Effect of Communication Skills Training Program on Staff Nurses' Team Cohesion

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Abstract

Communication is a core element in every phase of daily events of staff nurses. Having good communication skills increase team cohesion through allowing staff nurses to adhere to every one more. Highly cohesive teams promote cooperation, as nurses work together in the direction of a shared goal, exchange information, and leveraging every one capabilities as well as strengths. Aim: The present study aimed to investigate the effect of communication skills training program on staff nurses' team cohesion at Mansoura University Children's Hospital. Methods: Quasi-experimental design was used. This study was carried out in wholly medical as well as surgical departments at Mansoura University Children's Hospital. The whole sample was (n=115) staff nurse (convenience sample). Data was collected through using three tools; Communication Skills Knowledge Questionnaire, Communication Skills Questionnaire and The Erlangen Team Cohesion at Work Scale. Results: The main results of the existing study showed that the staff nurses' owned higher communication knowledge as well as skills during post in addition to follow up program and higher team cohesion. There was a positive correlation amongst staff nurses' communication knowledge, skills as well as team cohesion. Recommendations: Evaluate staff nurses' knowledge periodically to identify the points that require training in order to enhance their communication skills as well as team cohesion. Implement a continuous education as well as training programs for encouraging in addition to increasing staff nurses' knowledge plus skills around the communication skills.

Key words: Communication, Knowledge, Skills, Staff nurses, Team cohesion.

Introduction:

Nursing is an specialized care centered on collaborating relations that achieved mainly by communication. By other meaning, communication is utilized once relating with clients as well as offering direct nursing care. Furthermore, it plays a significant role in arbitrating conflict and facilitating cooperation during giving secondary nursing care via association with diverse health specialists (Saxena, Rastogi, Gupta, & Nesamony, 2022). Communication is a personal practice where members definite themselves via oral otherwise written symbols with the purpose of influencing the other's behavior, and it determines the kind of relationships that people will develop with others and with the surrounding world. It is the action of transferring a message to others and the central skill for the active performance of health care specialists (Darcho, et al., 2024).

Communication has a content as well as a worth. The content relates to what was said, while the relation relates to in what way it transferred. The type of the relation relies on in what way the double sides comprehend the series of communication. It is a two way as well as interactive process where every receiver turn into sender and vice versa (Martínez, Muñoz, Ferrer, Morcillo, & Rodríguez, 2024). Inability to know the reciprocal communication ability, frequently result in undesirable decisions as well as approaches. Enhancing nurses' therapeutic communication is a device for promoting team cohesion, handling conflicts effectually, safeguarding an atmosphere of client protection, raised self- confidence in addition to elevate qualified accountabilities in healthcare locations (Dlamini, & Park, 2024).

Communication is a core part for social significance lives, has essential for improving personal interactions, also for individuals, associations, and the public to perform healthy. Communication skills are defined as skills of listening as well as expressing oneself in a constructive and obvious way, in both oral as well as written media (Jasim, & Faris, 2024). Communication skills are including soft competencies like paying attention, empathetic, trust, flexibility, transparency and conciseness, kindness, respect, sharing suggestions, choosing suitable media. presentation skills interviewing. and

Effective communication skills among nurses have been associated with better treatment outcomes, a decrease in malpractice lawsuits, and higher patient satisfaction (**Przymuszala et al., 2021**).

Nurses who demonstrate outstanding communication skills are better able to solve problems, articulate their views, and act both independently and together. These abilities also contribute to concerns like lower levels of stress endured by nurses on the job, higher levels of compliance and better patient care quality (Lufri, Elmanazifa & Anhar, 2021).

Effective communication skills include teaching and exercising the skills of sending and receiving messages, resolving disagreements, talking and listening clearly, actively focusing on the issue at hand, identifying stress, validating differences, seeking feedback, showing gratitude, and taking responsibility (AlMarzooq, et al., 2024).

Effective communication skills are not generic qualities that can be acquired instinctively from one's own home. Effective communication skills are tools which have to be learned and employed in suitable circumstances in order to help nurses develop communication competence for the workplace, which is the key for achievement in the workplace (Jafari, et al., 2021). Effectual communication within the team donates to the participating of alike individual levels, in that way generating raised awareness and a sense of friendship. It rises team cohesion through allowing them to adhere further to every other (Bedir, Agduman, Bedir, & Erhan 2023).

