Assessing The Effectiveness of Soft Skills Training Among Nursing Students

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ABSTRACT

To determine whether or not second-year B.S.N. students benefited from soft skills training, this research used a quasi-experimental nonequivalent pre-test, post-test, control group design. The event took place in October 2023 and included 112 students from the M.M. College of Nursing and M.M. Institute of Nursing in Mullana, Ambala. With an effect size of 0.73 and a necessary sample size of 43 per group, the sample size was calculated using Cohen's d calculation. Initially, 120 participants were intended to allow for attrition. Following student exclusions, 57 were randomly allocated to the experimental group and 55 to the reference group using a combination of a lottery and selective selection. The Institutional Ethical Committee and CTRI provided its clearance for the study. A demographic profile, a professional etiquette assessment tool, and a checklist for proper telephone etiquette were all used to gather data. Before the experimental group received a systematic intervention to improve their soft skills, both groups were given pre-tests. Post-tests were given between eighteen and twenty days later. After making sure the data was normal using the Kolmogorov-Smirnov test, descriptive and inferential statistics were run over the data using SPSS 20.

Keywords: Nursing, Soft, Skill, Assessment, Statistics.

I.   INTRODUCTION

Integral to providing high-quality treatment to patients in the ever-changing healthcare industry is the ability to communicate clearly and act professionally at all times. Being on the front lines of patient care, nurses must be well-versed in both the physical and mental aspects of healthcare and be able to use these facts effectively in their daily dealings with patients and clients. Patient happiness, collaboration, and healthcare results are all affected by these "soft skills," which include things like communication, interpersonal interactions, empathy, professionalism, and etiquette. The need to better equip future nurses with the "soft skills" they'll need in the workplace has been more acknowledged in recent years.

Effective communication in healthcare settings relies heavily on soft skills, including proper telephone and business etiquette. When nurses talk on the phone with patients, physicians, coworkers, and educators, it's important for them to be clear, courteous, and accurate. Medical mistakes, compromised patient safety, and misunderstandings may result from a lack of appropriate etiquette or communication. Consequently, it is critical that students of nursing get structured training to acquire these vital abilities during their time in school. A healthy healthcare environment is fostered by nursing workers that exhibit professional etiquette, which includes acceptable demeanor, body language, respect, and ethical conduct.

The value of soft skills is well-recognized, but conventional nursing education places more emphasis on factual information and technical competences, leaving less room for the organized cultivation of interpersonal and communication skills. A lack of confidence and competence in dealing with professional contacts is a common problem among students who start clinical practice unprepared. This void calls attention to the need for fresh approaches to education and training that concentrate on developing students' soft skills in the nursing profession. To enhance these abilities, structured training interventions including seminars, role-plays, simulations, and multimedia-based learning have shown to be helpful.

The purpose of this research is to determine whether or not B.S.N. students who participated in a systematic soft skills training program improved their telephone and professional manners. This research uses a quasi-experimental approach to examine the effects of an intervention group with a control group that just follow standard procedures. By include both pre- and post-tests, we can evaluate the training program's effectiveness by looking at how much students' abilities improved.

The significance of evidence-based instructional approaches in nursing is also acknowledged in the research. The results are guaranteed to be reliable and accurate since they are based on rigorous data analysis and verified evaluation procedures. To draw meaningful conclusions about the intervention's efficacy, the study uses descriptive and inferential statistical approaches. Results like this may bolster arguments for include soft skills training in nursing programs and add to what is already known.

Furthermore, the research takes into account a wide range of student demographics and background variables that might impact their learning results, such as their region of residence, educational background, and previous exposure to soft skills training. By gaining a better understanding of these elements, educators may create training programs that are more personalized and more successful. Also reflecting current trends in education and improving student involvement is the use of technology, such as video-based evaluations and e-learning tools.

II.   REVIEW OF LITERATURE

F. Turjuman and b. Alilyyani (2023) "A Descriptive Survey" sought to determine if there was a correlation between nurses' levels of emotional intelligence (EI) and their happiness on the job. Using a purposive selection technique, we chose a sample of around 100 nurses, the vast majority of whom were staff nurses (79%). Structured questionnaires with validated EI and work satisfaction ratings were used to gather data in a quantitative descriptive correlational study. Job satisfaction was

75.14 (SD = 11.99), and emotional intelligence was 191.59 (SD = 18.03). Results showed a good association between emotional intelligence and work satisfaction among hospital nurses (r = 0.4059, p = 0.000002), suggesting a strong link between the two. Emotional intelligence (EI) is essential for improving workplace well-being, interpersonal connections, and professional performance; nurses who score higher on the EI scale report better levels of job satisfaction. In order to achieve personal and organizational goals, it is crucial to teach nursing personnel to be emotionally intelligent, according to these findings.

