

Effect of Psycho-Educational Training Program on Communication Skills and Anxiety Level of Nurses Working at Emergency Department

Hoda Abd El Moaty Mahmoud¹, Fareda Elsayed Abd Elkawy Osman²
& Samah Saad Mostafa³

^{1,3} Lecturer of Psychiatric and Mental Health Nursing,
Faculty of Nursing, Benha University,

² Assistant professor of Psychiatric and Mental Health Nursing,
Faculty of Nursing, Tanta University,

Abstract

Background: Communication is a crucial ability for emergency nurses to perform on a daily basis & provide high-quality treatment. **Purpose:** Evaluate the effect of psycho-educational training program on communication skills and anxiety level of nurses working at emergency department. **Setting:** The study was carried out at the emergency department of Benha university hospital. **Design:** Quasi-experimental research design was utilized in the study. **Sampling:** 60 nurses were chosen by convenience sample from the above-mentioned setting. **Instruments:** Three instruments were used: Structured interview questionnaire which was designed to assess socio-demographic and occupational characteristics of the studied nurses, Communication Skills Questionnaire and Hamilton Anxiety Rating Scale. **Results:** A highly negative statistical significant correlation was found between communication skills and anxiety level of studied nurses, where as increasing communication skills was associated with a decrease in anxiety level of nurses' post program than preprogram. **Conclusion:** Current psycho-educational training program was proved to be effective in improving communication skills and decreasing anxiety level of the studied nurses. **Recommendations:** Employing workshops and seminars related to communication skills and dealing with anxiety should be performed regularly.

Keywords: Psycho- Educational Training Program, Anxiety and Communication skills.

Introduction

A hospital is a type of healthcare facility that offers comprehensive inpatient, outpatient, and emergency health services. One of the hospital's primary

round-the-clock services is the emergency department. Emergency nurses (ENs) provide care for a variety of patients, unlike nurses in other

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departments that increase stress and anxiety related work situations (Alkhawaldeh et al., 2020) & (Arslan & Engin, 2022).

The emergency room is a stressful place where victims need to be helped right away to avoid impairment or even death (Sartini et al., 2022). Nurses frequently experience dread and anxiety when handling emergencies. Anxiety is a psychological state in which a person experiences a variety of physical problems together with feelings of fear, worry, and uneasiness (Dawood et al., 2018).

Anxiety is a normal feeling, is to set off adaptive actions that enable the person to react to situations that may generate tension and stress. However, anxiety is more often recognized as a complicated and unpleasant emotion that expressed as a sense of fear and emotional tension accompanied by range of physical symptoms. If the anxiety-inducing circumstance lasts a long time or is really intense, it may cause emotional changes in the person that could lead to pathological manifestations (Sánchez et al., 2021).

Social anxiety, fear of inadequacy, phobia or general anxiety about jobs, coworkers, or superiors are examples of job-related anxiety. In which anxiety has the more effect of destroying communication between nurses and patients, lead to difficulty to pay attention or using coping mechanisms (Dolanbay et al., 2024 & Belayneh et al., 2021).

Emergency department nurses are much closer and spend more time with emergency patients. Because nurses play a crucial role in handling emergency circumstances, so that improper handling of the anxiety experienced by nurses will lead to increased anxiety experienced by patients and their families (Belayneh, et al., 2021).

Anxiety affects ENs' perception of others' needs, making them less able to comprehend them and generating "compassion fatigue," which reduces nurses' capacity to adjust the change which could hinder their ability to convey effectively communicate information (Caponnetto et al., 2018).

Communication is a combination of verbal and nonverbal behaviors to share information. Effective communication improves treatment adherence, health outcomes, and patient satisfaction, although it's difficult in emergency departments due to their complex, high-stress, high-anxiety, unexpected, and dynamic work (Nawajah and Jabbarien, 2021).

Other advantages of effective communication can help in more successful interventions, increased safety, improved employee morale, shorter hospital stays, and higher-quality patient care, (Oviedo et al., 2020).