Team is a collection of persons performing together toward attaining shared aim for which they grasp themselves reciprocally responsible. Also, it is a collection of individuals who can accomplish remarkable achievements when they are cohesive and working in coordinated and cooperative manner toward a shared and understood goal. Teams are thought to improve effectiveness, efficiency, communication and co-operation (lakhmani et al., 2022).

Cohesion is often described as the gel that binds teams together. It can be thought as the engine oil of teams that enables them to function smooth. On other hand, it means the act of making a combined entire. Cohesion is an active practice that is replicated in the propensity for a team to stick together as well as continue combined in the chase of its contributory goals besides the fulfillment of follower emotional requirements (Wei, et al., 2024).

Team cohesion is the team's capability to act like a single part as well as perform together. It is the entirety of imperceptible contacts, optimistic relations, in addition to shared accepting of the team followers. Nurses shape connection to teams once they sense a like they be in the right place, once they sense that their self-concept is constant with their societal surroundings. Also, it is the level of connection of the team followers to the team besides the wish of those members to need to remain in the team (Ejaz, et al., 2024).

Team cohesion gives the greatest probable quality of client care through using the skills of each one of the staff to the completest level. Team cohesion is associated with good communication as well as cooperation amongst team members as they perform in the direction of attaining the mutual goal and team performance effectiveness (Oh, 2023). The understanding of participating the success of the team can provide the sensation of forceful team cohesion. Highly cohesive teams are noted to have more interactions and spend more time exchanging information, planning. and communicating relevant information (Yıldırım, Kazandı, Cirit, & Yağız, 2021)

The main factors that influence level of nurses attraction to the team and team cohesion are; Likeness of team individuals, team extent and achievement, entrance challenging, plus outside competition and pressures, in addition to the desire to remain in the team for ego enhancement and the ability to communicate with each other effectively. Frequently, these aspects improving the identification of persons with the team they belong to besides their views of exactly how the team can satisfy their individual wants (Paunova & Li-Ying, 2022).

Significance of the study:

Team cohesion has a crucial function in fulfillment of institutional goals. Currently in changed as well as competitive environs, associations depend severely on the cooperative work as well as partnership of their staffs to accomplish their purposes. When staff nurses possess a robust feeling of cohesion, they grow a shared understanding and trust amongst each other (Kerr, et al., 2022). This cohesion fosters a setting where nurses sense happy to share their opinions as well as feelings, resulting in active as well as open communication inside the team. Moreover, cohesion encourages team cooperation as nurses act collectively in the direction of a mutual goal, and fosters every one experiences as well as benefits. Team cohesion is suggested to be one of the most important aspects in ensuring nurses quality performance. Participants of elevated duty cohesive teams discussed extra data and thoughts around the assignment than the others of decreased cohesive teams (Ejaz, et al, 2024).

Communication is a fundamental component of nursing in wholly fields of action, containing avoidance, learning, treatment, restoration, cure, as well as health improvement. It is a core skill and one of the greatest hard responsibilities which staff good nurses meeting, and having communication skills is crucial for nurses when interacting with each other. Nurses may be incapable to attain commitment, or generate personal relations with their colleagues and team cohesion if they do not communicate effectively (Krompa, et al., 2022). So, the present study aims to investigate the effect of communication skills training program on staff nurses' team cohesion at Mansoura University Children's Hospital

The study aim:

The present study aims to investigate the effect of communication skills training program on staff nurses' team cohesion at Mansoura University Children's Hospital through:

- 1. Assessing staff nurses' knowledge regarding communication skills.
- 2. Assessing staff nurses' communication skills practice.
- 3. Assessing team cohesion level among staff nurses.
- 4. Designing as well as executing communication skills training program for staff nurses.
- 5. Evaluating the effect of implementing communication skills training program on team cohesion among staff nurses.

Research Hypothesis

The specific research hypotheses are:

• H1. Staff nurses' knowledge regarding communication skills improves after

executing a communication skills training program.

