Original Article

Psychosocial care proficiency self-assessment and related factors of nurses with postgraduate education

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Abstract

Objectives: Nurses' understanding of the value of prioritizing psychosocial care and developing skills for psychosocial care have an important place in all areas of nursing. This research was carried out to determine the nurses with postgraduate education their psychosocial care proficiency self-assessment and the factors related to them.

Methods: This descriptive and cross-sectional study was conducted with 56 nurses with postgraduate education working in a research and practice hospital. Research data were collected with a descriptive information form, the psychosocial care proficiency self-assessment scale (PCPSAS).

Results: The mean score of the nurses participating in the study was 75.23±11.20 in PCPSAS, and the scores they got in the sub-dimensions of "Symptom diagnosis," "Using information," "Intervention" and "Diagnostics" were 21.50±2.87, respectively; 21.05±3.51; 16.14±3.09; It was determined to be 16.53±2.76. It was found that the total score of PCPSAS and the sub-dimensions of using information, intervention, and diagnosis differed significantly according to the level of postgraduate education, and the scores of the intervention sub-dimension differed significantly according to age and gender (p<0.05).

Conclusion: As a result of the study, it was determined that nurses with postgraduate education considered themselves competent in psychosocial care, while there were significant differences in terms of competence in using information, intervention, and diagnosis according to education level, and in self-assessment of competence in psychosocial interventions according to age and gender. It may be recommended that education and evidence-based practices that emphasize the value of prioritizing psychosocial care be added to all graduate nursing programs.

Keywords: Nurse; postgraduate; psychosocial care.

Nurses play a unique role in identifying and supporting patients' needs. Nurses' understanding of the value of prioritizing psychosocial care and developing skills for psychosocial care have an important place in all areas of nursing.[1] While the disease affects the physiology of individuals, it also affects their mental and social life due to problems such as activity limitation and pain.[2] When individuals whose psychosocial health is negatively affected, they often show behavioral reactions such as seeking support, seeking information, hiding, socially withdrawing, and refusing treatment, while they also experience intensely painful emotions such as anxiety, fear, anger, helplessness, and powerlessness.[3–6] Psychosocial care is an intervention used to help individuals who have difficulties coping with the emotional aspects of illness, life crises affecting health or mental problems.[5] The psychosocial care skills of nurses make it easier for patients and their relatives to decide on issues such as complex treatment, symptom management, and end-of-life care.[7] Pehlivan[8] found that 22.9% of nurses providing holistic care did not know psychosocial assessment, 12.1% saw psychosocial assessment as the job

of a psychiatric nurse, and 1.3% thought that psychosocial assessment was unnecessary. However, good psychosocial care is known to reduce the psychological distress and physical symptoms of patients and their relatives, improve their quality of life, and reduce hospital admissions by supporting the increase in coping levels.[6] For this purpose, nurses should not forget that they have a key role in providing psychosocial care to patients and their relatives and supporting changes in the health system, and should evaluate the psychosocial reactions of patients in the best way and apply psychosocial care.[5,9]

Nurses' ability to recognize the psychological needs of patients, understand the factors affecting their psychological reactions, and develop their skills to respond appropriately to these individual reactions begins in the undergraduate education period. However, limited time is allocated to psychological care in undergraduate education curricula; therefore, psychosocial care skills cannot be developed sufficiently during student life.[10] Chen et al.[11] determined that nurses who care for cancer patients need additional training in providing psychosocial care. Abu-Qamar et al.[12] stated that the qualifications of nurses after undergraduate education improve patient care outcomes, but the level of evidence on this subject is weak. In this context, it can be emphasized that nurses need advanced training to increase their knowledge and skills in patient care.

