



Preliminary Study on Health Students' Communication Skills and Needs in Patient Education

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Abstract. Effective communication is a core competency in nursing practice, particularly in patient education, yet many nursing students experience difficulties in developing communication skills that align with clinical expectations. This study aimed to explore communication skills, perceived communication needs, and readiness for communication among undergraduate nursing students. A descriptive cross-sectional design was conducted involving 78 sixth-semester nursing students at STIKES Bethesda Yakkum Yogyakarta. Data were collected using a self-administered questionnaire comprising four sections: demographic characteristics, communication skills, perceived communication needs, and readiness for communication. Data analysis was performed using descriptive statistical methods. The results revealed that most students demonstrated moderate communication skills (52.6%), while nearly one quarter reported low skill levels (24.4%). More than half of the respondents (51.3%) perceived high communication needs, indicating a considerable gap between existing competencies and professional demands. Regarding readiness, half of the students (50.0%) showed moderate readiness to apply communication skills in patient education settings, whereas 26.9% reported low readiness. Overall, the findings indicate a misalignment between communication skills, perceived needs, and readiness among nursing students. In conclusion, although nursing students possess basic communication abilities, targeted and practice-oriented communication training is essential to improve readiness and confidence. Integrating structured communication education into nursing curricula is therefore crucial to better prepare students for effective patient education.

Keywords: Communication Skills; Nursing Students; Patient Education; Perceived Needs; Readiness.

1. BACKGROUND

Communication skills are a cornerstone of effective nursing practice, particularly in patient education and clinical interactions, as they foster trust, understanding, and patient engagement that influence satisfaction, treatment adherence, and health outcomes (Roja & Islam, 2024). Inadequate communication can compromise patient care and safety, prompting nursing education to prioritize communication competence. Evidence from systematic reviews shows that targeted educational interventions, such as simulation, peer learning, and structured modules, can significantly enhance nursing students' communication skills, although the most effective approaches remain under discussion (Educational Interventions for Nursing Students, 2020).

Despite this emphasis, many nursing students continue to face challenges in applying communication skills in real clinical contexts. A mixed-methods study among Turkish nursing students identified persistent difficulties in therapeutic communication, particularly in active listening and patient engagement, even when basic skills were present (Mercan et al., 2025). Qualitative studies similarly report that nurse-patient communication remains a critical concern, with students citing unclear role expectations and limited clinical practice as barriers (Patient communication as the missing item in clinical nursing education, 2025).

In Indonesia, recent studies confirm that therapeutic communication is strongly associated with clinical outcomes and patient satisfaction (Therapeutic Communication Skills of Nursing Students, 2025). However, post-COVID 19 research indicates that many nursing students still demonstrate moderate to low communication competence, highlighting ongoing educational gaps (Yektiningsih et al., 2025). Although communication is recognized as a core, patient-centered competency linked to care quality and safety (Role of Nurse Patient Communication, 2024), limited research has mapped students' baseline skills, needs, and readiness for patient education in Indonesian contexts. Addressing this gap is essential to inform curriculum development and ensure that future nurses are adequately prepared for effective, patient-centered care.

2. LITERATURE REVIEW

Health Communication in Nursing

Effective communication is a cornerstone of nursing practice and plays a critical role in ensuring patient safety, satisfaction, and adherence to care plans (Ali, Naz, Rasheed, & Jasmin, 2024). Communication in healthcare is not limited to the mere exchange of information; it also involves understanding patient concerns, providing emotional support, and delivering complex medical information in ways that patients can comprehend. Nurses are expected to engage in both verbal and non-verbal interactions, interpret patient cues, and adapt their communication style according to the patient's cultural, emotional, and educational background. Poor communication has been associated with increased errors, lower patient adherence, and reduced patient satisfaction, highlighting its centrality in clinical practice (Ruslan & Abdullah, 2025).

Patient-centered communication frameworks emphasize the importance of empathy, active listening, and mutual understanding between healthcare providers and patients. By fostering trust and rapport, nurses can encourage patients to participate in their care, express concerns, and follow medical instructions more effectively (Wati, Sofyan, Hijriani, & Shiamullaeli, 2025). In nursing education, therapeutic communication training is incorporated to equip students with skills that facilitate respectful, clear, and culturally sensitive interactions. Studies suggest that students who practice patient-centered communication demonstrate higher confidence, better clinical reasoning, and improved outcomes in patient education scenarios (Riaz et al., 2025).