- H2. Staff nurses' communication skills practice improves after implementing communication skills training program.
- H3. Team cohesion among staff nurses improves after implementing communication skills training program.

Method:

Design: A quasi-experimental design was utilized in order to complete the aim of this study.

Setting: This study was carried out in all medical and surgical departments at Mansoura University Children's Hospital. The hospital affiliated to Mansoura University Hospitals as well as provides an extensive spectrum of health services for children with bed capacity 365 bed. It consists of two building, the first contains 3 floors, and the second is 8 floors.

Participants:

It contains wholly available staff nurses (n=115, convenience sample), who employed in all medical as well as surgical departments during the time of data gathering, as well as willing to share in this training.

Tools of data collection:

Three tools were used in order to gather data in the present training, which are; Communication Skills Knowledge Questionnaire, Communication Skills Questionnaire and The Erlangen Team Cohesion at Work Scale.

Tool I: Communication Skills Knowledge Questionnaire: It was established by the researchers depending on the revision of the correlated writings (Rivai, et al., 2020; Jafari, et al., 2021; and, Przymuszała, et al., 2021).

It comprises of two parts:

Part (1): It was utilized to identify staff nurses' personal characteristics like; age, as well as experience years.

Part (2): It was utilized in order to evaluate the staff nurses' knowledge concerning communication skills. It consists of 10 questions (matching "5" questions in addition to, true & false "5" questions). Correct answer scored "1" and incorrect scored "zero". Using scoring system; Poor <60%, fair 60- <65%, good 65-<75, very good 75-<85 and >=85 excellent.

ToolII:CommunicationSkillsQuestionnaire:It was developed bySiamian, et al., (2014), to measurecommunication skills practice of staff nurses.

It is a 35-item diving into seven domains which are: General communication (5 items), speaking (5 items), listening (5 items), interpretation and clarification (5 items), asking (5 items), feedback (5 items), then finally, reward as well as punishment (5 items). Reactions were calculated by a 5point Likert-type scale extending from 1= very poor, 2= poor, 3= moderate, 4 = good, and 5 = very good. Through scoring system; Low (<50%), moderate (50-75%) and high >75%.

Tool III: The Erlangen Team Cohesion at Work Scale: It was established through Lieb, et al., (2024). It utilized to evaluate staff nurses' team cohesion at work. It contains (13 items), distributed into (2) factors; Collegial solidarity (6 items) as well as unity plus problem management (7 items). Reactions were appraised through 5 Point-Likert scale (1 = totally disagree to 5 = totally agree). Using scoring system: low (<50%), moderate (50-75%) & high >75%.

Validity and Reliability

The researchers translated the questionnaires into Arabic, after that examined its content validity as well as applicability through 5 specialists of University staff at Nursing Administration, then according to their opinions, a required alteration was made. The tools' reliability completed via test of Cronbach's alpha. It was (0.91) for communication skills knowledge, (0. 93) for communication skills questionnaire, and (0.89) for the Erlangen team cohesion at work scale.

Pilot study

It was conducted on (10%) of the total sample from diverse units at medical as well as surgical departments of Mansoura University Children's Hospital, selected haphazardly to value the application in addition to clarity of the tools. Required changes were completed previously beginning data gathering. Acquired data of pilot study omitted from the training findings. **Ethical considerations:**

Before beginning the study, ethical agreement was attained from Faculty of Nursing- Mansoura University Study Ethical Committee. Authorized consent in order to perform this training was taken from the hospital supervisor after explanation of its aim. Involvement in the program was volunteer. Written well-informed contract used for contributing in the training was gained from the total sample. The secrecy of all the study participants was appreciated. Privacy of the accumulated data was kept, also the findings was utilized to direct forthcoming research, education, as well as publications. Each contributor can choice to finish the execution of the study as well as withdraw at any time deprived of any consequences.