Postgraduate education in nursing supports the increase of nurses' knowledge and the development of learning habits. Wilkinson et al.[13] stated that there is a positive relationship between postgraduate education and the time spent by nurses in advanced practice activities and that nurses with postgraduate education make an additional contribution to the working environment. When the literature was examined, no study findings were found that included the self-evaluation of nurses with postgraduate education on their psychosocial care proficiency in the treatment and care of patients. In recent years, when the effects of psychosocial factors on diseases and the importance of meeting the psychosocial needs of patients/patients' relatives have increased, it is thought that there is a need to reorganize the graduate education curricula that will support the determination of the self-evaluation of the nurses with postgraduate education on their psychosocial care proficiency and the improvement of the quality of psychosocial care. For this purpose, answers to the following basic research questions were sought in the study.

1. What is the self-evaluation of nurses with postgraduate education regarding their psychosocial care proficiency in treating and caring for patients?

2. What are the factors associated with the self-assessment of nurses with postgraduate education regarding their psychosocial care proficiency?

What is presently known on this subject?
- The well-being of the patients, which deteriorates with the disease process, can be increased by providing psychosocial care.

What does this article add to the existing knowledge?
- It was determined that nurses with postgraduate education considered themselves proficient in psychosocial care, and their academic education levels, age, and gender made a significant difference in self-assessments about psychosocial care.

What are the implications for practice?
- It will contribute to the inclusion of education and evidence-based practices that emphasize the value of prioritizing psychosocial care and support the improvement of the quality of psychosocial care in graduate nursing programs.

Materials and Method

Purpose and Type of Research

This quantitative study was conducted using a descriptive and cross-sectional research design to examine the self-evaluation of postgraduate nurses' psychosocial care proficiency in the treatment and care of patients.

Research Sample

The participants of this study consisted of 62 nurses with postgraduate education working in a research and practice hospital in the Thrace region. The sample of the study consisted of nurses with postgraduate education, more than 12 months of nursing experience, and who agreed to participate in the study. Due to the changes in the working services of the nurses due to the COVID-19 pandemic and the difficulty in reaching the sample, the questionnaires were sent to the e-mails of the nurses by online method, with the information obtained from the nursing services directorate. As a result of the low number of responses, certain participants were selected as references, and data collection was carried out using the non-random snowball sampling method. Although a total of 62 nurses were invited to participate in the study, 56 nurses agreed to participate in the study. In the research, 90% of the universe has been reached.

Variables of the Study

Dependent Variables of the Research

The mean scores of the psychosocial care proficiency self--assessment scale (PCPSAS) constituted the dependent variable of the study.

Independent Variables of the Research

The sociodemographic data of the nurses participating in the research and the data including the work characteristics such as the duration of professional experience, working time in the unit, position, and weekly working time are the independent variables of the research.

Data Collection

A descriptive information form and PCPSAS were used to collect data.

Descriptive Information Form

This form consists of 12 questions in total as participants' age, gender, postgraduate level of education, department, duration of professional experience, working time in the unit, position, working shift, way of working, weekly working time, number of patients per nurse in the unit, and satisfaction with the unit.

PCPSAS

Developed and validated by Karatas and Kelleci,[14] this scale determines the evaluation of patients' psychosocial aspects during the care and treatment of nurses working in the service. The scale has a total of 18 items and four sub-dimensions. The sub-dimensions were "Symptom Diagnosis" (items 1, 2, 3, 4, and 5), "Using Information" (items 6, 7, 8, 9, and 10), "Intervention" (items 11, 12, 13, and 14), and "Diagnostics" (items 15, 16, 17, and 18). The lowest 18 and the highest 90 points are obtained on the scale. Low scores on the scale mean that the nurse sees herself as inadequate in terms of psychosocial care applied to patients. While the Cronbach Alpha reliability coefficient of the scale was 0.93, the Cronbach Alpha reliability coefficient was found to be 0.96 in this study.

Ethical Considerations

Ethical approval was obtained from the Trakya University Faculty of Medicine Non-Interventional Scientific Research Ethics Committee with the decision numbered 10/26 dated April 25, 2022, for the implementation of the study. After ethical approval, permission was obtained from the hospital where the application would be made, and consent from the nurses. The study was conducted in accordance with the Declaration of Helsinki.