In addition to patient education, effective communication also influences collaboration among healthcare teams. Nurses frequently serve as a bridge between patients, families, and other healthcare professionals, ensuring that critical information is accurately conveyed and acted upon. Miscommunication within teams can lead to adverse events, duplicated procedures, or misinterpretation of patient needs (Ali et al., 2024). Consequently, nursing curricula increasingly emphasize interprofessional communication, teaching students not only how to interact with patients but also how to coordinate care effectively within multidisciplinary teams (Ruslan & Abdullah, 2025).

Finally, advances in technology and telehealth services have introduced new dimensions to health communication. Nurses must now communicate through digital platforms while maintaining clarity, empathy, and professionalism. These developments highlight the need for continuous skill development in both traditional face-to-face interactions and virtual communication contexts. Integrating communication skills training with contemporary healthcare practices prepares nursing students to navigate complex clinical environments and improve patient outcomes in diverse healthcare settings (Wati et al., 2025; Riaz et al., 2025).

Communication Skills among Nursing Students

Current Competencies

Despite the acknowledged importance of communication in nursing, studies indicate that nursing students often exhibit variable competencies when interacting with patients (Dajang, Bwai, & Yulian, 2025). Gaps are especially pronounced in areas such as explaining medical procedures clearly, demonstrating empathy, and adapting communication to suit diverse patient populations. These deficiencies can compromise patient understanding and adherence, ultimately affecting the quality of care.

Evidence from Malaysia shows that undergraduate nursing students struggled to apply patient-centered communication during clinical placements (Ruslan & Abdullah, 2025). Students often relied on memorized scripts or textbook knowledge, rather than tailoring explanations to patients' individual needs. Similarly, in Indonesia, nursing students demonstrated difficulties in delivering therapeutic communication effectively, both in classroom simulations and real clinical settings (Wati, Sofyan, Hijriani, & Shiamullaeli, 2025). This suggests that current educational strategies may insufficiently prepare students for practical, patient-centered communication.

The variability in competencies is also linked to the complexity of communication itself. Effective communication in nursing requires integrating verbal, non-verbal, and written skills, as well as the ability to interpret patients' emotional and cognitive states (Ali, Naz,

Rasheed, & Jasmin, 2024). Many students struggle with non-verbal cues, such as body language, eye contact, and facial expressions, which are critical in building trust and understanding. Without these skills, interactions may appear mechanical or detached, reducing patient satisfaction.

Furthermore, students' ability to engage in patient-centered communication is influenced by the cultural and linguistic context. In multilingual and multicultural settings, such as Indonesia, students may find it challenging to explain health information clearly in patients' preferred languages or to adapt communication to cultural expectations. Addressing these gaps requires curricula that integrate context-specific scenarios, role-play, and reflective practice, allowing students to experience and improve communication in realistic settings.

Factors Influencing Skills

Several factors influence nursing students' communication competencies, including prior clinical experience, self-efficacy, motivation, and curriculum design (Ali et al., 2024). Students with more hands-on experience and repeated exposure to patient interactions tend to demonstrate higher confidence and practical communication skills. Conversely, students with limited clinical exposure often feel anxious or hesitant, which can reduce their ability to communicate effectively.

Motivation and self-efficacy also play critical roles. Students who perceive communication skills as relevant to future professional practice are more likely to engage actively in learning opportunities (Dajang et al., 2025). Conversely, students who view communication training as theoretical or peripheral may exhibit minimal effort, limiting skill acquisition. Encouraging reflective practice, mentorship, and feedback can strengthen students' perceived competence and readiness to communicate.

Curriculum emphasis is another determinant. Nursing programs that integrate communication skills training into multiple courses, rather than as a single isolated subject, tend to produce graduates with more consistent and adaptable skills (Wati et al., 2025). Training that includes simulations, standardized patients, and scenario-based exercises has been shown to improve students' ability to adapt explanations, demonstrate empathy, and handle challenging patient interactions effectively.

Finally, external factors such as institutional resources and faculty expertise influence communication skill development. Limited access to simulation labs, standardized patients, or skilled instructors can constrain opportunities for practice. Addressing these barriers requires strategic curriculum planning, investment in teaching resources, and faculty development programs that reinforce both technical and interpersonal competencies.