Psycho-education is a specific form of education which includes various methods like videos and role plays. Teach staff nurses effective coping strategies for anxiety, such as behavioral activation, acceptance, and mindfulness, as well as communication skills (like

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active listening) that promote resilience in times of crisis (El-Azzab& El-Nady, 2021&Chen et al., 2023).

The difficulty for nurses to communicate in a high-stress setting like the hospital emergency room and affect on offering high-quality care. so that learning communication skills and stress management enables nurses to become comfortable and their patients more satisfying (Cabral, et al., 2024).

Significance of the study

Emergency department nurses frequently work in a fast-paced, stressful environment and exposure to high levels of stress and anxiety. Research Studies shows that between 20% and 66% of ED nurses worldwide suffer from stress and anxiety disorders. The problem likely to be particularly serious in developing countries when there is a serious shortage of nurses (Saffari et al., 2021).

Other studies showed that 71% of malpractice techniques are the result of communication problems. For these crucial reasons, the present study aimed to assess the effect of a planned program on therapeutic communication skills and anxiety level of nurses at ED.

Purpose:

Evaluate the effect of psycho-educational training program on communication skills and anxiety level of nurses working at emergency department

Hypothesis:

- **H1.** Nurses enrolled in psycho-educational training program are

expected to have proper communication skills than before attending program.

- **H2.** Nurses enrolled in psycho-educational training program are expected to experience low level of anxiety than before attending program.

Research Design:

A quasi-experimental research design was used (single group pre and posttest).

Study Setting:

The current study was carried out at the Emergency Department of Benha University Hospital, Qalubia Governorate, which was affiliated to the Ministry of High Education. The Emergency Department included six places (Pediatric, Obstetric, Medical, Orthopedic, Surgical, Toxicology).

Research Sample:

A convenience sample of 60 nurses worked at the emergency department and agreeing to participate in the study. Total number of nurses at above mention setting is (355) while the study sample was calculated using the following equation: $n = (z^2 \times p \times q) / D^2$ at power 80% and CI 95%. The sample size was determined using the subsequent criteria: With a 5% margin of error, the expected result is 70% with a 95% confidence level. $N > 50$ should be the sample size based on the previously stated conditions.

Instruments: -

Three instruments were used to collect the data: -

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Instrument One: Characteristics of Nurses Structured Interview Questionnaire:

This instrument was developed by researchers it included two parts:

- **Part 1:** Socio-demographic characteristics of the studied nurses: - It is composed of six questions designed to assess the socio-demographic characteristics of nurses (age, marital status, educational level, nursing qualification, residence).
- **Part 2:** Occupational characteristics of the studied nurses: - It is composed of four questions (years of nursing experience, work shifts, previous attending courses about communication and previous attending coping with anxiety)

Instrument Two: - Communication Skills Questionnaire

Communication Skills Questionnaire (CSQ) It was developed by Hargie, (2011), which applied in the study carried out by Moorhead et al., (2013) and available online of Development partnership, (1992) that used to assess various communication behaviors. It included 40 statements related to effective communication skills such as clarity volume and eye contact.

0: Never (Behavior never occurs)

1: Seldom (Behavior rarely occurs)

3: Frequently (Behavior happens often)

4: Almost Always (Behavior is habitual)

Scoring system:

All items were summed with a total score range of 0–160, where 0-53 score indicates poor level of communication, while 54–106 score indicates average level of communication and 107-160 indicates good level of communication

Instrument Three: - Hamilton Anxiety Rating Scale (HAM-A).

It was developed by Hamilton (1959) to assess the level of severity of anxiety symptoms, it was including somatic anxiety and physical complaints associated with anxiety as well as psychic anxiety, such as mental agitation and psychological discomfort. It composed from 14 items anxious mood, tension, fears, insomnia, intellectual, depressed mood, somatic (muscular & sensory), cardiovascular, respiratory, gastrointestinal, Genitourinary autonomic symptoms and behavior at interview.