Data Analysis

SPSS 21.0 program was used in the analysis of the data obtained within the scope of the study. Descriptive statistics such as percentage, frequency, mean, and standard deviation were used to evaluate the data, and the Kolmogorov–Smirnov test was used to test the normality of the variables. In the study whose parametric test assumptions were confirmed, the "t" test and one-way analysis of variance were used. The significant difference between groups was determined by the Tukey test. In the study, the confidence interval was determined as 95%, and statistical significance was accepted as 0.05.

Results

The mean age of the nurses participating in the study was found to be 30.25±6.26. It was determined that 80.4% (n=45) of the nurses were female, 91.1% (n=51) had a master's degree, and 8.9% (n=5) had a doctorate. It was determined that 62.5% (n=35) of the nurses worked in internal and surgery units, 55.4% (n=31) had 1–5 years of professional experience, and 73.2% (n=41) had been working time in the unit they were currently working in for 1–5 years. It was determined that 80.4% (n=45) of the nurses participating in the study were clinical nurses, 72.4% (n=41) worked day and night shifts, and 60.7% (n=34) shared patients. It was determined that 46.4% (n=26) of the nurses worked between 41 and 60 h/week, 48.2% (n=27) had 1–5 patients per nurse in their unit, and 82.1% (n=46) were satisfied with the unit they worked in (Table 1).

The total score of the nurses from the PCPSAS was 75.23±11.20. The scores they got from the sub-dimensions of "Symptom diagnosis," "Using information," "Intervention," and "Diagnostics" were 21.50±2.87, 21.05±3.51, 16.14±3.09, and 16.53±2.76, respectively (Table 2).

When the differences in PCPSAS and sub-dimension scores according to the introductory information of the nurses participating in the study were examined, it was determined that the PCPSAS total score and the sub-dimensions of using information, intervention, and diagnosis showed significant differences according to the level of postgraduate education (p<0.05). Accordingly, it was determined that the total scores of psychosocial care proficiency self-assessment and the sub-dimension scores of using information, intervention, and diagnosis of nurses with a doctorate education level increased significantly compared to nurses with a master's degree (p<0.05) (Table 3).

It was determined that the intervention sub-dimension scores of the nurses participating in the study differed significantly according to age and gender (p<0.05). It was determined that the intervention sub-dimension scores of the nurses aged 30 and above increased significantly compared to the nurses aged 25 and below, and the sub-dimension scores of the female nurses compared to the male nurses (Table 3). It was determined that there was no statistically significant difference between the mean score of the nurses' duration of professional experience, department, working time in the unit, satisfaction with the unit, weekly working time, way of working, number of patients per nurse in the unit, and the mean scores of the PCPSAS and sub-dimensions (p>0.05) (Table 3).

Discussion

The need for improved health services in the world is increasing day by day. When the intense emotions of patients and families with the illness experience and the individual and environmental negative factors affecting nurses come together, the quality of care is negatively affected and the sustainabil-

Table 1. Descriptive characteristics of nurses

Characteristics	n	%	Characteristics	n	%
Age (mean±SD)		30.25±6.26	Position		
25 years and under	6	10.7	Clinical nurse	45	80.4
26 and 30 years	28	50	Responsible nurse	11	19.6
Over 30 years old	22	39.3	Working shift		
Gender			Day shift	14	25.8
Female	45	80.4	Night shift	1	1.8
Male	11	19.6	Day and night shift	41	72.4
Postgraduate level of education			Way of working		
Master's degree	51	91.1	Patient sharing	34	60.7
Doctorate	5	8.9	Job sharing	15	26.8
Department			Room sharing	7	12.5
Internal medicine and surgery unit	35	62.5	Weekly working time (hours)		
Intensive care unit	12	21.4	40 h	26	46.4
Emergency unit	9	16.1	41–60 h	26	46.4
Duration of professional experience			Over 60 h	4	7.2
1–5 years	31	55.4	Number of patients per nurse in the unit		
6–10 years	9	16.1	1–5 patients	27	48.2
Over 10 years	16	28.5	6–10 patients	19	33.9
Working time in the unit			Over 10 patients	10	17.9
1 year under	9	16.1	Satisfaction with the unit		
1–5 years	41	73.2	Yes	46	82.1
Over 5 years	6	10.7	No	10	17.9

