RESEARCH PAPER

Impact of Communication Competency Training Program on Staff Nurse's Self-Advocacy Skills in Asser Central Hospital in Saudi Arabia

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ABSTRACT

Background: Nurses' communication competency is essential for delivering high-quality healthcare. It encompasses a range of skills that enable nurses to interact effectively with patients, families, and colleagues, ultimately contributing to better health outcomes and patient experiences**.**

Aim: to evaluate the impact of a communication competency training program on staff nurse's self-advocacy skills in Asser Central Hospital in Saudi Arabia.

Method: a quasi-experimental design was used at Aseer Central Hospital, Saudi Arabia. Aseer Central Hospital is in Abha City on 114 staff nurses using three tools were used for data collection in the present namely Communication Competency Knowledge Questionnaire, Communication Competences Scale and Nurse Workplace Scale (NWS).

Results: There was a statistically significant improvement in nurses' knowledge levels across the training program phases (χ^2=155.670, p<0.001). In pretest phase nurses' competences were at low level (52.6%) then improved in immediately posttest and after 3 months follow up test phases to high level (55.3%) and (49.1%) respectively. In pretest phase nurses' self-advocacy was at low level (37.7%) then improved in immediately posttest and after 3 months follow up test phases to high level (71.1%) and (64.9%) respectively. The mean self-advocacy scores improved significantly from 38.03±10.46 pre-program to 46.88±9.96 post-program and 45.67±9.61 after 3 months (χ^2=184.233, p<0.001).

Conclusion: the training program had a substantial and sustained positive effect on nurses' communication-related outcomes. Nurses showed marked improvement in their knowledge of communication competency immediately after the program, with this enhancement largely maintained over time, reflecting effective knowledge retention. This improvement was mirrored in their communication competences and ability to practice self-advocacy in the workplace.

Recommendation: Integrate structured communication competency training programs into continuous nursing education and orientation programs. Expand future research to explore long-term impacts of communication training on patient outcomes and organizational performance.

Keywords: *Communication, Competency, Staff Nurses, Self-Advocacy, Skills, Training Program,*

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INTRODUCTION

Nurses' communication competency is essential for delivering high-quality healthcare. It encompasses a range of skills that enable nurses to interact effectively with patients, families, and colleagues, ultimately contributing to better health outcomes and patient experiences (Mrayyan, et al., 2023). Continuous development and assessment of these skills are vital in the nursing profession. Nurses' communication competency is a multifaceted skill set that plays a critical role in the effectiveness of healthcare delivery. At its core, this competency encompasses the ability to convey information clearly and accurately, understand patient needs, and build therapeutic relationships through various forms of communication (Mehralian, Yusefi, Dastyar, & Bordbar, 2023).

Effective communication is not merely about exchanging information; it involves active listening, empathy, and the ability to adapt one's communication style to meet the diverse needs of patients and their families. This competency is essential in ensuring that patients feel heard, respected, and involved in their care (Al-Kalaldeh, Amro, Qtait, & Alwawi, 2024). Nurses' communication competency refers to the ability of nursing professionals to effectively convey information, understand patient needs, and foster therapeutic relationships through verbal, non-

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verbal, and written communication (Rabiul, Shamsudin, Yean, & Patwary, 2023).

This competency is crucial for ensuring quality patient care, enhancing patient safety, and improving health outcomes. The importance of communication competency in nursing includes patient safety, patient satisfaction, therapeutic relationships, and collaboration. Effective communication reduces the risk of errors and misunderstandings in patient care, good communication enhances patient experiences and satisfaction with care, fosters trust and rapport between nurses and patients, and facilitates teamwork among healthcare providers, ensuring coordinated care (Cardon, et al., 2024).

The key components of communication competency include verbal communication through clarity and conciseness in speech, active listening skills, ability to ask open-ended questions, and empathy in conversations, as well as non-verbal communication such as understanding body language and facial expressions, maintaining appropriate eye contact, using gestures to enhance understanding, and being aware of personal space and physical touch. Additionally written communication as accurate and clear documentation of patient information (Kim, 2023).

Verbal communication is a primary component of nurses' communication competency. Nurses must articulate information clearly and concisely, using language that patients can understand. This includes explaining medical conditions, treatment options, and care procedures in a way that demystifies complex medical jargon. Active listening is equally important; it allows nurses to fully understand patients' concerns and questions, fostering an environment where patients feel comfortable expressing their needs. Additionally, the use of open-ended questions encourages patients to share more about their experiences and feelings, which can lead to more personalized care (Mehralian, Yusefi, Dastyar, & Bordbar, 2023).

Non-verbal communication is another crucial aspect of nurses' communication competency. Body language, facial expressions, and gestures can significantly impact how messages are received. For instance, maintaining appropriate eye contact can convey attentiveness and empathy, while an open posture can signal approachability. Nurses must also be mindful of their own non-verbal cues, as these can either reinforce or contradict their verbal messages. Understanding the nuances of non-verbal communication helps nurses gauge patients' emotions and reactions, enabling them to respond appropriately (Алаудинова, 2022).