It had 4-point Likert-type scale ranging from 0 = Not present, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe.

Scoring system:

All items were summed with a total score ranging from 0–56, where <17 indicates mild severity, 18–24 mild to moderate severity and 25–30 indicating moderate to severe anxiety ,31-56 severe to very severe anxiety.

Validity

The study instruments were translated into Arabic by the researchers and the validity was determined by five experts

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(professors in the field of psychiatric and mental health nursing) then were found all instruments valid.

Reliability

For the assessment of reliability, Cronbach alpha was used for instruments two ($\alpha=0.875$), three ($\alpha=0.913$).

Pilot study :

To assess the applicability and clarity of the data collection techniques, a pilot study was carried out on 10% of the total number of nurses (6). It used to detect the required of time needed by nurses to finish questionnaire. Also used to determine potential obstacles when collecting data. Following the collection of pilot study data, it was found that each nurse needed 25 to 35 minutes to complete the study's questionnaire; no modifications were made, and pilot study nurses were excluded from the actual study

Ethical considerations :

- An official approval was obtained from the Ethical Committee of Scientific Research at the Faculty of Nursing, Benha University (REC.PSYN.P28, 11-2-2024).
- Each nurse provided oral consent regarding their acceptance to participate in the study.
- All nurses who accepted to participate in the study were provided with details about the study objectives.
- Also, they were reassured that their data would be kept confidential and utilized only for the purpose of the study.

- -The nurses were reassured that they could withdraw from the study at any time with no consequences.

Procedure

- An official letter was submitted from the Dean of the Faculty of Nursing , Benha University to the director of Benha University Hospital, Qalubia Governorate.

Assessment phase (pre-test):

A comfortable, private place inside the hospital was chosen for the interview with studied nurses. The study's tools were distributed to each nurse individually, and the nurses completed the questionnaire in the presence of the researchers for any explanation.

Implementation phase:

- The nurses who were studied were divided into six subgroups. Each subgroup contained ten nurses. Each nurse attended 12 sessions (two sessions per week (Sunday and Wednesday/week) for a total of six weeks, at the morning shift, each session lasted for 30-60 minutes .
- The psycho-education training program was carried out using handouts, brochure, power-point, videos, photos, and colored paper as a teaching material. Lectures, role play, modeling, sharing experience, discussion, demonstration and r-demonstration as a teaching and training methods were used. The data collection period lasted for 28 weeks (7 months) from March 2025 to October 2025.

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- The researchers encouraged and motivated nurses to participate in the sessions by using positive reinforcement (e.g: giving them certificates for attendance).
- The researchers also provided an overview of the previous session and told the nurses about the time of the next session. Studied nurses were given homework assignments for each session .
- Program content: It was developed by the researchers after review of related literatures Tantawi, (2022) & Hassan, (2023).
- ❖ 1st session (theoretical): Introductory session included aim, objectives and sequence and time frame of the program's sessions .
- ❖ 2nd session (theoretical): Overview about role of the emergency nurse (particularly psychological aspect), challenges and difficulties at work of emergency department.
- ❖ 3rd session (theoretical): Concept of communication, how to communicate with patients?, obstacles of effective communication.
- ❖ 4th session (theoretical): Strategies of communication with patients and other health team, dominant, passive, aggressive communication types and their differences.
- ❖ 5th session (theoretical): Anxiety among emergency nurses, sources, levels and of anxiety.
- ❖ 6th session (practical): Communication skills (i.e active listening, personal warmth, empathy, assertive behavior, methods of social adaptation.
- ❖ 7th session (practical): How to communicate with patients in situations of stress and aggression, and how to deal with anxious and angry patients to reduce emotional escalation.
- ❖ 8th session (theoretical): Improving communication skills with patients' families in the emergency department and dealing with hard emotions.
- ❖ 9th session (practical): Techniques for eliminating anxiety and promoting positive thinking such as overcome negative thoughts & meditation.
- ❖ 10th session (practical): Apply relaxation techniques such as deep breathing and muscle relaxation exercises
- ❖ 11th session (practical): Knowing of mindfulness goals, importance, and application of its techniques such as mindful breathing, body scan, being alert in the moment, accepting emotions, mindfulness in communication at work.
- ❖ 12th session (practical): Summary of all theoretical and practical sessions was done (a focus on the training skills was done).