SD: Standard deviation.

ity of psychosocial care decreases. It is a fact that nurses need more than basic nursing education to increase the sustainability of psychosocial care, and nurses need to participate in graduate programs that will continue their professional development with the principle of lifelong learning.[15,16] This quantitative study aims to determine the self-evaluation and related factors of the psychosocial care proficiency of nurses with postgraduate education during the treatment and care of patients. When the literature is examined, it is thought that the lack of study findings examining the self-assessments of nurses with postgraduate education on psychosocial care proficiency constitutes the strength of the study.

Providing psychosocial care is a dynamic process that includes diagnosis, intervention, and evaluation.[17] During their undergraduate education, nurses receive basic training on the evaluation of the emotional, psychological, and spiritual needs of patients and their families.[7] The first question of the study was to determine the self-evaluation of nurses with postgraduate education on their psychosocial care proficiency in the treatment and care of patients. Mcmillan et al.[18] conducted that oncology nurses were inadequate in addressing the psychosocial anxiety of the patients they care for. Similarly, Yıldırım et al.[19] in their study with nurses, most of whom were undergraduates, it was determined that nurses had difficulty in providing

Table 2. PCPSAS and sub-dimension mean scores

	Mean±SD	Scale min-max
PCPSAS total	75.23±11.20	18–90
Symptom diagnosis	21.50±2.87	5–25
Using information	21.05±3.51	5–25
Intervention	16.14 ±3.09	4–20
Diagnostics	16.53±2.76	4–20

PCPSAS: Psychosocial care proficiency self-assessment scale; SD: Standard deviation; Min: Minimum; Max: Maximum.

care to patients with mental distress and that they needed information on biopsychosocial issues most. In general studies, the inadequacy of the undergraduate-level psychosocial care training received by nurses working in specialized fields such as oncology, pediatrics, palliative care, and mental health was mentioned and it was stated that training was needed.[17,18,20,21] In a study evaluating the effectiveness of nurses with postgraduate education on inpatient care, it was emphasized that the mental health of patients improved after the care provided by nurses with postgraduate education.[22] In the study, the psychosocial care proficiency self-assessment total score averages of nurses with postgraduate education and the mean scores of symptom diagnosis, use of information, intervention,

Table 3. Comparison of the nurses' descriptive characteristics and the mean scores of PCPSAS and sub-dimensions