Written communication is essential in nursing, particularly for documentation and patient education. Accurate and clear documentation of patient information, including assessments, interventions, and outcomes, is vital for continuity of care and legal compliance. Nurses must also be skilled in creating educational materials that are easy to understand, ensuring that patients can follow care plans and make informed decisions about their health. This written communication must adhere to confidentiality standards, reflecting professionalism and respect for patient privacy (Owens, & Hite, 2022).

A communication competency program focuses on developing essential communication abilities, including assertiveness, active listening, and effective verbal and non-verbal communication. It is significantly impacting staff nurses' self-advocacy skills by enhancing assertiveness, improving interpersonal relationships, reducing barriers, fostering a culture of open communication, and ultimately enhancing patient care outcomes. By investing in such training, healthcare organizations empower their nursing staff, leading to a more supportive work environment that prioritizes both nurse well-being and high-quality patient care (Aririguzoh, 2022).

The ripple effects of this training can transform the nursing profession, promoting a culture of advocacy and collaboration that benefits everyone involved. By equipping nurses with these skills, the training fosters a culture of empowerment, enabling nurses to articulate their needs and concerns more effectively within their work environments. The impact of this training extends beyond individual nurses, positively influencing team dynamics and patient care outcomes. One of the primary benefits of communication competency training is the enhancement of self-advocacy among staff nurses (Amorim, et al., 2023).

Staff nurse's self-advocacy skills refer to the ability of nursing professionals to effectively communicate their own needs, rights, and professional interests within the healthcare environment. This competency empowers nurses to take an active role in their careers and work environments, ensuring that they can provide optimal patient care while also addressing their own professional development, well-being, and job satisfaction. Self-advocacy is crucial in a field where nurses often face challenges such as high workloads, emotional stress, and the need for ongoing education and support (Saleh, & Ragab, 2021).

Self-advocacy is vital for nurses as it enables them to express their concerns and needs regarding workplace conditions, patient care, and professional development. By advocating for themselves, nurses can influence their work environment, ensuring that it is conducive to providing high-quality care (Allder, 2023). This skill helps nurses address issues such as inadequate staffing, lack of resources, or insufficient training, which can negatively impact patient outcomes and job satisfaction. Furthermore, self-advocacy fosters a culture of open communication, where nurses feel empowered to voice their opinions and contribute to decision-making processes within their teams and organizations (Ruth-Sahd, Mann, & Cawood, 2022).

Effective self-advocacy involves several key components, including assertiveness, communication, and negotiation skills. Assertiveness allows nurses to express their thoughts and feelings confidently without being aggressive

or passive. This involves setting clear boundaries and standing up for their rights, whether it's requesting necessary resources or seeking support from management. Effective communication is essential for articulating needs and concerns clearly and respectfully (Blundell, Hayden-Evans, Warren, & Milbourn, 2023). Nurses must be able to convey their messages in a way that is constructive and promotes dialogue, facilitating a better understanding of their perspectives.

Self-advocacy also involves building and maintaining professional relationships with colleagues, supervisors, and other healthcare team members. Developing a network of support within the workplace can empower nurses to advocate for themselves more effectively (Abo-Elela, El-Shiekh, Elsawah, & Ali, 2024). Collaborative relationships foster an environment where nurses can share concerns and seek assistance when needed. By engaging in open discussions with peers and management, nurses can create a supportive culture that values their input and encourages collective problem-solving. This collaborative approach not only enhances self-advocacy but also contributes to a more positive and productive workplace (Perri, 2024).

Despite its importance, many nurses face barriers to self-advocacy, such as fear of retaliation, lack of confidence, or organizational culture that discourages open communication. Addressing these barriers requires a commitment to creating a supportive environment where nurses feel safe to express their needs (Thomas, Vetterly, Kaselitz, Doswell, & Braxter, 2024). Organizations can facilitate this by providing training on self-advocacy skills, promoting a culture of respect and openness, and encouraging leadership to model supportive behaviors. Additionally, mentorship programs can help nurses build confidence in their advocacy skills, providing guidance and support as they navigate their professional challenges (Ruth-Sahd, Mann, & Cawood, 2022).

Ultimately, effective self-advocacy skills not only benefit the nurses themselves but also enhance patient care. When nurses are empowered to advocate for their needs, they are more likely to experience job satisfaction, reduced burnout, and improved mental health. This, in turn, translates into better patient outcomes, as satisfied and engaged nurses are more likely to provide high-quality care. By fostering a culture that values self-advocacy, healthcare organizations can create an environment that supports both nurse well-being and optimal patient care, leading to a more effective and resilient healthcare system (Griewatz, et al., 2020).

SIGNIFICANCE OF THE STUDY

Communication competency training also promotes the development of strong interpersonal relationships among nursing staff. The impact of communication competency training extends to the organizational culture as well. When nurses are trained in effective communication, they contribute to a culture of open communication within their healthcare settings. This shift encourages all staff members to share their insights and concerns, fostering an environment where feedback is welcomed and valued. As a result, organizations may see improved staff morale and engagement, as nurses feel empowered to participate in decision-making processes that affect their work and patient care (Sanchis-Giménez, Lacomba-Trejo, Prado-Gascó, & Giménez-Espert, 2023).