Evaluation phase:

Post-test was done immediately after program implementation, Then follow up test was done after three months of program implementation

Statistical analysis:

The Statistical Package for Social Sciences (SPSS version 20.0) and

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Microsoft Office Excel for graphical display were used to code, tabulate, and statistically analyze the data. Descriptive statistics were used for both qualitative variables like frequency and percentages and quantitative data like mean and standard deviation. Qualitative category variables were compared using the chi-square test. Relationships between different variables were examined using the paired T-test. The degree and direction of association between two variables were established using the Pearson correlation coefficient. A p-value of $P < 0.05$ was considered statistically significant, while a p-value of $P \leq 0.001$ was considered highly statistically significant.

Results

Table 1: revealed that more than half (55.0%) of nurses ranged between 25 < 35 years old with mean age of (36.5±7.92 years) & near to three-quarters of nurses (73.3%) were married, living in rural areas, and near two-thirds of them (65.0%) had bachelor's degree in nursing. More than half of them (60.0%) were staff nurses and 43.3% of them had 10 >15 years of experience.

Table 2: showed a substantial improvement in communication skills following the program. Before the program, the majority of nurses demonstrated poor communication skills (88.3%), while only 11.7% had good skills. Immediately after the program, the percentage of nurses with good skills increased sharply to 81.7%, and in the follow-up phase (85.0%). These

differences were statistically significant ($P < 0.001$).

Table 3: showed that there was a significant reduction of anxiety (anxious mood, tension, fears, insomnia, somatic and psychological symptoms) The proportions of moderate and severe cases decreased notably after the program, with highly significant differences ($P < 0.001$) in while there is no significant difference was detected between the immediate and follow-up assessments.

Figure 1: illustrates that the changes in nurses' anxiety levels across the study periods. It highlights a reduction in moderate and severe anxiety following program implementation from (62.0% & 33.0% respectively) to (25.0% & 12.0% respectively) immediately after program implementation, with a corresponding increase in the proportion of nurses reporting mild anxiety from 5.0% to 63.0% immediately after program implementation.

Table 4: illustrate that the correlation analysis between study variables in which that there is a highly statistical significant correlation negative between communication skills and anxiety scores in all phases of the study ($r = -0.864$ pre-program, -0.689 immediate, and -0.704 post-program; $P < 0.001$).

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Table (1): Characteristics of studied nurses (n=60)

Socio-demographic and occupational characteristics	N	%
Age (years)		
25 < 35	33	55.0
35 < 45	15	25.0
45 or more	12	20.0
Mean ± SD	36.5±7.92	
Marital status		
Single	16	26.7
Married	44	73.3
Residence		
Urban	16	26.7
Rural	44	73.3
Nursing qualification		
Nursing diploma	5	8.3
Nursing Institute	16	26.7
Bachelor in nursing	39	65.0
Job status		
Staff nurse	36	60.0
Nurse supervisor	21	35.0
Head nurse	3	5.0
Years of experience in nursing field		
5 < 10	23	38.3
10 < 15	26	43.3
15 or more	11	18.4
Mean ± SD	11.5 ±3.63	
Work shift		
Morning shift only	24	40.0
12hour day\ night	36	60.0
Attending pervious communication courses		
Yes	22	36.7
No	38	63.3
Attending pervious courses concerning dealing with anxiety		
Yes	27	45.0
No	33	55.0

Table (2): Level of communication skills of studied nurses throughout periods of study (n=60)

Total Communication Skills	Good		Poor		Chi-square		
	N	%	N	%	X ²		P-value
Pre	7	11.7	53	88.3			
Immediate	49	81.7	11	18.3	P1	59.063	<0.001*
Post	51	85.0	9	15.0	P2	0.240	0.624