	PCPSAS Mean±SD	Symptom diagnosis Mean±SD	Using information Mean±SD	Intervention Mean±SD	Diagnostics Mean±SD
Age					
1. 25 years and under	68.00±3.84	20.00±0.05	19.66±3.20	13.33±1.21	15.00±1.26
2. 26 and 30 years	74.46±10.31	21.42±2.72	20.64±3.30	16.03±3.03	16.35±2.61
3. Over 30 years old	78.18±12.80	22.00±3.33	21.95±3.78	17.04±3.12	17.18±3.11
F;p difference	2.165;0.125	1.167;0.319	1.398;0.256	3.769;0.029*1–3	1.622;0.207
Gender					
Male	74.90±9.56	21.09±2.50	20.81±3.73	16.00±3.28	16.27±2.41
Female	75.31±11.66	21.60±2.97	21.11±3.50	16.72±2.14	16.60±2.86
t;p	1.253;0.268	1.219;0.275	0.043;0.837	4.932;0.031*	1.494;0.227
Postgraduate level of education					
Master's degree	74.05±24.10	21.25±6.07	20.72±4.48	15.82±3.05	16.25±2.72
Doctorate	87.20±27.98	24.00±6.06	24.40±6.16	19.40±0.89	19.40±0.89
t;p	3.956;0.01*	0.842;0.363	4.668;0.035*	5.821;0.019*	4.462;0.039*
Duration of professional experience					
1. 1–5 years	73.16±9.97	21.00±2.47	20.58±3.39	15.64±2.91	15.93±2.42
2. 6–10 years	75.11±14.74	21.66±4.30	20.66±4.44	15.77±3.83	17.00±3.39
3. Over 10 years	79.31±10.91	22.37±2.60	22.18±3.14	17.31±2.86	17.43±2.89
F;p difference	1.626;0.206	1.237;0.298	1.173;0.317	1.644;0.203	1.758;0.182
Department					
1. Internal medicine and surgery unit	75.34±10.91	21.57±2.85	21.34±3.21	15.85±3.20	16.57±2.63
2. Intensive care unit	78.25±10.97	22.25±2.52	21.25±3.98	17.33±2.77	17.41±2.46
3. Emergency unit	70.77±12.45	20.22±3.27	19.66±4.09	15.66±3.00	15.22±3.38
F;p difference	1.154;0.323	1.325;0.274	0.831;0.441	1.150;0.325	1.669;0.198
Working time in the unit					
1. 1 year under	72.55±8.48	20.88±1.53	21.00±2.34	15.44±2.87	15.22±2.53
2. 1–5 years	74.60±11.65	21.36±3.07	20.73±3.74	16.00±3.18	16.51±2.76
3. Over 5 years	83.50±9.04	23.33±2.58	23.33±2.87	18.16±2.22	18.66±1.96
F;p difference	2.025;0.142	1.496;0.233	1.456;0.242	1.589;0.214	3.007;0.058
Satisfaction with the unit					
Yes	76.82±10.90	21.91±2.79	21.43±3.44	16.56±3.05	16.91±2.66
No	67.90±10.02	19.60±2.54	19.30±3.49	14.20±2.57	14.80±2.65
t;p	1.929;0.171	2.908;0.094	0.157;0.694	1.777;0.188	1.166;0.285
Position					
Clinical nurse	73.88±11.27	21.22±2.90	20.64±3.57	15.84±3.14	16.17±2.79
Responsible nurse	80.72±9.47	22.63±2.54	22.72±2.83	17.36±2.65	18.00±2.14
t;p	3.437;0.069	2.188;0.145	3.223;0.078	2.175;0.146	4.058;0,059
Way of working					
1. Patient sharing	75.11±11.41	21.38±2.87	20.91±3.67	16.20±3.13	16.61±2.74
2. Job sharing	76.53±12.71	21.80±3.09	21.53±3.75	16.53±3.22	16.66±3.17
3. Room sharing	73.00±6.87	21.42±2.76	20.71±2.28	15.00±2.76	15.85±2.11
F;p difference	0.235±0.791	0.109±0.897	0.194±0.824	0.595±0.555	0.236±0.791
Weekly working time (hours)					
1. 40 h	73.03±12.05	21.00±3.12	20.11±3.95	15.76±3.12	16.15±2.86
2. 41–60 h	77.65±10.52	22.00±2.68	21.92±3.08	16.57±3.21	17.15±2.50
3. Over 60 h	73.75±8.57	21.50±2.38	21.50±1.73	15.75±2.21	15.00±3.36
F;p difference	1.146±0.326	0.781±0.463	1.802±0.175	0.468±0.629	1.547±0.222
Number of patients per nurse in the unit					
1. 1–5 patients	75.07±11.41	21.59±3.06	20.96±3.84	16.07±3.50	16.44±3.166
2. 6–10 patients	77.10±12.71	22.00±2.42	21.52±3.00	16.47±2.93	17.10±2.25
3. Over 10 patients	72.10±10.41	20.30±3.05	20.40±3.71	15.70±2.31	15.70±2.45
F;p difference	0.650±0.526	1.182±0.315	0.345±0.710	0.211±0.810	0.872±0.424