As relationships strengthen, nurses may feel more comfortable discussing their concerns, leading to a culture where self-advocacy is not only encouraged but normalized. Nurses' self-advocacy skills are essential for promoting patient outcomes, professional development, and the overall strength of the nursing profession. By developing these skills and adhering to key principles, nurses can become empowered advocates for themselves and their patients. Deficiencies in nurses' communication skills need to be addressed for students to influence and skillfully collaborate in crucial patient and self-advocacy conversations (Wittenberg, et al., 2021).

Nurses develop self-advocacy skills through courage and finding their voices, crucial for advocating for patients, families, communities, organizations, professions, and society (Hearne, & Jernigan, 2024). Nurses' self-advocacy skills can be enhanced through educational presentations focusing on political advocacy knowledge and skills, correcting misconceptions, and increasing awareness of policy implications (Blundell, Hayden-Evans, Warren, & Milbourn, 2023). So, the study aims to evaluate the impact of a communication competency training program on staff nurses' self-advocacy skills in Asser Central Hospital.

AIM OF THE STUDY

The study aims to evaluate the impact of a communication competency training program on staff nurse's self-advocacy skills in Asser Central Hospital in Saudi Arabia through:

1. Assessing staff nurses' knowledge regarding communication competency in Asser Central Hospital in Saudi Arabia.
2. Assessing staff nurses' level of communication competency in Asser Central Hospital in Saudi Arabia.
3. Assessing staff nurse's self-advocacy skills in Asser Central Hospital in Saudi Arabia.
4. Implementing a communication competency training program for staff nurses in Asser Central Hospital in Saudi Arabia.
5. Evaluating the impact of communication competency training program on staff nurse's self-advocacy skills in Asser Central Hospital in Saudi Arabia.

Research Hypothesis

The specific research hypotheses are

H1: The staff nurses' knowledge about communication competency will be improved after implementing the training program.

H2: The staff nurses' self-advocacy skills will be improved after implementing the training program.

METHOD

Study Design

The current study employed a quasi-experimental research methodology (pre-post-test) to accomplish its goal. Such a design is appropriate given the nature of the issue being examined and studied. Empirical intervention research that estimates the causal impact of an intervention on its target population without random assignment is called a quasi-experimental study (Polit & Beck, 2020).

Study Setting

This study was conducted at Aseer Central Hospital, Saudi Arabia. Aseer Central Hospital is in Abha City and is the only referral hospital at the tertiary care level in the Aseer Health Directorate. The hospital has 574 beds. Aseer Central Hospital in Abha, Saudi Arabia is a major public healthcare facility operated under the Ministry of Health, providing comprehensive medical services to the Aseer region. It offers a wide range of clinical and support services including emergency care, outpatient clinics, inpatient departments, surgical procedures, diagnostic imaging, laboratory testing, chronic disease centers such as diabetes care, and rehabilitation services, reflecting high patient volumes in emergency, radiology, and specialist cardiology and nephrology treatments. The hospital also operates intensive care units with advanced capabilities and a full complement of medical and nursing staff to support complex interventions and critical care needs. Through its structured departments, from general medicine and surgery to specialized outpatient units, the hospital functions as a central referral and treatment hub, contributing significantly to regional health service delivery.

Population/Sampling

A convenience sample was utilized which included all available staff nurses

(n=114) who were responsible for providing patient care working at the mentioned

hospital who fulfill the criteria of having a minimum of one year of experience in work and being available at the time of data collection.

Data Collection Tool

Three tools were used for data collection in the present.

Tool (I): Communication Competency Knowledge Questionnaire

This tool was developed by researchers based on a literature review (Mahmoud, & Hassan, 2018, Khodadadi et al., 2013, Park et al., 2015). This tool aimed to assess study nurses' knowledge about communication competency in different phases of the training program. It consisted of two parts:

Part one was the personal characteristics of nurses such as age, sex, marital status, number of children, residence, name of ICU, level of education, years of experience, and previous training programs about communication competencies.

Part two was the Questions about nurses' knowledge of communication competencies of multiple choice and true & false including definition, importance of communication, types, and elements of communication competencies, and barriers to effective communication. The questions were scored as "1" for the correct answer, and "zero" for the incorrect answer.

Scoring system

The scoring system of Communication Competency Knowledge Questionnaire was classified into two categories based on a predetermined cut-off point, as follows:

- Low level (<60% of total scores),
- Moderate level (60-75% of total scores)
- High level (>75% of total scores).

Tool (II): Communication Competences Scale

Communication Competences Scale was developed by Rubin & Martin (1994). It consists of 30 items classified into ten factors related to communication competencies for nurses'; Self-disclosure, (3 items); Empathy (3 items); Social relaxation (3 items); Assertiveness (3 items); Alter centrism (3 items); Interaction management (3items); Expressiveness (3items); Supportiveness (3items); Immediacy (3items); and Environmental Control (3items). The response to each item will be on a five-point Likert scale ranging from; (5 = Almost always; 4= Often; 3= Sometimes; 2 = Seldom; and 1= Almost never). The tool includes negative statements number 5, 9, 11, 13, 20, and 30 the reverse score considered for negative statements.