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Table (3): Levels of anxiety among studied nurses throughout periods of study (n=60)

Items and total Hamilton Anxiety scale	Pre						Immediate						Post						Chi-square			
	Mild		Moderate		Sever		Mild		Moderate		Sever		Mild		Moderate		Sever		P1		P2	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	X ²	P-value	X ²	P-value
Anxious mood	4	6.7	36	60	20	33.3	37	61.7	16	26.7	7	11.7	38	63.3	18	30	4	6.7	40.513	<0.001*	0.949	0.622
Tension	6	10	32	53.3	22	36.7	33	55.0	17	28.3	10	16.7	36	60	18	30	6	10	27.784	<0.001*	1.159	0.560
Fears	2	3.3	38	63.3	20	33.3	39	65.0	14	23.3	7	11.7	40	66.7	16	26.7	4	6.7	50.726	<0.001*	0.964	0.617
Insomnia	0	0	40	66.7	20	33.3	40	66.7	15	25.0	5	8.3	42	70	16	26.7	2	3.3	60.364	<0.001*	1.367	0.505
Intellectual	4	6.7	32	53.3	24	40	35	58.3	16	26.7	9	15.0	36	60	18	30	6	10	36.793	<0.001*	0.732	0.694
Depressed mood	2	3.3	38	63.3	20	33.3	37	61.7	17	28.3	6	10.0	40	66.7	18	30	2	3.3	46.967	<0.001*	2.145	0.342
Somatic (muscular)	4	6.7	38	63.3	18	30	34	56.7	17	28.3	9	15.0	36	60	20	33.3	4	6.7	34.702	<0.001*	2.223	0.329
Somatic (sensory)	6	10	38	63.3	16	26.7	37	61.7	19	31.7	4	6.7	38	63.3	20	33.3	2	3.3	35.882	<0.001*	0.706	0.703
Cardiovascular symptoms	8	13.3	36	60	16	26.7	39	65.0	14	23.3	7	11.7	40	66.7	16	26.7	4	6.7	33.649	<0.001*	0.964	0.617
Respiratory symptoms	0	0	38	63.3	22	36.7	40	66.7	13	21.7	7	11.7	42	70	16	26.7	2	3.3	60.014	<0.001*	3.137	0.208
Gastrointestinal symptoms	4	6.7	36	60	20	33.3	37	61.7	12	20.0	11	18.3	38	63.3	16	26.7	6	10	41.174	<0.001*	2.055	0.358
Genitourinary symptoms	0	0	36	60	24	40	37	61.7	15	25.0	8	13.3	40	66.7	16	26.7	4	6.7	53.647	<0.001*	1.482	0.477
Autonomic symptoms	2	3.3	40	66.7	18	30	35	58.3	16	26.7	9	15.0	36	60	18	30	6	10	42.718	<0.001*	0.732	0.694
Behavior at interview	4	6.7	36	60	20	33.3	36	60.0	16	26.7	8	13.3	38	63.3	18	30	4	6.7	38.435	<0.001*	1.505	0.471
Total	3	5	37	61.7	20	33.3	38	63.3	15	25.0	7	11.7	39	65	17	28.3	4	6.7	45.445	<0.001*	0.956	0.620

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Figure (1): Levels of anxiety among studied nurses throughout periods of study (n=60)