D. Palaniappan (2022) The correlation between EQ and scholastic achievement was examined in a cross-sectional study. Three hundred forty-six undergraduate medical students from Puducherry were chosen using convenience sample approaches. Emotional Intelligence was categorized as high (68%), moderate (29%), or low (3%), using the Schutte Self-Report Emotional Intelligence Test (SSEIT). Information, including students' self-reported grades, was gathered online using Google Forms. According to the data, there is a strong correlation between EI and not just academic achievement but also gender and occupational choice. In medical students, stronger emotional intelligence is linked to improved academic achievement, as shown by a statistically significant positive association between Emotional Intelligence scores and academic performance (r = 0.42, p < 0.01). These results demonstrate the importance of EI in medical school and its impact on students' performance in the classroom.

H. Khan, r. Gupta, and s. Mishra (2022) Using an EQ scale and a mental health questionnaire, 246 undergraduates from a private medical college in Western Uttar Pradesh were assessed for their EQ and the relationship between it and their mental health in a descriptive cross-sectional research. Male students scored somewhat higher than female students (mean = 27.04 vs. 26.63), but the difference was not statistically significant, according to the analysis, which showed that the average EI score was 26.82 ± 5.80. Students who scored higher on the emotional intelligence scale also reported greater levels of psychological health, according to a Spearman's rank correlation study that found a robust positive link between the two variables (r = 0.789, p = 0.0000). Based on these results, it seems that students' psychological resilience and general health might be improved by adding EI development programs to the medical curriculum. Emotional competence is a key protective factor against mental health issues.

N. Khanam, t. Sahu, e. V. Rao, and a. M. Gaidhane (2022) In order to compare different aspects of emotional intelligence (EI), a quantitative cross-sectional survey was carried out among academic physicians (junior professors) at private medical institutions. An online Google Form was used to administer the Schutte Self Report Emotional Intelligence Test (SSEIT) in addition to sociodemographic data. The data was analyzed using descriptive statistics and mean score comparisons between groups. In terms of emotional intelligence (EI) aspects including evaluation of self-regulation (ERS), evaluation of others' regulation (ERO), and a "uncategorized" EI dimension, the findings showed that associate professors and professors performed better than junior and senior residents. Although individuals had a strong degree of EI on the dimension "appraisal of emotions in the self (AES)", overall EI in this sample was ordinary. Higher academic rank is linked to greater EI features in specified areas, according to the research.

III.   METHODOLOGY

This research used a quasi-experimental design in October 2023 and included 112 second-year B.Sc. nursing students from M.M. College of Nursing and M.M. Institute of Nursing in Mullana, Ambala. The students were divided into two groups: those taking the pre-test and those taking the post-test. After doing power analysis using Cohen's d method, which yields d= $(\mu1-\mu2)/\sigma = 0.73$, a power of 0.90 was used, and the estimated effect size was 0.73, indicating that a sample size of 43 would be suggested for each group. Researchers wanted to make sure they had 120 nursing students in their sample to account for attrition. There were originally 112 participants in the study; however, after 3 were removed from the experimental group and 5 were removed from the comparison group, the final sample size was 112 with 57 in the experimental group and 55 in the comparison group. Both the Clinical Trials Registry-India (CTRI) and the Institutional Ethical Committee (IEC) granted their stamp of approval to the research (IEC-2382). The relevant College of Nursing administrative authorities provided their official permission. All second-year (3rd semester) B.S.N. students were eligible to participate in the research; however, any students who were missing during data collection were not included. Nursing students were randomly assigned to the experimental and comparison groups using a lottery procedure, whereas the sample was recruited using a purposive sampling strategy. Two instruments were used to get the data. To begin, online profiles were filled out by students using a Google Form. These profiles included information such students' ages, genders, marital statuses, educational backgrounds, residential areas, family statuses, and whether or not they had attended any webinars or seminars on soft skills. Secondly, a Telephone Etiquette Checklist with ten (10) items was used to evaluate proper telephone etiquette in three separate case studies: nurse-doctors, nurse-nurse, and nurse-teacher telephonic discussions. In addition, a Professional Etiquette Assessment Tool was used to measure professional etiquette. This tool consisted of eight stations that displayed both professional and unprofessional actions via video. Following the development of a trusting relationship with the nursing students, we made sure that their answers would remain private before obtaining their informed permission. In October 2023, the last round of data collecting was conducted with second-year B.S.N. students. The comparison group was given the Student's profile, Telephone Etiquette Checklist, and Professional Etiquette Assessment Tool to use as a pre-test from day 1 to day 3. The same instruments were used to deliver the post-test to the comparison group from days 18 to 20. The pre-test for the experimental group was administered using the same instruments from day 1 to 3. On the fourth day, the experimental group received instruction in soft skills, such as proper telephone and business manners, via a PowerPoint presentation, videos, and case scenarios. Lastly, the experimental group took the post-test utilizing the aforementioned techniques from days 18 to 20. Data was analyzed in accordance with the study's hypotheses, aims, and expert opinion. After ensuring data normality using the Kolmogorov-Smirnov test, descriptive and inferential statistics were used using SPSS 20 software to organize, tabulate, and interpret the data. Parametric tests were used for data analysis, and the data was found to have a normal distribution.