Scoring system

The scoring system of Communication Competences Scale was classified into two categories based on a predetermined cut-off point, as follows:

- Low level (<60% of total scores),
- Moderate level (60-75% of total scores)
- High level (>75% of total scores).

Tool (III): Nurse Workplace Scale (NWS)

This tool was designed by DeMarco et al., 2008. The NWS scale measures behaviors and beliefs that are counterproductive to self-advocacy and oppress a nurses' ability to effectively advocate and contribute to the health care system. The survey consists of 12 brief statements that ask how often the respondent has experienced the possible behaviors, feelings, or beliefs. Choices were selected based on a Likert-type scale of 1 never to 5 always.

Scoring system

The scoring system of Nurse Workplace Scale was classified into two categories based on a predetermined cut-off point, as follows:

- Low level (<60% of total scores),
- Moderate level (60-75% of total scores)
- High level (>75% of total scores).

Validity
Study tools were tested for their face and content validity by five experts in the field of the study, and accordingly the necessary modifications were done related to rewording, and paraphrasing for some words.

Reliability
Reliability testing was done and judged by how the items that reflect the same construct yield similar results and were tested for their reliability by using Cronbach alpha test, as well as the study tools were modified and translated to Arabic language by the researcher.

The study tools (questionnaires) were tested for face and content validity by jury test of five experts in the field of Nursing Administration to evaluate the individual items as well as the entire instrument as being relevant and appropriate to test what it wanted to measure. The face validity of the questionnaire was calculated based on experts' opinion and it was 98% and the content validity index (%) of its items 92% for Communication Competency Knowledge Questionnaire, 96% for Communication Competences Scale, and 98% Nurse Workplace Scale for among the studied nurses.

Total validity Index of the questionnaires was 97%.

-To assess reliability, the questionnaires were tested by the pilot subjects at first session for calculating Cronbach's Alpha and it was as follows:

Study tools reliability	Cronbach's Alpha
Among the studied staff nurses (n=108)	
• **Tool I** Part (2): Communication Competency Knowledge Questionnaire.	0.790
• **Tool II:** Communication Competences Scale	0.807
• **Tool III:** Nurse Workplace Scale	0.811

Total reliability (Cronbach's Alpha) of the questionnaires was 0.804 Significance was adopted at $p<0.05$ for interpretation of results of tests

Pilot study
It was conducted on 10% **(n=11)** of the study sample to test the feasibility and clarity of the tools and were randomly selected and excluded from the study sample. Necessary modifications were done accordingly.

Data Collection
Data collection for this study was through the following

- The Mansoura University Faculty of Nursing was formally granting authorization to conduct the study. After outlining the goal of the research and the timeline for data collection, the director of Aseer Central Hospital will approve the issuance of an official letter.
- The researcher met the participants individually to explain the aim of the study and get the approval to participate in the study. Competency Knowledge Questionnaire, Communication Competences Scale and Nurse Workplace Scale were distributed to staff nurses according to predetermined unit schedule. The researcher presents all the time of data collection for clarification tools that were distributed to nurses. The data collected during this phase constituted the pretest for the study.
- Based on the data collected and with the help of literature review, the researcher was design an educational program about negotiation skills for conflict resolution for staff nurses.

Program content
The content was designed to provide knowledge and application related to Communication Competency for staff nurses. The program includes 4 session as follows: -

- Define of communication competence
- Four competences areas
- The importance of communication competence in the Nursing
- Mastering the 7 C's of Communication
- The levels of communication competence
- The criteria for Assessing Communication Competence
- The process of communication
- The types of Communication
- The advantages of Effective Communication Competence
- The disadvantages of Poor Communication Competence
- The examples Effective of communication competence
- The strategies for improving communication competence
- The barriers of Effective Communication
- How to overcome communication barriers in nursing

- A communication competency training program was

implemented; the staff nurses was divided into small groups. Each group consists of several head nurses according to availability and workload for conducting the training. Different methods of teaching were used as brainstorming, lectures, videos, discussions, and handouts prepared by the researcher and were distributed to the participants.

- Immediately after completion of training program the three tools of data collection were distributed to the participants. The researcher started to follow up the proposed progress after the training program through comparison of post test results with the baseline finding obtained in the pretest assessment by using the same three tools of data collection.

Statistical Analysis

The collected data were coded, entered, tabulated and analyzed using SPSS (Statistical Package for Social Science) version 25 (IBM Corporation, Armonk, NY, USA). For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, which describes a categorical set of data by frequency, percentage or proportion of each category, comparison between two groups and more was done using Chi-square test (χ^2). For comparison between more than two means of non-parametric data of related samples (Before, immediate after and three months after follow up of the training program), Friedman test was used and (χ^2 value) was calculated. For comparison between more than two means of non-parametric data of related samples (Before, immediate after and three months after follow up of the training program), Friedman test (χ^2 value) was calculated. For comparison between means of two groups of non-parametric data of independent samples, Z value of Mann-whitney test was used. For comparison between more than two means of non-parametric data, Kruskal-Wallis test was used and (χ^2) value was calculated. Correlation between variables was evaluated using Pearson's correlation coefficient (r).

