

Therapeutic Communication Skills and Confidence among Graduating Student Nurses in Iloilo, Philippines

ABSTRACT

Aims: To determine the relationship between therapeutic communication skills and clinical confidence of graduating student nurses in a selected private institution in Iloilo, Philippines.

Study design: Descriptive-Correlational design.

Place and Duration of Study: College of Nursing of a private institution in Iloilo, Philippines, between September 2025 and March 2026.

Methodology: The total population of graduating student nurses is 517, and with the Raosoft calculator, 221 graduating student nurses from the College of Nursing were determined as the sample size. Using an online platform, the data gathering used two adopted questionnaires, Therapeutic Nursing Scale in Nursing Students and the Level of Clinical Confidence in the Psychiatric Ward. Ethical clearance was obtained prior to data collection.

Results: Findings revealed that graduating student nurses possessed an average to high levels of therapeutic communication skills during their psychiatric ward exposure. It suggested that graduating student nurses were more proficient in basic therapeutic communication skills or practices than advanced therapeutic interventions. In terms of clinical confidence, the findings revealed a majority of the graduating student nurses displayed a high level of confidence in clinical settings. Higher confidence was evident in areas related to interpersonal engagement, in contrast, to a lower confidence level in more complex clinical practices. The correlation analysis supported the existence of a statistically significant relationship between the two variables in accordance to the predetermined level of significance, suggesting that different levels of clinical confidence of the respondents are correlated with their varying levels of therapeutic communication skills.

Conclusion: The differences in confidence across various competencies emphasize the complexity of psychiatric nursing and suggest that confidence is built unevenly depending on the difficulty and familiarity of the skill. The overall professional development in psychiatric nursing is shaped by the interplay between clinical confidence and communication skills, influencing student nurses to properly respond to challenges and navigate clinical interactions.

Keywords: Therapeutic Communication Skills, Clinical Confidence, Student Nurse

1. INTRODUCTION

Therapeutic communications consists of both verbal and non-verbal skills in communication, which fosters patient understanding, participation, and trust in care (Abdolrahimmi et al., 2017). These skills allow them to handle the psychological and emotional needs of their patient (Joo et al, 2024; Mehralian et al., 2023). In order to provide for the needs of the patients, psychiatric nurses need to be technically proficient as well as have strong interpersonal skills (Sheikhbahaeddinzadeh et al., 2022). Fostering trust, anxiety reduction, and therapeutic communication skills are essential to enhance the confidence and patient engagements of nurses (Reyes & Bitonio, 2024). Therapeutic communication is regarded as a core component of nursing practice because it fosters positive nurse-patient interactions and enhances patient satisfaction, safety, and quality of care provided (Han et al., 2024). Furthermore, good patient-centered care and the development of therapeutic relationships depends on the abilities of student nurses to communicate effectively (Gutiérrez-Puertas et al., 2020) However, student nurses still have difficulty applying therapeutic communication skills, especially when patients express aggression or mistrust, and when they have preconceptions towards mentally impaired patients (Sayilan & Koyun, 2024; Zeng et al., 2024).

Research has shown that student nurses' capacity to continuously use therapeutic communication during patient care may be impacted by clinical experiences and environmental difficulties (Erol & Tuncer, 2026). Nursing education may also address attitudes to decrease preconceptions and integrate anti-stigma training into therapeutic communication skills, allowing student nurses to immerse more efficiently with individuals having mental illness (Qadir & Attri, 2024; Richards et al., 2023). It has been demonstrated that after structured training sessions, educational interventions aimed at improving therapeutic communication significantly boost student nurses' communication skills (Lee & Yoo, 2024). Moreover, hands-on clinical training enhances patient outcomes and coping (Nueangjaknak et al., 2025). Models such as Hildegard Peplau's three-phase approach (orientation, working, termination) increase trust, decrease patient aggression, and strengthen nurses' confidence and self-efficacy (Amara, 2024; Bowen, 2024).