Field work:

Assessment phase

- Planned a training program that covers the training objectives, definitions, elements, types, principles, purposes, effective communicator characteristics, different communication skills, importance of having different communication skills, channels of communication, strategies, preparation, and communication process.
- The communication skills knowledge communication questionnaire, skills questionnaire and the Erlangen team cohesion at work scale (Tool I, II, & III) were completed through the contributors earlier to initiate the training program at the beginning of October 2024. The communication skills knowledge questionnaire needed from 15-20 minutes to be ended, 20-25 minute for finishing communication skills questionnaire and 10-15 minutes for completing the Erlangen team cohesion at work scale. Prestudy test was completed in order to let the investigators to accumulate a baseline appraisal of staff nurses' knowledge plus skills in order to compare it with immediately after and 3 months after program. The data collected five days/week in the morning and afternoon shift.

Once the data gathering were ended, the researchers applied the training program. The program's time strategy implementation takes a month (November 2024). The training program has taken 4 weeks with 16 hours dispersed as; 8 sessions, 2 sessions/week, 2 hour/session. The staff nurses are divided into 4 groups regarding to their place of work. Every researcher executed the program with one group in the day through instructional plans, reachable capitals, plus associated subjects in all session. Various ways of education were used like lectures, brainstorming, as well as group discussion. The researchers framed teaching means as handout and disseminated it to every participant at the first session.

Evaluation phase

Follow up phase (immediately as well as after 3 months) taking place at the starting of December 2024 until March 2025, the effect of the training program was appraised via the similar prior stated instruments.

Statistical analysis

Accumulated data were settled, charted in addition to statistically examined by SPSS software (Statistical Package used for the Societal Sciences, version 26, SPSS Inc. Chicago, IL, USA). The definite variables for instance frequency plus percent were signified. Incessant variables like mean as well as standard deviation were signified. To examine the variance amongst above double parametric variables, recurring Double way ANOVA test was employed. Statistically significance was reflected at pvalue ≤ 0.01 .

Implementation phase Results

_ rable (1). I ersonal enalacteristics of the studied staff hu	1565 (h 116)			
Variables	n	%		
Age years:				
■ 20-30	66	57.4		
• 31-40	44	38.3		
■ >40	5	4.3		
Mean±SD	29.65 ± 6.23			
Years of experience				
• 1-5	21	18.3		
■ 6-10	36	31.3		
• 11-15	38	33.0		
• >15	20	17.4		
Mean±SD	11.81	± 6.34		

Table (1): Personal characteristics of the studied staff nurses (n=115)

Table (1) signifies that above half of staff nurses' age extended from (20- 30) years old and (33.0%) of them had from (11-15) years of experience.

nuises at various phases of program (n 115)										
Knowledge levels	scores	Be	efore	Imme	ediately	3 months after				
concerning communication		pro	gram	after p	orogram	program				
skills		n	%	n	%	n	%			
■ Poor < 60%	0-5	115	100.0	1	0.9	4	3.5			
 Fair 60-<65% 	6	0	0.0	2	1.7	8	6.9			
 Good 65-<75 	7	0	0.0	12	10.4	19	16.5			
 Very good 75-<85 	8	0	0.0	42	36.5	56	48.7			
 Excellent >=85 	9-10	0	0.0	58	50.4	28	24.4			
χ2/	208.949*/									
<i>p-value</i> <0.001*										

Table (2): Knowledge levels concerning communication skills amongst the studied staff nurses at various phases of program (n=115)

 $\chi 2$ value is for Friedman test

Table (2) indicates statistically significant progress of staff nurses' knowledge immediately after program as well as after 3 months. Before program, staff nurses' knowledge was poor (100%), whereas immediately afterward program was excellent (50.4%) as well as it was very good after 3 months of training (48.7%).

Table (3): Levels of communication skills as well as team cohesion amongst the studied staff nurses before the program (n=115)

Levels of Variables	Communica	Team cohesion		
	n	%	n	%
 Low (<50%) 	108	93.9	101	87.8
 Moderate (50-75%) 	7	6.1	14	12.2

Table (3) clarifies that levels of communication skills as well as team cohesion were in low level (93.9% & 87.8%) respectively.