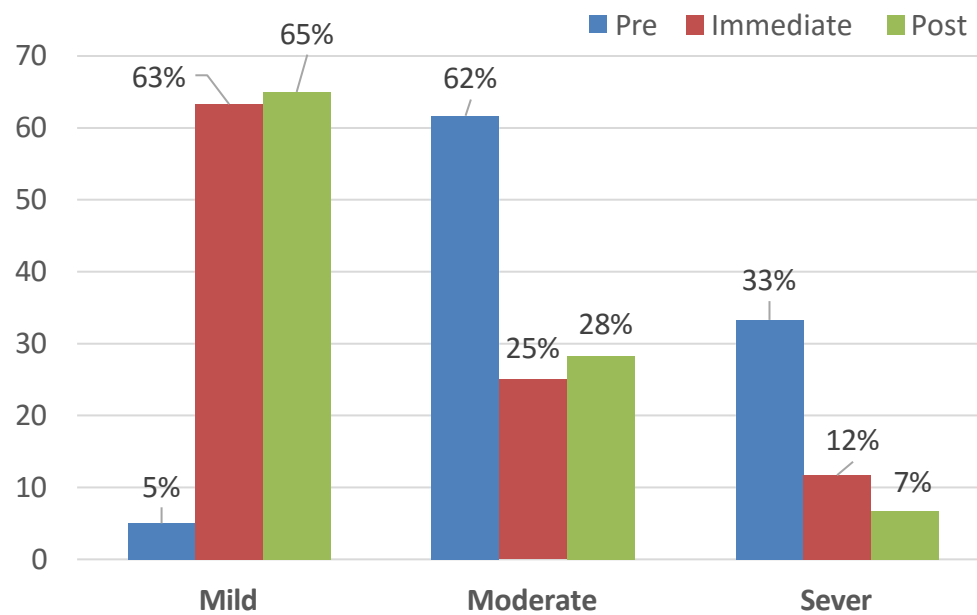


Table (4): Correlation between scores of communication skills and level of anxiety among studied nurses throughout the study (n=60).

Hamilton Anxiety score	Communication Skills score	
	R	P-value
Pre	-0.864	<0.001*
Immediate	-0.689	<0.001*
Post	-0.704	<0.001*

Discussion

Emergency department (ED) nurses work in extremely demanding environments where patients who have experienced traumatic events, such as accidents and injuries, as well as wounded and bleeding victims, must put forth a great deal of effort and empathy (Alshammari et al., 2024). Concerning communication skills, the results demonstrated a marked improvement following the psycho-education training program. In which that majority of nurses exhibited poor communication skills, that may be attributed to high workload, time pressure, emotional stress, and the

absence of structured communication training. Immediately after the program, a substantial increase in the proportion of nurses with good communication skills was observed, and this improvement was sustained during the follow-up phase. These findings suggest nurses, motivation and enthusiasm to know and acquire skills was related to communication and to practice it successfully. Also, these returns to various methods of communication skill training (role-play, simulations, video-based reflections, psycho-education, and debriefing with preceptors) was

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effective in enhancing nurses' awareness, interpersonal skills, and confidence in patient and team communication.

These results are consistent with Kerr et al., (2020) who conducted a study to determine the effectiveness of program on nurses' communication skills. They showed that in the post-test three quarters of the studied nurses had good communication skills. Also, studies of Neşe M et al., (2023) & Shahbo G, et al., (2015) showed similar results of improving communication skills of nurses after attending training program. Anxiety is an emotion that can be caused by demanding and stressful work at emergency wards. In relation to anxiety levels, result of the current study revealed a statistically significant reduction across all anxiety subscales. The noticeable decline in moderate and severe anxiety levels after program implementation indicates that decrease fear, tension and other psychological symptoms for nurses also help them to had adequate level of training about coping strategies, stress management techniques, and emotional regulation skills. The absence of significant differences between immediate and post-program further supports the durability of the program's impact on anxiety reduction.

In terms of anxiety reduction, the study findings align with those of Fathi & Simamora, (2019) demonstrated that psycho-educational interventions effectively reduce anxiety and occupational stress among nurses working in critical care units. Additionally, Ghazavi et al., (2016) reported significant reductions in

anxiety and psychological distress among nurses after participating in psycho-education-based stress management programs. These studies emphasize that psycho-education enhances nurses' understanding of stressors, promotes adaptive coping strategies, and improves emotional regulation, which explains the significant decrease in anxiety levels observed in the current study.