Therapeutic communication skills improves nurses' confidence and the comfort of the patient, however, challenges such as a lot of work, stressful situations, and the mental health status of the patient often prevent its continuous application (Abraham et al., 2024; Bakhshi et al., 2024). In addition, therapeutic communication has been associated with student nurses' development of compassionate care, emphasizing its significance in providing patient-centered and competent nursing care (Rohayati et al., 2023). Unfortunately, only a handful of studies have looked at how psychiatric ward exposure and mental health education improve the mindsets of student nurses regarding mental illnesses, enhance clinical confidence, and strengthen therapeutic skills (Mansouri & Darvishpour, 2024; Cataldas et al., 2024). Additionally, numerous research has taken place in foreign areas, which challenges its relevance to the local context of nursing education in the Philippines. This gap emphasizes the need for a locally conducted study that incorporates clinical confidence as an independent variable concerning therapeutic communication skills. This research took place in the local Filipino nursing education setting with the goal of contributing information for nursing curriculum, anti-stigma programs, and useful instructional techniques that will help the development of future Filipino nurses who are skilled, self-assured, and sympathetic.

Articles and professional discussions emphasize that when nurses are skilled in therapeutic communication skills they are better in identifying their patient's needs, addressing concerns

effectively and adapting their responses to different kinds of situations. In practice, these skills contribute to safer and more efficient care, while also reducing misunderstandings (Sharma & Gupta, 2023). A high level of therapeutic communication skills is greatly influenced by factors such as age, marital status, and educational attainment, relating to greater empathy, maturity, and confidence in communication. In contrast burnout, lack of involvement in decision-making, stress, unawareness with the nursing job descriptions, inadequate nurses, and poor institutional support are barriers to nurse-patient communication (Merasha et al., 2023). Similarly, technology and experiential learning effectively develop communication skills (Hoek et al., 2025). Moreover, solutions grounded in cultural sensitivity and organizational support are essential in order to improve communication skills (Raisi et al., 2025). Although student nurses portrayed basic competence in active listening, empathy, and reflection, the majority still struggle when using these skills effectively in real interactions with patients as they lack experience and confidence, hence additional clinical exposure and structured communication training methods are required to enhance therapeutic communication skills in student nurses (Mercan & Mersin, 2025).

A cross-sectional study across selected colleges in Ethiopia presented that only 49.1% of student nurses reported high self-confidence, while 46.1% experienced increased levels of anxiety due to factors such as nature of school, fear of committing mistakes, clinical supervision quality, personnel shortages, and patient overload (Gebreegziabher et al., 2024). Similarly, managing human factors and unsafe practices and exposure to challenging experiences, learning techniques, and regional educational differences are factors that reduce the confidence of student nurses (Huang et al., 2020). Moreover, there is a substantial increase in the confidence of student nurses when practices in simulation are utilized, increasing and strengthening their decision-making skills, communication, and teamwork (Nooud et al, 2023).

A study conducted in Spain showed that the implementation of a therapeutic communication-based simulation training increases the likelihood of reducing stigma and prejudice in student nurses and enhancing clinical confidence, resulting in a more holistic nursing care (Simonelli-Muñoz et al., 2023). Similarly, nursing students who had positive experiences with mentally ill patients developed high confidence levels and less stigmatizing attitudes, concluding that experimental learning opportunities through therapeutic communication skills directly contributes to building confidence and stigma reduction. (Moxham et al.,2024). In addition, few accounts of stigmatizing attitudes on the psychiatric healthcare delivery system have been associated with high levels of communication competence and clinical confidence (Hamed et al., 2025). Furthermore, an increase in communication skills is due to the assurance and readiness of student nurses to care for mentally ill patients, thereby reducing stigma, strengthening clinical confidence, and promoting compassionate care among nursing students (Gu et al., 2021).

In the Philippine context, research revealed that direct interactions with patients improved their empathy, decreased their stigmas, and expanded their awareness of mental health care. However, nurses' interactions and views towards psychiatric patients are mostly driven by strongly embedded social stigma and cultural views, affecting the empathy and care they give. Similarly, constructive feedback from clinical instructors, daily direct intervention, and handling of patients via simulations all influence the confidence of student nurses. Lastly, direct clinical exposure in healthcare settings boosts the capacity for judgment and self-confidence of student nurses. However, these studies did not examine how clinical confidence and therapeutic communication skills are interconnected (Rubio, 2023; De Gracia et al., 2024; Abalona et al., 2025; Lopez et al., 2025).

2. METHODOLOGY

2.1. Research Design

This study utilized a descriptive-correlational research design in determining the connection and to examine the relationship between the levels of therapeutic communication skills and cynical confidence (Aprecia et al., 2022; Shinija, 2024; Devi et al., 2023). This design allows the researchers to obtain and acknowledge each variable and their interrelationships, providing insights that could enhance nursing education and mental health practices.