Table (4): Mean differences	of knowledge concerning	communication	skills amongst the
studied staff nurses at various	phases of program (n=115)	

Variable	Before	Immediately	3 months after	F	р
	program	after program	program		
	Mean±SD	Mean±SD	Mean±SD		
Total knowledge	2.70 ± 1.06	8.46 ± 0.96	7.67 ± 1.18	1246.071*	< 0.001*
related to					
communication					

Table (4) illustrates that there was statistically significant enhancement of staff nurses' total knowledge concerning communication skills. Furthermore, total knowledge mean scores raised from (2.70 ± 1.06) to (7.67 ± 1.18) after program.

Communication skills	Before	Immediately	3 months	F	р
domains	program	after	after		
		program			
	Mean±SD	Mean±SD	Mean±SD		
 General 	6.98 ± 1.46	23.90 ± 1.39	22.48 ± 1.51	7377.359*	< 0.001*
communication					
 Speaking 	6.19 ± 1.21	23.80 ± 1.36	22.06 ± 1.57	8062.500^{*}	< 0.001*
 Listening 	9.17 ± 1.31	24.95 ± 0.26	23.94 ± 0.55	12574.378^{*}	< 0.001*
 Interpretation and 	6.17 ± 1.19	24.24 ± 0.89	22.25 ± 1.23	11546.645*	< 0.001*
clarification					
 Asking 	6.23 ± 1.04	24.14 ± 1.18	22.51 ± 1.25	12011.853*	< 0.001*
 Feedback 	6.33 ± 1.23	24.10 ± 1.20	22.61 ± 1.25	9942.202*	< 0.001*
 Reward and 	6.10 ± 1.13	22.24 ± 1.77	20.01 ± 1.71	5035.928*	< 0.001*
punishment					
 Total Communication 	47.19±5.27	$167.37 \pm$	155.86 ±	33572.970*	< 0.001*
skills		3.90	4.41		

Table (5): Mean differences of communication skills amongst staff nurses at various phases of program (n=115)

Table (5) exemplifies that there was statistically significant advance of staff nurses' total communication skills practice in addition to in seven domains. Total communication skills practice mean scores raised from (47.19 \pm 5.27) to (155.86 \pm 4.41). The uppermost mean score of communication skills practice domains afterward the training was in listening, whilst the lowermost was in reward and punishment.

Table (6) Mean	differences	of tean	cohesion	amongst	staff	nurses	at	various	phases	of
program (n=115)										

Team Cohesion	m Cohesion Before program		3 months	F	р
	program	after program	after program		
	Mean±SD	Mean±SD	Mean±SD		
	Mean±5D		Mean±SD		
1. Collegial solidarity	9.11 ± 1.41	29.37 ± 0.69	28.26 ± 0.88	14958.523*	< 0.001*
2. Problem	9.09 ± 1.71	32.88 ± 1.02	30.76 ± 1.05	13464.279*	< 0.001*
management					
Total team cohesion	18.20 ± 2.49	62.25 ± 1.27	59.02 ± 1.41	24077.224*	< 0.001*

Table (6) describes that there was statistically significant improvement of staff nurses' total team cohesion as well as in two team cohesion factors. Total team cohesion mean scores raised from (18.20 ± 2.49) to (59.02 ± 1.41) . Problem management had the uppermost mean score of team cohesion factors afterward the program, while collegial solidarity had the lowermost mean score of team cohesion factors. **Table (7) Communication skills and team cohesion levels amongst the studied staff nurses at various phases of program (n=115)**

		Con	nmunic	ation s	kills		Team cohesion					
Communication skills and team cohesion levels		fore gram	ly a	ediate fter gram	af	onths ter gram		fore gram	ly a	ediate fter gram	3 mo aft prog	ter
	n	%	n	%	n	%	n	%	n	%	n	%
Low (<50%)	10 8	93. 9	0	0.0	0	0.0	10 1	87. 8	0	0.0	0	0.0
Moderate(50– 75%)	7	6.1	0	0.0	8	6.9	14	12. 2	0	0.0	10	8.7
High >75%	0	0.0	11 5	10 0	10 7	93. 1	0	0.0	11 5	10 0	10 5	91. 3
χ2/ p-value		230.000*/ <0.001*				230.000*/ <0.001*						

