in the communication process.¹⁵ The fact that the correct expression method ranks first in solving the communication problem shows that students want to prevent incomprehensibility in communication, and convey information correctly. Empathy, in which students prefer in the second place, is a skill expected from nursing students in preventing or solving communication problems, and its importance is frequently emphasized in the literature.^{28,30,31}

Communicating with the patient by empathizing will increase the quality of the relationship, make the patient feel valuable, and help make decisions correctly.³² The effective body language method, which is in the category of "observed positive behaviors," has been the third choice of students. In a study examining behavior in communication, which is defined as a communication skill sub-dimension, the behavior dimension of nursing students in communication was found to be moderate,¹⁸ while, in another study, it was found to be high.²²

In this study, as a result of rewriting 70 students' experiences involving communication problems with effective communication methods, it was observed that the communication designed by the students was more positive, and it was determined that the relationships they designed continued smoothly and more harmoniously. In addition, identifying the method that causes the communication problem and trying to solve it suggests that communication skills are high. These results prove that both qualitative and quantitative data are parallel to each other. This study result shows the expectation that problems will be prevented when effective communication is established, and a more harmonious encounter will take place. There are publications in the literature showing that there is a positive relationship between communication skills and self-efficacy and personal, social, and general adaptation levels.^{4,33}

Limitations of the Study

This study is limited by the generalizability of this study results for nursing students in other environments. In addition, the collection of the data for this study within the scope of a course is among the limitations of the study.

Conclusion

It is thought that the most important information and skills related to communication are taught during education. Almost all researchers with theories related to nursing and communication emphasized that a therapeutic relationship would not be possible without effective communication knowledge and use.³ Therefore, communication skills and communications training of nursing students should be evaluated, and the necessary arrangements should be made.

As a matter of fact, the communication problem was prevented in the rewritten communication drafts, and their communication with the individuals that they communicated with continued healthily in contrast to the first experience. The first part of the qualitative results of our study shows that students encounter communication problems in their life examples. However, considering the second part of the qualitative and quantitative data, it is seen that students can solve their communication problems. In addition, their awareness of communication skills increases with the Interpersonal Communication course, and they have the required skills to solve communication problems. As a result of the literature review, it was found that communication methods were categorized in many different ways. Each categorized form differently handled various aspects of communication.^{6-9,13,16-18} In addition, there is no clear consensus on how to categorize communication methods. It is thought that this study contributes to the literature by categorizing communication methods with a new approach and perspective.

It is recommended to ensure that nursing students notice the communication skills in communication training and to carry out activities by the lecturers to increase the level of communication skills. In addition, it is recommended to review the training given with the curriculum by receiving feedback from the students and to strengthen the literature on this subject by conducting similar studies. It is recommended that studies aimed at communication skills education programs continue, and programs whose effectiveness has been proven in research conclusions be included in the nursing curriculum.

Ethics Committee Approval: This study was approved by Ethics Committee of Bilecik Şeyh Edibali University, (Approval No: 5, Date: 02.09.2020).

Informed Consent: Written informed consent was obtained from the patients who agreed to take part in the study.

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