2.1. Study Setting

The study was conducted in a private higher education institution situated in an urban area at Infante St., Molo, Iloilo City. This institution provides an effective nursing foundation centered on academic and clinical competence. It was considered as the appropriate setting for this study, as its psychiatric exposure makes the student nurses a qualified respondent for determining the relationship between therapeutic communication skills and clinical confidence, with strict observance of privacy and confidentiality throughout the study.

2.2. Population and Sampling

The sample size was calculated using Raosoft Formula, an online calculator that computes with a 5% margin of error and a 95% confidence level (Alharbi, K., & Alharbi, M. F., 2022; Yang et al., 2023). A total of 221 respondents were determined from 517 graduating student nurses. The respondents of this study, the graduating student nurses, had considerable clinical exposure and had developed enough experience practicing therapeutic communication skills and exhibiting clinical confidence across various clinical settings, which made them an ideal respondent to provide accurate and reliable information related to this study. A simple random sampling was utilized using the Microsoft Excel CHOOSE and RANDBETWEEN function of Excel, giving the respondents equal chances of selection to ensure unbiased representation.

Fig. 1. Sampling Size of the Study

| Raosoft | | Sample size calculator |
|--|------|---|
| What margin of error can you accept? 5% is a common choice | 5 % | The margin of error is the amount of error that you can tolerate. If 90% of respondents answer yes, while 10% answer no, you may be able to tolerate a larger amount of error than if the respondents are split 50-50 or 45-55. Lower margin of error requires a larger sample size. |
| What confidence level do you need? Typical choices are 90%, 95%, or 99% | 95 % | The confidence level is the amount of uncertainty you can tolerate. Suppose that you have 20 yes-no questions in your survey. With a confidence level of 95%, you would expect that for one of the questions (1 in 20), the percentage of people who answer yes would be more than the margin of error away from the true answer. The true answer is the percentage you would get if you exhaustively interviewed everyone. Higher confidence level requires a larger sample size. |
| What is the population size? If you don't know, use 20000 | 517 | How many people are there to choose your random sample from? The sample size doesn't change much for populations larger than 20,000. |
| What is the response distribution? Leave this as 50% | 50 % | For each question, what do you expect the results will be? If the sample is skewed highly one way or the other, the population probably is, too. If you don't know, use 50%, which gives the largest sample size. See below under More information if this is confusing. |
| Your recommended sample size is | 221 | This is the minimum recommended size of your survey. If you create a sample of this many people and get responses from everyone, you're more likely to get a correct answer than you would from a large sample where only a small percentage of the sample responds to your survey. |

2.3. Instrumentation

This study utilized a combined adopted questionnaire from existing literature separated into three parts: (1) Therapeutic Communication Scale in Nursing Students and (2) Level of Clinical Confidence in the Psychiatric Ward. The instruments' scale ranged from 4 = Strongly Agree to 1 = Strongly Disagree, and 5 = Strongly Agree to 1 = Strongly Disagree, respectively. Validity met the established validity criteria, reviewed and validated by three

experts holding a master's or doctoral degree. The reliability testing yielded Cronbach's alpha 0.85 and 0.97, respectively.

2.4. Data Gathering Procedure

Data collection started after obtaining an ethical clearance from IDIREC and approval from the Dean of the College of Nursing. The researchers personally contacted selected respondents through Messenger in order to provide them with the link of Google Forms and informed consent. Sufficient time was given to complete the questionnaire.

2.5. Data Analysis Procedure

The encrypted data was examined with the use of Jamovi (Version 2.7) statistical software to exhibit both descriptive and inferential analyses. Mean and standard deviation descriptive tools were used to calculate the central tendency and variability and dispersion of the responses. Shapiro-Wilk test was used to assess the normality of data. Spearman's Rho was used to assess the significance of the relationship between therapeutic communication skills and clinical confidence among student nurses in a private institution Iloilo City.

3. RESULTS AND DISCUSSION

Among the graduating students, the level of therapeutic communication skills indicates a greater agreement on perceived therapeutic communication skills, shown in Table 1., reflects perceived competence in demonstrating empathy and clarification skill, demonstrated when they use appropriate tone, volume when speaking and providing time for the patients to organize their thoughts, and allowing patients to verbalize specific feelings and situations. However, the respondents encountered challenges when managing more confrontational clinical situations such as explaining the denial when it comes to unreasonable client demands. The findings both align and slightly diverge from previous research where both showed stronger performance in basic therapeutic communication skills compared to more advanced techniques. However, they differ in terms of overall proficiency level, as the previous study reported moderate competence among student nurses, whereas the current study indicates a higher overall level of therapeutic communication skills (AlMarqooz et al., 2024).