 χ^2 value is for Friedman test

Table (7) represents that there was statistically significant progress of staff nurses' communication skills in addition to team cohesion. Communication skills and team cohesion level raised from low to high after training program.

strated start harses at various phases of program (in 110)									
You can c	Communication skills								
	Before program		Immediately		3 months after				
				after p	after program		ram		
		r	р	r	р	r	р		
Team cohesion	Before program	-0.070	0.459						
	Immediately after			-0.150	0.109				
	program								
	After 3 months					-0.018	0.850		
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Table (8) Correlation between team cohesion as well as communication skills amongst the studied staff nurses at various phases of program (n=115)

Table (8) explains that, there was a positive correlation between staff nurses' communication skills as well as team cohesion. **Discussion:** intervention program arranged according to

In today's dynamic professional landscape, communication skills are essential to all personal contact in health care and of great significance in the nursing practice. Nurses with good communication skills are extra proficient in addition to having further self-efficacious plus self-confidence in dealing with each other's and with their patients. Effective communication skills are necessary to create an efficient and constructive relationships, increase awareness and sense of belonging and togetherness that improve team cohesion among staff nurse (**Ilavarasi, 2024**).

Regarding to the existing study results, nurses' knowledge concerning staff communication skills was poor earlier the training program. This possibly because of the fact that shortage of focusing on such substances in the courses, that could decrease the attention on these applied skills. Also, although it is well recognized that communication skills for nurses are crucial in nursing practice but may be difficult to master. This result agreed with Hall, & Montgomery, (2023) who exposed that the maximum percentage of the staff nurses owned unacceptable level of knowledge communication skills before around implementation of the program. Also, similar limited grade of information of communication skills was specified in a training by Syardiansah, Ardianti, & Septian, (2023). In the same spirit, this result was agreed with Bamoussa, Mourad & Ismail (2023) who found that furthermost of nursing learners possess small level of communication skills.

The study finding displayed statistically significant advances in staff nurses' knowledge afterward execution of the training. Moreover, the advance continuous during the follow-up phase that illustrates good acquisition of provided information. The accomplishment could exist because the intervention program arranged according to real met needs identified during the assessment stage of the training. This outcome supported with **Mohammed**, **Shazly, & Mostafa (2022)** who stated that, executed an educational program help staff nurses in keeping them up-to-date with new ideas, increasing their knowledge in addition to proficiency, modifying their performances and enhancing their abilities to communicate effectively with others.

In the same line, **Darcho, et al., (2024)** who found that afterward executing the specific learning program staff nurses' knowledge was significantly enhanced from unwelcome to welcome grade. Furthermore, **Martínez, et al., (2024)** stated that after carrying out a training program most of nurses had high level of communication knowledge, confirming that these knowledges promoting their assertiveness, in addition to their elf-esteem.

The existing program outcomes exposed that, there was a minor lessening in mean scores of staff nurses' knowledge about communication skills at three months postprogram paralleled to immediately postprogram. This may possibly due to that staff nurses forgotten a few of the knowledge that they learned during the execution of the program. This finding in congruence with **Gholizadeh, & Gorji, (2024)** who informed that, there was a minor decreasing in staff nurses' knowledge scores at three months post-program appraisal paralleled with immediately post-program.

Regarding staff nurses' whole communication skills during varied training stages, there were statistically significant enhancement of staff nurses' whole communication skills addition in to communication skills seven domains (general communication, speaking, listening, interpretation and clarification, asking, feedback, and reward and punishment), afterward program

intervention together post as well as follow up stage, communication skills level improved from low to moderate. This might because of the effect of the intervention program, diverse teaching approaches as well as means, the attendance of program influence positively on staff nurses' knowledge and practice about communication skills. Also, this communication skills program is helpful in positively influencing staff nurses' communication.

In the same line, Wolderslund et al., (2024) who examining the efficiency of communication skills teaching on nurses' self-efficacy as well as superiority of attention and stated that nurses' knowledge and skills about communication enhanced after program execution. In this respect, Mach, et al., (2022) who evaluating the efficacy of personal communication skills teaching on work fulfillment amongst nurses in Al-Zahra Clinic of Isfahan, then reported similar findings. In addition to, Dlamini, & Park, (2024) who specified that the whole mean scores of staffs' communication skills was little during pre-program as well as it enhanced during post as well as follow up program.