RESULTS

Table (1): Personal characteristics of the studied nurses (n=114).

Personal characteristics	The studied nurses	
	N	%
■ **Age years**		
20< 30	28	24.6
30< 40	73	64.0
40 years and more	13	11.4
Mean± SD	**34.09± 6.33**	
■ **Gender**		
Male	41	36.0
Female	73	64.0
■ **Marital status**		
Single	41	36.0
Married	63	55.3
Divorced	6	5.3
Widowed	4	3.5
■ **Educational qualification**		
Diploma in nursing	32	28.1
BSC in nursing	65	57.0
MSc in nursing	17	14.9
■ **Experience years**		
1-5 Years	3	2.6
6-10 Years	23	20.2
10-15 Years	50	43.9
More than 10 Years	38	33.3
Mean± SD	**9.04± 3.45**	
■ **Work department**		
Medical	52	45.6
Surgical	34	29.8
ICU	22	19.3
Other	6	5.3

Table (1) represents personal characteristics of the studied nurses (n=114). The majority of nurses were aged 30<40 years (64.0%), with mean age of 34.09±6.33 years. Regarding gender, more than half were females (64.0%). Concerning marital status, more than half were married (55.3%). Regarding educational qualifications, more than

half had BSC in nursing (57.0%). Concerning experience years, the highest percentage had 10-15 years of experience (43.9%), with mean experience of 9.04±3.45 years. Regarding work department, nearly half worked in medical department (45.6%).

Table (2): Total communication competency knowledge levels and mean scores as perceived by the studied nurses throughout the training program phases (n=114).

Total knowledge (Each item was scored 0-1)	Level of total knowledge of the studied nurses throughout the training program phases						χ^2 test P value
	Preprogram		Post program		After 3 months		
	n	%	n	%	n	%	
■ **Total knowledge level**							
Low level	56	49.1	3	2.6	4	3.5	155.670 <0.001**
Moderate level	35	30.7	4	3.5	9	7.9	
High level	23	20.2	107	93.9	101	88.6	
■ **Total knowledge scores**							
Mean± SD	12.86±3.78		20.87±2.23		20.25±2.74		
χ^2 value P value	175.125 <0.001**						

***Statistically significant (P<0.05)**

Table (2): Illustrate knowledge levels of the studied nurses about communication competency throughout training program phases. There was a statistically significant improvement in nurses' knowledge levels across the training program phases (χ^2=155.670, p<0.001). The mean knowledge scores improved significantly from 12.86±3.78 pre-program to 20.87±2.23 post-program and 20.25±2.74 after 3 months (χ^2=175.125, p<0.001).

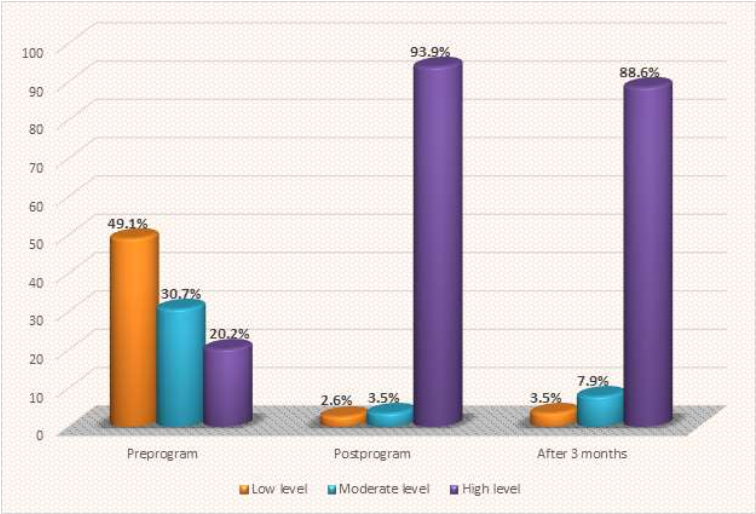

Figure (1): Total communication competency knowledge levels of the studied nurses throughout the training program phases (n=114).