The findings also revealed excellent clinical confidence in graduating student nurses indicated in Table 2. A strong professional responsibility and effective utilization of support systems within the clinical environment were demonstrated, especially when seeking help or support from clinical instructors, nurses, and classmates and establishing professional boundaries with clients with mental illness. However, in more complex psychiatric interventions like conducting mental health examinations and demonstrating knowledge of psychotropic medications and their side effects, the respondents showed relatively lower confidence. This data agrees with previous research in suggesting student nurses tend to demonstrate stronger confidence in communication and patient care skills compared to more complex psychiatric nursing care. However, they differed in overall confidence levels, as earlier research emphasizes a gradual progression of confidence across stages of training, whereas the present results indicate already high overall clinical confidence among graduating students despite lower confidence in advanced psychiatric interventions (Tabriz et al., 2024).

Table 1. Level of Therapeutic Communication Skills among Graduating Student Nurses (n = 221)

| Therapeutic Communication Scale of Nursing Students | Mean | SD |
|---|------|------|
| I use an appropriate tone and volume when I talk. | 3.58 | 0.63 |
| I give enough time for the client to organize their thoughts. | 3.56 | 0.63 |
| I give information easy enough for the client to understand. | 3.53 | 0.62 |
| I rechecked clients' words and behaviors when they are not clear. | 3.52 | 0.62 |
| I listen to the patient's speech until the end without interrupting or blocking. | 3.52 | 0.63 |
| I build a comfortable atmosphere for conversation. | 3.48 | 0.64 |
| I only ask the patient one question at a time. | 3.42 | 0.67 |
| I don't reduce or exaggerate the clients' problem. | 3.41 | 0.66 |
| I notice changes in body language, facial expressions, and emotions even if the patient does not speak. | 3.40 | 0.62 |
| I express how I understand the client by gestures and eye contact. | 3.34 | 0.59 |
| I don't assume what the client says. | 3.34 | 0.67 |
| I meet clients without prejudice. | 3.32 | 0.71 |
| I don't give advice or recommendations without clients' approval. | 3.30 | 0.68 |
| I verbalize about clients' situations or how they feel. | 3.26 | 0.58 |
| I explain I can't approve unreasonable demands of the client. | 3.22 | 0.64 |
| Overall | 3.41 | 0.48 |

Table 2. Level of Clinical Confidence among Graduating Student Nurses (n = 221)

| Level of Clinical Confidence | Mean | SD |
|---|------|------|
| I can confidently seek support from my clinical instructors, nurses, and classmates | 4.31 | 0.74 |
| I can confidently establish my boundaries when relating to clients with mental illness | 4.25 | 0.73 |
| I can confidently be empathic with a range of clients with mental illness | 4.16 | 0.79 |
| I can confidently provide basic health teachings for clients with mental illness | 4.02 | 0.75 |
| I can confidently assist clients in developing living skills | 3.98 | 0.79 |
| I can confidently contribute client-related mental health information to my classmates | 3.94 | 0.81 |
| I can confidently develop a nursing care plan based on my assessment of a psychiatric patient | 3.90 | 0.84 |
| I can confidently educate clients regarding the medications' effects and side effects | 3.90 | 0.81 |
| I am confident in my basic knowledge of mood stabilizers and their side effects | 3.87 | 0.81 |
| I am confident in my basic knowledge of anti-anxiety medications and their side effects | 3.84 | 0.78 |
| I can confidently communicate effectively with clients with mental health problem | 3.82 | 0.82 |
| I can confidently provide information and education for clients regarding their diagnosis | 3.81 | 0.76 |
| I am confident in my basic knowledge of antidepressant medications and their side effects | 3.81 | 0.81 |
| I can confidently fit in with the nurses on a mental health clinical placement | 3.81 | 0.93 |
| I am confident in my basic knowledge of antipsychotic medications and their side effects | 3.79 | 0.81 |
| I can confidently conduct a mental state examination | 3.67 | 0.83 |
| Overall | 3.93 | 0.64 |