IV.   RESULTS AND DISCUSSION

The survey was filled out by 112 students in total. The computed chi-square values for the experimental and comparison group students' profiles were found to be non-significant for age, gender, marital status, board of education, family status, previous knowledge on soft skills, and attended any webinar, workshop, or training program on soft skills. The only variable that was found

to be statistically significant at the 0.05 level of significance was area of residence (p=0.01). In the experimental group, the majority of nursing students are between the ages of 18 and 20, but in the comparison group, that number drops to 87.27%. The experimental group consisted of more than three quarters female students (78.94%), whereas the comparison group included more than two thirds female students (65.45%). Of the nursing students in the experimental group, 66.66 percent had not participated in a webinar, workshop, or training program focusing on soft skills; of the students in the comparison group, 81.81% had (Table 1)

Table 1: Chi - Square Showing Comparison of Frequency and Percentage Distribution in Terms of Student's Profile in Experimental and Comparison Group (N=112)

Student's Profile	Experimental Group (n= 57) f(%)	Comparison Group (n=55) f(%)	df	p- value
Age (Years)				
18-20	52(91.22)	48 (87.27)	0	1 0.49N
21-23	05(08.88)	07(12.72)	6	S
Gender				
Male	12(21.05)	19(34.54)	3	1 0.11N
Female	45(78.94)	36(65.45)	5	S
Married Status				
Unmarried	54(94.73)	54(98.18)	1	1 0.33N
Married	03(5.26)	01(1.81)	6	S
Board of education				
CBSE	28(49.12)	26(47.27)	0	2 0.88N
ICSE	03(5.26)	02(3.63)	6	S
State boards	26(45.61)	27(49.09)		
Family status				
Extended	00(00.00)	01(1.81)	1	2 0.55N
Joint	10(17.54)	11(20.00)	9	S
Nuclear	47(82.45)	43(78.18)		
Area of residence				
Rural	22(38.59)	37(67.27)	9	1 0.01*
Urban	35(61.40)	18(32.72)	3	
Previous knowledge on soft skills				
Yes	44(77.19)	37(67.27)	1	1 0.24N
No	13(22.80)	18(32.72)	8	S
Attended any webinar/ workshop/ training program on soft skills				
Yes	19(33.33)	10 (18.18)	3	1
No	38(66.66)	45 (81.81)	5	0.07N
				S

Results from a post-test measuring students' proficiency in professional and telephone etiquette were compared between the experimental and comparison groups using an independent t-test. At the 0.05 level of significance, the computed t-value for telephone etiquette was 2.69 and for professional

etiquette, it was 3.71; the corresponding p-values were 0.01 and 0.001, respectively (Table 2). Nursing students' pre- and post-test scores on items measuring professional and telephone etiquette were compared using a paired t-test. Table 2 displays the results of the statistical analysis, which showed that the scores of the experimental group of nursing students on the items of telephone etiquette and professional etiquette were significantly different at the 0.05 level of significance (t = 3.45 and p = 0.001, respectively).