Table (3): Total Communication Competences level and mean score of the studied nurses throughout the training program phases (n=108)

Total Communication Competences	Total communication competences						Significance test	
	Pre program		Post program		After 3 months		χ^2 test	P value
	No	%	No	%	No	%		
Low level	60	52.6	15	13.2	23	20.2	68.989	<0.001**
Moderate level	32	28.1	36	31.6	35	30.7		
High level	22	19.3	63	55.3	56	49.1		
Total Communication Competences score								

Range (30-150) Mean±SD	**89.29 ± 28.13**	**117.01 ± 26.85**	**111.54 ± 28.17**		
χ^2 value P value	**94.674** (<0.001) **				

* Significant level at P<0.05 ** Significant level at P<0.001 χ2= Chi square test

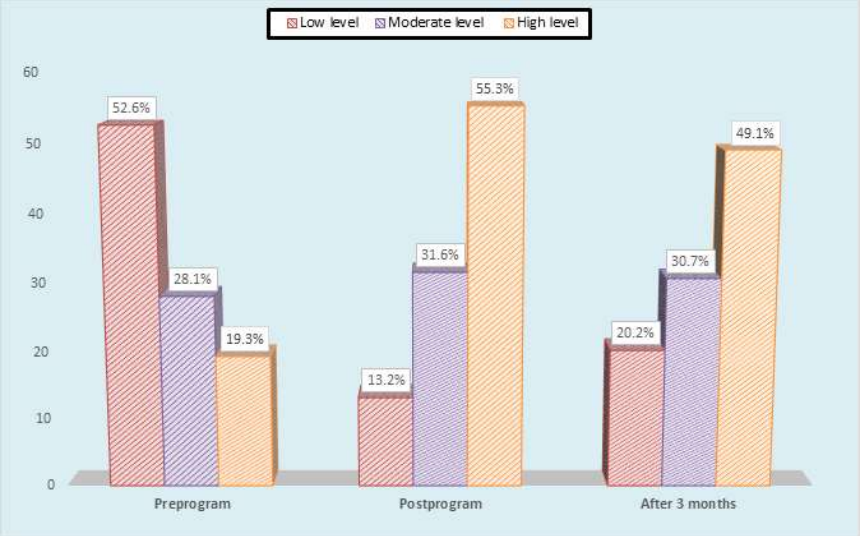

Figure (2): Total communication competences level of the studied nurses throughout the training program phases (n=108).

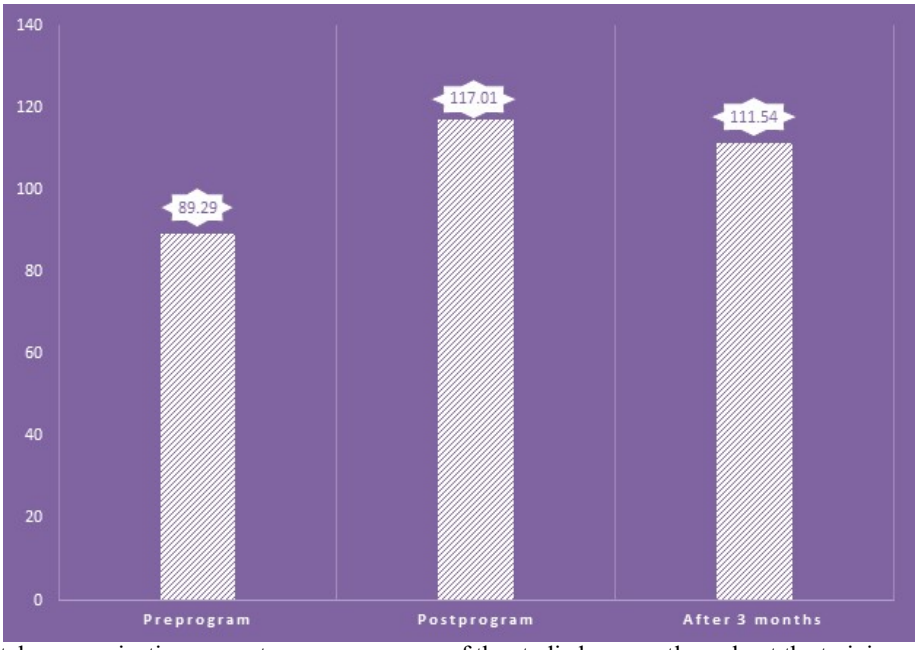

Figure (3): Total communication competences mean score of the studied nurses throughout the training program phases (n=114).

Table (16) & Figure (7) & Figure (8) illustrate total Communication Competences level and mean score of the studied nurses throughout the training program phases (n=108). There was a statistically significant improvement in nurses' Communication Competences levels across the training program phases (χ^2=68.989, p<0.001). In pretest phase nurses' competences were at low level (52.6%) then improved in immediately posttest and after 3 months follow up test phases to high level (55.3%) and (49.1%) respectively.

Table (4): Total self-advocacy in workplace level and mean score of the studied nurses throughout the training program phases (n=114)

Total self-advocacy in workplace level	Total self-advocacy in workplace						Significance test	
	Pre program		Post program		After 3 months		χ^2 test	P value
	No	%	No	%	No	%		
Low level	43	37.7	11	9.6	11	9.6	98.900	<0.001* *
Moderate level	51	44.7	22	19.3	29	25.4		
High level	20	17.5	81	71.1	74	64.9		
Total self-advocacy in workplace mean score								
Range (12 - 60) Mean±SD	38.03±10.46		46.88±9.96		45.67±9.61			
χ^2 value P value	184.233 (<0.001) **							

* Significant level at P<0.05 ** Significant level at P<0.001 χ2= Chi square test