The findings revealed a statistically significant relationship between therapeutic communication skills and clinical confidence, ($P = <.001$), indicating that most student

nurses with higher levels of clinical confidence also exhibit higher levels of therapeutic communication skills, while those with lower clinical confidence also report lower therapeutic communication skills. This finding is consistent with a previous study, which reported that structured therapeutic communication training significantly improved nursing students' self-confidence during clinical interactions (Sirisakpanich et al., 2021). However a previous study evaluated a structured intervention program, whereas this study explored the natural relationship between therapeutic communication skills and clinical confidence without implementing a training intervention. Despite the method of research, both indicate how important therapeutic communication influenced by clinical confidence in graduating student nurses is in clinical practice. Similarly, another study found that student nurses showed higher levels of therapeutic communication skills thereby increasing their perceived self-confidence proving that it improves the level of confidence towards patients (Sukarno, 2022).

Table 4. Relationship between Therapeutic Communication Skills and Clinical Confidence among Student Nurses

| | Therapeutic Communication Skills | |
|---------------------|----------------------------------|-----------------|
| | r_s | Sig. (2-tailed) |
| Clinical Confidence | 0.430 | <0.001* |

Note: Correlation at 0.05 is significant (2-tailed)

4. CONCLUSION

The graduating student nurses exhibited a generally average to high level of therapeutic communication during psychiatric ward exposure, reflecting practical integration of essential skills and adequate preparation. A high level of clinical confidence was also demonstrated by the respondents in the psychiatric ward, particularly in settings that involve interpersonal interaction and collaboration with peers and instructors. The differences in confidence across various competencies emphasize the complexity of psychiatric nursing and suggest that confidence is built unevenly depending on the difficulty and familiarity of the skill. The overall professional development in psychiatric nursing is shaped by the interplay between clinical confidence and communication skills, influencing student nurses to properly respond to challenges and navigate clinical interactions.

5. RECOMMENDATIONS

The findings show that student nurses with higher clinical confidence demonstrate stronger therapeutic communication skills are encouraged to actively participate in simulation exercises, guided clinical practice, and reflective activities in order to facilitate recognition of personal biases, increase self-awareness, and improve the ability to deliver empathetic, patient-centered care. Clinical instructors may also provide structured mental healthcare exposure guided debriefings, and sessions on recognizing or managing personal biases to focus on student nurses' tendencies to avoid patients with mental illness. Implementing these strategies creates a safe learning environment where student nurses can reflect on their fears and misconceptions, gain constructive feedback, and develop strategies to engage effectively with patients, minimizing avoidance while strengthening empathy, professionalism, and compassionate, unbiased care. The researchers also suggested that the Dean of the College of Nursing can consider integrating simulation programs and structured checklists into the curriculum to enhance communication skills and clinical

confidence. These programs can emphasize cultivation of therapeutic communication, clinical confidence, and critical thinking skills, particularly in handling professional unforeseen and challenging situations in a safe and controlled environment. And lastly, future researchers are recommended to include participants from a wider variety of institutions as well as students from all educational levels. They can also address the limitations of self-reported measures through observational and mixed methods approaches that can better evaluate the actual clinical behaviors of student nurses. Future researchers are highly encouraged to explore methods that promote careful and consistent responses, including clearer instructions, response validation measures or supervised data collection, that minimizes the possibility of the participant answering the questionnaire hastily without thoroughly reading and comprehending each item.

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COMPETING INTERESTS

The authors have declared that no competing interests exist.

AUTHORS' CONTRIBUTIONS

Author A supervised the whole study, directed all co-authors, wrote all preliminary pages and appendices, determined the statement of the problem, instrumentation, synthesis, and conducted the statistical analysis with a statistician. Author B managed the background of the study, instrumentation, reliability and validity of the instruments, and discussion of findings. Author C discussed the results, constructed the framework of this study, and determined the ethical considerations. Author D looked for theories that can be used as an anchor of the study, constructed the data gathering procedure, and concluded the study. Author E constructed the significance of the study, determined the research design, and did the recommendations of the study. Author F determined the hypothesis of the study, scope and limitations, and also the recommendations. Lastly, Author G served as the advisor for this study. All authors reviewed and approved the final manuscript.

CONSENT

All authors declare that informed consent was obtained prior to data gathering.

ETHICAL APPROVAL

The study underwent an ethical review with the Iloilo Doctors' College Institutional Research Ethics Committee (IDIREC) and was granted ethical clearance.

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