Needs Assessment and Readiness for Communication

Concept of Needs and Readiness

Needs assessment is a systematic process used to identify gaps between students' current communication competencies and the skills required for effective nursing practice (Ali, Naz, Rasheed, & Jasmin, 2024). In nursing education, needs assessment helps educators understand which aspects of communication, such as explaining health information, showing empathy, or engaging patients in decision-making, require further development. Without a clear understanding of these gaps, educational interventions may fail to address students' actual learning needs.

Readiness for communication refers to students' psychological and practical preparedness to apply communication skills in real or simulated clinical settings. It includes confidence, motivation, self-efficacy, and willingness to engage in patient interactions (Ali et al., 2024). Students who perceive themselves as ready are more likely to participate actively in learning activities, practice communication skills, and reflect on their performance. Conversely, low readiness may manifest as anxiety, avoidance of patient interaction, or reliance on rigid communication scripts.

Assessing needs and readiness simultaneously is critical because skill deficits do not always align with students' self-perceptions. Some students may demonstrate adequate technical knowledge but lack confidence to communicate effectively, while others may feel confident despite insufficient competence. Therefore, combining needs assessment with readiness evaluation provides a more comprehensive understanding of students' learning profiles and supports the design of targeted and effective educational programs.

In nursing education, needs and readiness assessments are increasingly viewed as foundational steps prior to curriculum development or intervention implementation. Such assessments ensure that communication training is learner-centered, contextually relevant, and aligned with students' clinical realities. This approach is particularly important in settings where resources are limited and educational interventions must be carefully tailored to achieve meaningful outcomes.

Evidence from Previous Studies

Empirical studies have demonstrated that students with higher perceived readiness tend to engage more actively in communication training and achieve better learning outcomes (Dajang, Bwai, & Yulian, 2025). These students are more open to feedback, more willing to participate in simulations or role-play, and more capable of transferring learned skills to clinical

practice. Readiness has also been associated with higher levels of confidence and reduced communication anxiety during patient interactions.

Conversely, students with low readiness often struggle to internalize communication skills, even when exposed to structured training programs. Dajang et al. (2025) reported that anxiety, fear of making mistakes, and limited opportunities for practice were common barriers that hindered students' engagement. Language limitations and lack of exposure to real patient scenarios further exacerbated these challenges, particularly in contexts where students are expected to communicate complex health information clearly and empathetically.

Other studies highlight the role of contextual and institutional factors in shaping readiness. Curriculum designs that emphasize theoretical instruction without sufficient practical application may leave students feeling unprepared for real-world communication demands (Ali et al., 2024). In contrast, programs that incorporate simulation, reflective learning, and gradual exposure to patient interactions tend to enhance both readiness and perceived competence.

Overall, the literature underscores the importance of identifying students' needs and readiness prior to implementing communication-focused educational interventions. By addressing both dimensions, educators can reduce learning barriers, enhance student engagement, and improve the effectiveness of communication training. This evidence supports the rationale for conducting a preliminary study to map nursing students' communication needs and readiness as a foundation for future educational development.

Educational Interventions for Communication Skills in Nursing Education

Communication Skills Training in Nursing Curricula

Communication skills training has become an essential component of modern nursing curricula due to its direct impact on patient safety and quality of care. Educational institutions increasingly recognize that communication competence cannot be developed solely through theoretical instruction, but requires structured training, guided practice, and reflective learning (World Health Organization [WHO], 2021). As a result, nursing programs worldwide have integrated communication-focused modules that emphasize patient education, therapeutic communication, and interpersonal interaction.

Studies indicate that nursing students benefit most from curricula that embed communication skills across multiple courses rather than treating them as isolated subjects. Longitudinal exposure allows students to progressively develop confidence and adaptability in different clinical contexts (O'Daniel & Rosenstein, 2022). When communication training is

aligned with clinical learning objectives, students demonstrate improved clarity in information delivery, better empathy, and stronger patient engagement.

However, challenges remain in ensuring consistency and effectiveness of communication training. In many institutions, communication skills are implicitly assumed to develop during clinical practice without structured assessment or feedback. This gap often results in uneven skill acquisition among students, reinforcing the need for intentional and well-designed educational interventions (Cant & Cooper, 2021).