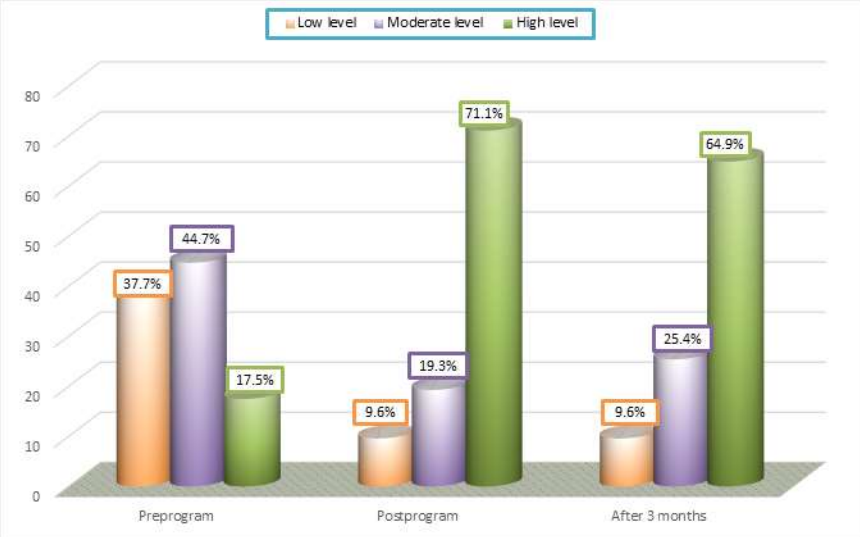

Figure (4): Total self-advocacy in workplace level of the studied nurses throughout the training program phases (n=114).

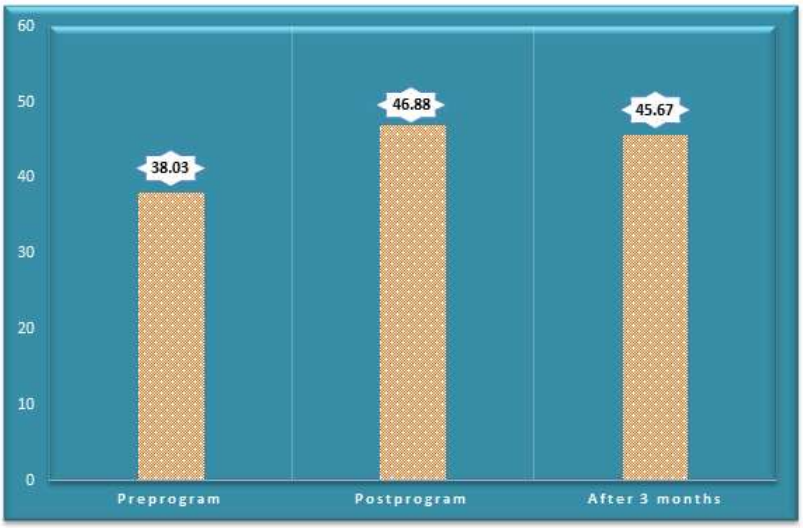

Figure (5): Total self-advocacy in workplace mean score of the studied nurses throughout the training program phases (n=114).

Table (20) & Figure (10) & Figure (11) illustrate total self-advocacy in workplace level and mean score of the studied nurses throughout the training program phases (n=114). There was a statistically significant improvement in nurses' self-advocacy levels across the training program phases (χ^2=98.900, p<0.001). In pretest phase nurses' self-advocacy was at low level (37.7%) then improved in immediately posttest and after 3 months follow up test phases to high level (71.1%) and (64.9%) respectively. The mean self-advocacy scores improved significantly from 38.03±10.46 pre-program to 46.88±9.96 post-program and 45.67±9.61 after 3 months (χ^2=184.233, p<0.001).

Table (5): Correlation between total communication knowledge, communication competencies, and self- advocacy on workplace of the studied nurses throughout the training program phases (n=114).

Variable	Total communication knowledge					
	Pre program		Post program		After 3 months	
	r	p	r	p	r	p
▪ Communication competencies	0.347	0.000	0.714	0.000	0.710	0.000
▪ Self- advocacy on workplace	0.186	0.047	0.308	0.001	0.438	0.000

**Correlation is significant at the 0.01 level (2-tailed).

r, Pearson Correlation

Table (24) & Figure (12) & Figure (13) present correlation between total communication knowledge, communication competencies, and self-advocacy on workplace of the studied nurses throughout the training program phases (n=114). There were statistically significant positive correlations between communication knowledge and communication competencies across all phases (r=0.347, p<0.001 pre-program; r=0.714, p<0.001 post-program; r=0.710, p<0.001 after 3 months). There were also statistically significant positive correlations between communication knowledge and self-advocacy on workplace across all phases (r=0.186, p=0.047 pre-program; r=0.308, p=0.001 post-program; r=0.438, p<0.001 after 3 months).