This was in agreement with a study of Chahbounia & Gantare, (2023) that reported that stress and anxiety level of emergency nurses reduced post intervention. Also, it was similar to Rabia & Abdellah, (2024) results that found the level of anxiety of emergency nurses reduced after attending communication workshop.

Furthermore, the sustained improvement in anxiety levels during the follow-up phase is supported by Ruotsalainen et al. (2015) concluded that educational and cognitive-behavioral interventions have long-term positive effects on mental health outcomes among healthcare workers. This indicates that psycho-education does not merely provide short-term relief but contributes to lasting psychological resilience, particularly in demanding work environments such as emergency departments.

Concerning the correlation between total communication skills scores and anxiety levels, the result of present study revealed a highly statistically significant negative correlation between total communication skills scores and anxiety levels among nurses throughout all phases of the program (pre, immediate and post). This inverse

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relationship indicates that as nurses' communication skills improved, their anxiety levels significantly decreased. The strong correlation coefficients reported across the study phases emphasize the robustness and consistency of this relationship, highlighting communication competence as a key protective factor against anxiety in emergency nursing settings.

This result of the current study is consistent with a study research of McCabe & Timmins, (2013) reported that effective nurse-patient communication is associated with reduced work-related stress and anxiety, particularly in high-demand clinical environments.

In addition, Ghazavi et al., (2016) demonstrated that psycho-educational interventions targeting stress management and communication skills led to significant reductions in anxiety levels among nurses. These findings support the current study's results, which showed sustained anxiety reduction following program implementation. Furthermore, Ruotsalainen et al., (2015) confirmed that educational and cognitive-based interventions had long-term positive effects on mental health outcomes among healthcare workers.

It was in accordance with findings of studies of Colomer, (2021), Soyoung & Hye, (2023) that reported the presence of high level of anxiety of emergency nurses due to poor communication skills.

The current findings are consistent with previous studies that have documented the influence of socio-demographic and

occupational factors on nurses' anxiety levels. Chang & Daly, (2016) reported that higher educational attainment and professional experience are associated with lower anxiety and improved coping among nurses working in acute care settings. Similarly, Fathi & Simamora., (2019) found that nurses who received prior training in communication and anxiety management demonstrated significantly reduced anxiety levels and better stress control.

Moreover, Ghazavi et al., (2016) emphasized that psycho-educational interventions significantly decrease anxiety and psychological distress among nurses by enhancing emotional awareness and coping strategies. These findings align with the present study, which demonstrated sustained reductions in anxiety across all program phases.

Additionally, Ruotsalainen et al., (2015) concluded that workplace educational and cognitive-based interventions had long-lasting positive effects on mental health outcomes among healthcare professionals, reinforcing the importance of integrating psycho-education into routine in-service training programs.

The findings are quite understandable given the effects of more experience in older nurses and baccalaureate nurses in acquiring practical components of communication which is deficient in nursing education curriculum or other related courses that studied subjects attended previously. This result is consistent with Banerjee et al., (2017) who conduct a study about "the implementation and evaluation of a

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communication skills training program for oncology nurses” and noted that the age and level of qualification had significant associations with communication skills post test.

Finally, the positive effect of current program on all dimensions of the study may return also to the fact was conducted in small groups which facilitates effective and participating environment and gives studied nurses adequate time to acquire the program's taught material. Program's content was also specific and presented in an attractive manner using a range of teaching and techniques such as discussion, sharing experience and role-playing to case scenario-based learning, and the use of eye-catching images and videos. Also, throughout program session, participants also had time to reflect on their own successful life experiences.

Conclusion

The implementation of the training program was effective in improving the communication skills, as well as reducing level of anxiety of emergency nurses.

Recommendations

The study's findings suggest the following recommendations: -

- Applying training program for all nurses in the different health settings.
- To enhance nurses' communication abilities, frequent workshops and seminars on anxiety dealing and communication skills should be performed.
- Collaboration between academic experts and healthcare institutions should be promoted to assist newly

employed emergency nurses to perform their new roles through orientation and preparation programs.

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