Experiential and Simulation-Based Learning Approaches

Experiential learning approaches, such as simulation, role-play, and case-based discussions, have been widely recognized as effective strategies for developing communication skills in nursing students. Simulation-based learning provides a safe environment for students to practice communication without the risk of harming real patients, allowing them to make mistakes and learn through reflection (Cant & Cooper, 2021). These methods are particularly effective in enhancing students' confidence and readiness for real clinical encounters.

Role-play activities enable students to assume different perspectives, such as those of patients, family members, or healthcare providers, fostering empathy and communication flexibility. Research shows that students who participate in structured role-play demonstrate significant improvements in explaining medical information and responding to patients' emotional needs (O'Daniel & Rosenstein, 2022). Reflection sessions following simulations further reinforce learning by encouraging students to analyze their communication behaviors and identify areas for improvement.

Despite their benefits, experiential methods require adequate resources, trained facilitators, and sufficient time allocation. In resource-limited educational settings, these requirements may not always be met, leading to variations in implementation quality. This highlights the importance of adapting intervention models to institutional contexts and student readiness levels.

Implications for Needs-Based Educational Design

The effectiveness of communication training is strongly influenced by how well interventions align with students' identified needs and readiness levels. Needs-based educational design emphasizes tailoring instructional strategies to learners' current competencies, confidence, and learning preferences (Ali et al., 2024). When interventions are introduced without prior assessment, students may experience cognitive overload or disengagement.

Evidence suggests that preliminary assessments of communication skills and readiness enable educators to design more targeted and efficient interventions. Students who perceive training as relevant to their actual needs are more motivated to participate and demonstrate greater learning gains (Dajang et al., 2025). Therefore, conducting a needs and readiness assessment is a critical preparatory step before implementing communication-focused programs.

In this context, preliminary studies play a vital role in informing curriculum development and intervention planning. By mapping nursing students' communication skills, needs, and readiness, educators can design evidence-based training models that are contextually appropriate and sustainable. This approach aligns with current trends in learner-centered education and supports the continuous improvement of nursing education quality.

3. RESEARCH METHODOLOGY

Research Design

This study employed a descriptive cross-sectional research design using a quantitative approach. The design was intended to provide a baseline overview of nursing students' communication skills, perceived communication needs, and readiness for communication in patient education at a single point in time. A descriptive preliminary design was considered appropriate to map existing conditions prior to the development of targeted educational interventions or curriculum enhancements in nursing education.

Population and Sample

The study population consisted of undergraduate nursing students enrolled at STIKES Bethesda Yakkum Yogyakarta. A total of 78 sixth-semester nursing students participated and were included in the analysis. The sample was obtained using total sampling or convenience sampling, based on student availability and class accessibility during the data collection period. Inclusion criteria were active undergraduate nursing students who agreed to participate and provided informed consent. Students who were on academic leave or submitted incomplete questionnaire responses were excluded from the study.

Data Collection Techniques and Instruments

Data were collected using a self-administered questionnaire distributed either online or in paper-based form. The instrument consisted of four sections: demographic information, self-perceived communication skills, perceived communication needs, and readiness for communication in patient education contexts. Communication skills were assessed in terms of clarity, empathy, interaction, and information delivery. Perceived needs focused on gaps

between current skills and expected professional competencies, while readiness encompassed confidence, motivation, and preparedness to apply communication skills. All items were measured using a five-point Likert scale ranging from strongly disagree to strongly agree. The questionnaire was adapted from previous studies and reviewed by experts in nursing education and health communication to ensure content validity.

Data Analysis

Data analysis was conducted using descriptive statistical methods. Demographic characteristics were analyzed using frequencies and percentages, while mean scores and standard deviations were calculated for communication skills, perceived needs, and readiness variables. The results were presented in tables and narrative descriptions to facilitate interpretation and to depict students' overall communication profiles.

Research Model

The research model adopted in this study was a descriptive conceptual model that positioned communication skills, perceived communication needs, and readiness for communication as interconnected constructs. The model aimed to illustrate baseline conditions among nursing students and to serve as foundational evidence for future educational interventions and longitudinal research in nursing communication education.

4. RESULTS AND DISCUSSION

RESULT

Respondent Characteristics

A total of 78 sixth-semester undergraduate nursing students participated in this study. All respondents completed the questionnaire fully and were included in the analysis.