*: $p<0.05$. PCPSAS: Psychosocial care proficiency self-assessment scale; SD: Standard deviation; F: One-way analysis of variance; t: Independent sample t-test; Difference: Tukey's test.

and diagnosis sub-dimensions were determined to be higher than similar studies conducted on nurses, most of whom had undergraduate education.[14,23–25] As the level of education increases, the availability of scientific information also increases. It is thought that this situation affects the result.

The second question of the study was to determine the factors associated with the self-assessment of nurses with postgraduate education on their psychosocial care proficiency. Nurses' self-evaluations on their psychosocial care proficiencies are adversely affected by many factors such as patients, patient relatives, and professional working conditions. For this reason, it is thought that determining the factors that cause graduate nurses to perceive themselves as inadequate in psychosocial care will constitute the strength of the study.

In the study, it was found that the total psychosocial care proficiency self-assessment scores and the sub-dimension scores of using information, intervention, and diagnosis of the nurses with a doctorate were higher than the nurses with a master's degree. It can be said that the increased education level after graduation contributes to the professional self-consciousness of nurses by increasing their knowledge, making high-quality evidence-based systematic reviews, interpreting scientific knowledge, and increasing competence. It was found that the psychosocial interventions of the nurses aged 30 and over participating in the study were better than the nurses aged 25 and under. The provision of psychosocial care is affected by the nursing experience.[26] At the same time, it is stated that effective communication skills will be gained with the professional and life experience gained as age progresses.[27] In the study, it is thought that the fact that the nurses with doctoral education levels are over 30 years old and that the gaining of critical thinking skills with the increase in their professional experience with age has an effect on the result. Another result of the study was that there was a significant difference in psychosocial interventions in terms of gender-related differences. Psychosocial intervention self-evaluations of female nurses were higher than male nurses. Nurses' psychosocial interventions, including therapeutic relationships, are important in increasing patients' adherence to treatment. Psychosocial intervention requires nurses to be able to use their basic communication skills, to be able to listen effectively, to empathize, to express and regulate emotions in interviews with patients and families, and to teach the patient and family skills such as problem–solving and coping with stress. Pérez-Fuente et al.[28] determined that female nurses had higher interpersonal and internal emotional intelligence than male nurses. Greenhalgh et al.[29] stated that male nurses were less likely to establish trusting relationships or exhibit comforting behaviors than female nurses, and in another study, women had a higher level of empathy compared to men.[30] The result of the study supports the literature knowledge.

Limitations

The fact that the research sample was limited to a research and practice hospital in the Thrace region prevented the generalizability of the data. At the same time, the fact that similar studies evaluating the psychosocial care proficiency of nurses with postgraduate education could not be found in the literature limited the in-depth discussion of the findings of the study.

Conclusion

This study, conducted with nurses with postgraduate education, revealed that nurses consider themselves competent in psychosocial care. It has been determined that the self-evaluation of nurses' competence in using information, intervention, and diagnosis differs according to their education level, and at the same time, there are significant differences according to age and gender in the self-evaluation of proficiency in psychosocial interventions made to patients. In line with the findings, it can be suggested that training and evidence-based practices that emphasize the value of giving priority to psychosocial care and developing skills for psychosocial care in all areas of nursing should be added to graduate nursing programs to increase the self-evaluation of nurses on psychosocial care. It is thought that it is important to increase nurses' awareness of the psychosocial needs of patients and their motivation to provide psychosocial care to develop and use psychosocial care practices in practice. In this context, it is recommended to hold regular in-service meetings where the needs of patients are discussed under the leadership of nurses with postgraduate education. In addition, it is recommended to carry out more studies in this area to determine the factors affecting the psychosocial care skills of nurses.

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