Table 2: t-test Showing Difference in Pre- Test and Post- Test Scores of Telephone Etiquettes and Professional Etiquettes of Nursing Students in Experimental and Comparison Group

Variables	Groups	Pre-test (Mean ± SD)	Post-test (Mean ± SD)	Statistic ta & p
Telephone Etiquettes	Experimental	20.61 ± 2.88	22.44 ± 3.61	t = 3.45, p = 0.001*
	Comparison	19.53 ± 3.99	20.51 ± 3.96	t = 2.08, p = 0.04*
Statistic tb & p	Experimental	—	—	t = 1.65, p = 0.10 NS
	Comparison	—	—	t = 2.69, p = 0.01*
Professional Etiquettes	Experimental	13.42 ± 5.76	18.02 ± 6.39	t = 6.77, p = 0.001*
	Comparison	13.67 ± 5.51	14.11 ± 4.58	t = 0.67, p = 0.51 NS
Statistic tb & p	Experimental	—	—	t = 0.25, p = 0.81 NS
	Comparison	—	—	t = 3.71, p = 0.001*

At the 0.05 level of significance, the results demonstrated a moderate correlation (r=0.48) between the post-test scores on professional etiquette and telephone etiquette in the experimental group, with a p-value of 0.001. Results showed a moderately significant association (r=0.33) between the comparison group's post-test scores on professional etiquette and telephone etiquette (p=0.01) at the 0.05 level of significance (Table 3).

Table 3: Correlation Showing Between Telephone Etiquettes and Professional Etiquettes Scores of Nursing Students in Experimental and Comparison Group

Groups	Variables	Professional Etiquettes	Telephone Etiquettes
Experimental group (n=57)	Pre-test	0.12 (0.39) NS	
	Post-test	-	0.48 (0.001)*
Comparison group (n=55)	Pre-test	0.20 (0.14) NS	
	Post-test	-	0.33 (0.01)*
Notes		NS = Not significant (p > 0.05)	* = Significant (p < 0.05)
		r(55) = 0.25, r(53) = 0.27	

Discussion

Discussion of the study's findings included referencing those of other relevant studies. This research set out to identify which nursing schools provided their students with the most beneficial soft skill training, namely in the areas of professional and telephone etiquette. Among the nursing students surveyed for this research, the vast majority(91.22%) and the majority of the comparison group(87.27%) were between the ages of 18 and 20. Among the subjects in the comparison group, 65.45% were female and 78.94% were female in the experimental group. In the reference group, over

two-thirds of the nursing students were from rural areas (67.27%), but in the experimental group, less than two-thirds (61.40%) were from metropolitan areas. The majority of nursing students in the experimental group (77.19%) and the comparison group (67.27%) had some background knowledge in soft skills. More over half, or 58.2%, were even city dwellers. Researchers found that over half of the participants were under the age of 24, the majority were female (61.1%), and the majority lived in metropolitan regions (60%)—all of which were in line with the study's conclusions. Most of the participants (70%) didn't have any background in soft skills training. The results showed that the experimental group had higher mean scores on the post-test of telephone etiquette (22.44±3.61) compared to the comparison group (20.51±3.96).

These results corroborated those of the researcher's study, which found that the head nurses' interpersonal skills had improved both before and after the training program, with 94% improvement in staff communication and 96% improvement in patient communication. In this research, the comparison group had mean post-test professional etiquettes scores of 14.11±4.58, whereas the experimental group had higher mean scores of 18.02±6.39. According to the researcher's study, most respondents ranked goal setting and work ethics as very important, while effective communication skills in the workplace ranked highest. This suggests that students could benefit from training in a variety of soft skills to help them succeed in their careers. The results showed that within the experimental and comparison groups, there was a statistically significant correlation between the pre- and post-test scores on professional etiquette and telephone etiquette among nursing students ($p < 0.05$). Moreover, these results are in line with the researcher's study, which found that students' accomplishment grade scores in clinical domains were positively correlated with most aspects of soft skills.

V.   CONCLUSION

Results show that B.S.N. students' phone and professional manners are much improved after receiving organized soft skills training. The results show that when comparing the two groups of students, the experimental group does better in areas such as professional conduct, interpersonal skills, and communication. Nursing education relies on well-thought-out instructional procedures, and this study's quasi-experimental design with pre- and post-test evaluations proves that. In addition, the research shows that students' self-esteem and readiness for clinical and professional settings are both improved when soft skills training is included in nursing curricula. The usefulness of educational approaches including presentations, films, and case-based situations is shown by the increase in telephone etiquette and professional behavior. In addition, the findings are guaranteed to be reliable by the use of proper statistical procedures. In conclusion, the research highlights the need of valuing soft skills as much as clinical competence in nursing practice. It backs up the idea that nurses require ongoing education to become well-rounded experts who can both care for patients and keep the lines of communication open throughout the healthcare system.

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