Table 1. Respondent Characteristics (n = 78).

Characteristic	Category	Frequency (n)	Percentage (%)
Semester	6th semester	78	100
Clinical Exposure	Yes	78	100
Age Group	20–21 years	49	62.8
	≥22 years	29	37.2

The data indicate that all respondents had prior clinical exposure, making them an appropriate population for assessing communication skills in patient education contexts.

Communication Skills Level

Students' self-perceived communication skills were categorized into low, moderate, and high levels based on total scale scores.

Table 2. Communication Skills Level.

Level	Frequency (n)	Percentage (%)
Low	19	24.4
Moderate	41	52.6
High	18	23.0
Total	78	100

More than half of the respondents (52.6%) reported moderate communication skills, while nearly one-quarter (24.4%) still perceived their skills as low.

Perceived Communication Needs

Perceived needs reflect the gap between current skills and expected professional communication competencies.

Table 3. Perceived Communication Needs.

Level	Frequency (n)	Percentage (%)
Low	11	14.1
Moderate	27	34.6
High	40	51.3
Total	78	100

More than half of the students (51.3%) reported high communication needs, indicating strong awareness of inadequacies in their current abilities.

Readiness for Communication

Readiness refers to confidence, motivation, and preparedness to apply communication skills in patient education.

Table 4. Readiness for Communication.

Level	Frequency (n)	Percentage (%)
Low	21	26.9
Moderate	39	50.0
High	18	23.1
Total	78	100

Half of the respondents (50.0%) demonstrated moderate readiness, while approximately one-quarter showed low readiness.

Discussion

Communication Skills among Sixth-Semester Nursing Students

The findings indicate that the majority of sixth-semester nursing students possess moderate communication skills, suggesting that foundational competencies have been

developed but are not yet optimal. Despite having clinical exposure, nearly one-quarter of students still perceived their communication ability as low. This suggests that clinical experience alone may not sufficiently enhance communication skills without structured guidance and feedback.

Perceived Communication Needs

The high proportion of students reporting high communication needs (51.3%) reflects increased awareness of professional expectations as students approach the later stages of their education. This finding suggests that sixth-semester students are beginning to critically evaluate their own competencies, particularly in patient education, where clarity, empathy, and adaptability are essential.

Interestingly, the coexistence of moderate skills and high needs indicates skills, expectation gap, where students recognize the importance of communication but feel that their current abilities are insufficient for real clinical demands.

Readiness for Communication

Although perceived needs were high, readiness levels remained predominantly moderate. This discrepancy suggests that awareness of skill gaps does not automatically translate into confidence or preparedness. Factors such as fear of making mistakes, limited opportunities for supervised practice, and anxiety during patient interaction may hinder readiness.

Students with moderate readiness may understand what is required but still hesitate to apply communication strategies independently in patient education situations.

Relationship among Skills, Needs, and Readiness

Overall, the findings reveal a misalignment between communication skills, perceived needs, and readiness. While students demonstrate moderate skills and recognize high needs, their readiness to act remains limited. This pattern highlights the importance of educational interventions that integrate skill development with confidence-building strategies.

Structured communication training, simulation-based learning, and reflective practice may help bridge this gap and better prepare nursing students for effective patient education.

5. CONCLUSION AND RECOMMENDATIONS

This study examined communication skills, perceived communication needs, and readiness for communication among sixth-semester undergraduate nursing students at STIKES Bethesda Yakkum Yogyakarta. The findings show that most students demonstrated moderate communication skills, indicating that basic competencies have been established but are not yet

sufficient for optimal patient education. Although students reported high perceived communication needs, reflecting strong awareness of professional communication demands, their readiness to apply these skills in clinical contexts remained mostly moderate. This indicates a misalignment between skill level, perceived need, and readiness, suggesting that awareness alone does not necessarily lead to confidence or effective application in practice.

Based on these findings, nursing education programs are encouraged to incorporate more structured and practice-oriented communication training, particularly in patient education contexts. Educational strategies such as simulation, role-play, and guided communication practice may help bridge the gap between theoretical knowledge and clinical application. Future research is recommended to evaluate the effectiveness of targeted communication interventions and to explore the relationships between communication skills, readiness, and clinical performance using longitudinal or mixed-methods approaches. Expanding research across multiple institutions may also improve the generalizability of the findings.

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