This findings are in congruence with Wang, (2024) who indicated that the main as well as progressive communication skills training had statistically significant improvement during post as well as follow up program, and that improvement affecting on the quality of interpersonal relationships, and organizational commitment. The findings are consistent with a study of Bigdeli, & Doroudi,. (2021) who showed a significant difference improvement in the post test communication skills. This result supported with Abeeden & Mohamed, (2021) who found that whole grade of communication skills amongst staff nurses were meaningfully enhanced straightly next the program implementation.

Concerning to staff nurses' total team cohesion levels through different study stages of the teaching program, the results of recent training revealed that there was statistically significant enhancement of staff nurses' total team cohesion as well as two team cohesion factors (collegial solidarity, and problem management), after training program, team cohesion level raised from low to high. This possibly because of the effect of acquired knowledge in addition to skills after the attendance of the training program that influence positively staff on nurses'

knowledge about team cohesion, also, the staff nurses valued as well as practiced basic codes and skills for good arrangement of communication methods and team cohesion.

The present finding in similarity with Wei., et al. (2024) who discovered that the maximum percent of nurses owned higher team cohesion through communication practice during post as well as follow up program as paralleled for pre-program. Additionally, this result was agreed with Oh, (2023) who reported that nurses perceived high level of team cohesion. Also, Salas-Vallina, (2023) identified that, the uppermost percent of nurses preserved raised team cohesion during post as well as follow up program as equated to pre-program.

Regarding to correlation between communication skills as well as team cohesion amongst considered staff nurses through various stages of teaching program, the existing study results confirmed positive correlation between communication skills as well as team cohesion among studied staff nurses through diverse stages of program. This indicated that, attendance of earlier teaching possibly preserved a positive influence on staffs, positive communication building trust among staff nurses, effectively resolving conflicts, and encouraging them to belong to groups as well as to achieve their roles such as team followers thus; effective communication skills are a vital constituent of an effective team as well as assist to raise the culture of optimistic and support among team members.

This was in the similar line with Oh & revealed Y00. (2023)who that communication had an important influence on team societal cohesion. Confirming that, communication skills are mainly essential since they raise collaboration as well as decrease conflict, which encourages cohesiveness and emotional commitment in addition to decreases the probability to leave the association. This finding was confirmed by, Wang, (2024) who asserted that a good relation with peers can also stimulate the development of communication skills. Nurses with robust communication skills in a team can rapidly clear up the fears of wholly features of work responsibilities, rapidly harmonize as well as communicate, then arrive to the best result for totally parties.

In the same spirit, the existent outcome in contract with **Grossman et al.**, (2022) who shows that having effective

communication skills allow а plane movement of communication amongst team followers that cause better team cohesion. Adding that, strong team cohesion is the secret formula for a thriving organization, as a cohesive team owns distinct standards, constructive team uniqueness, mutual objectives, optimistic working relations, shared accountability, positive vitality, esteem, willingness to collaborate, unity, helpful interaction as well as integrity in involvement.

Conclusion

From the current study, it was concluded that the carrying out of the training program was correlated with improvement in staff nurses' knowledge and skills. The staff nurses' had higher communication knowledge and skills at post and follow up program in addition to higher team cohesion. There was a positive correlation amongst staff nurses' communication knowledge, skills as well as team cohesion.

Recommendations:

According to results of existing study, It is recommended that:

- Evaluate staff nurses' knowledge periodically to identify the points which require training in order to enhance their communication skills as well as team cohesion.
- Implement a continuous education as well as training programs for encouraging in addition to increasing staff nurses' knowledge in addition to skills around the communication skills.
- Administrators of hospital ought to remain familiar with the significance of communication skills toward the success of both staff nurses as well as organization, to permit them to share as well as attend the training programs persistently.
- Additional implementation of such program not only for staff nurses but as well to wholly nursing categories at totally grades in order to increase their communication knowledge as well as skills in addition to enhance their team cohesion.

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