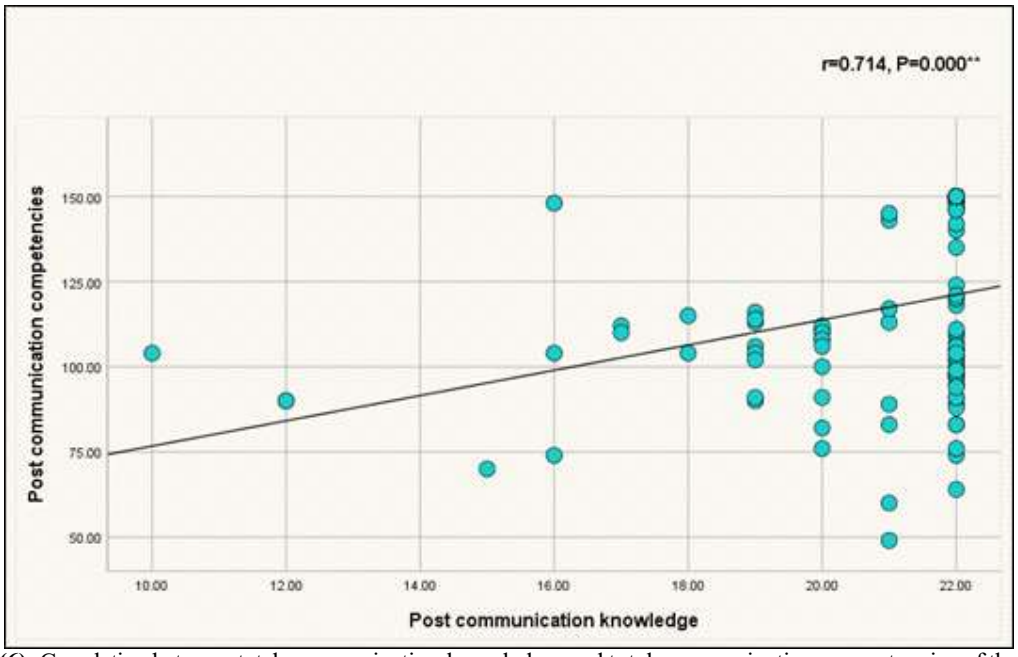

Figure (6): Correlation between total communication knowledge, and total communication competencies of the studied nurses post the training program (n=114).

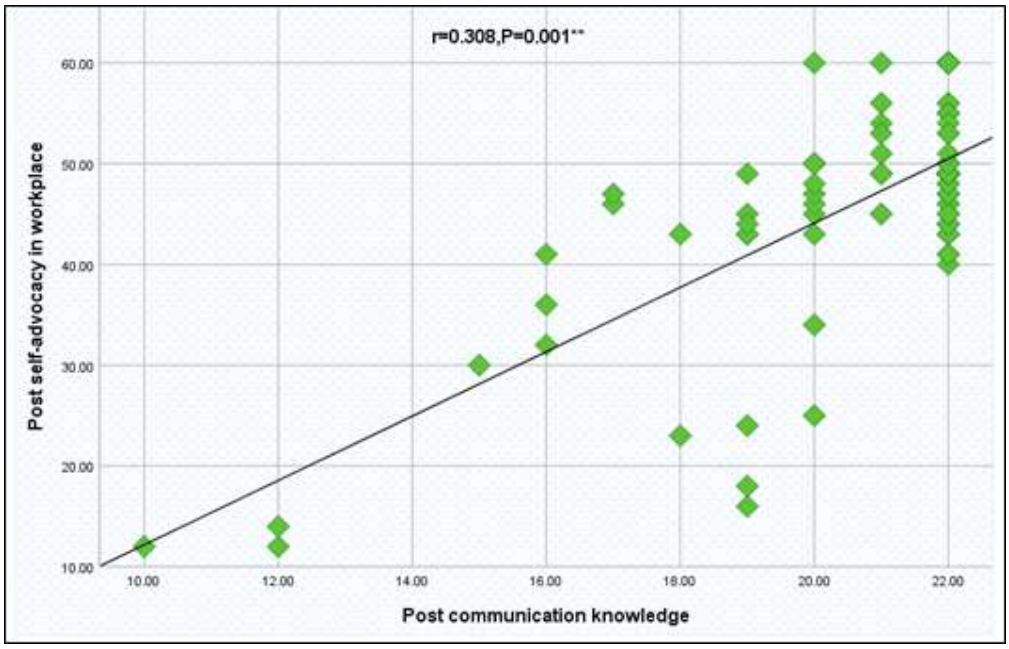

Figure (7): Correlation between total communication knowledge, and total self-advocacy in workplace of the nurses studied post the training program (n=114).

DISCUSSION

Communication competency and staff nurse's self-advocacy are interrelated constructs that play a central role in promoting professional nursing practice and high-quality patient care (McKenzie, 2024). In general, communication competency refers to the nurse's ability to effectively convey and interpret messages through verbal, nonverbal, and written channels in a manner that is clear, respectful, and contextual appropriate. Self-advocacy, on the other hand, reflects the nurse's capacity to assert personal and professional needs, express concerns, protect rights, and seek necessary resources within the workplace (Wittenberg, et al. 2025), The impact of communication competency becomes particularly evident in how it strengthens a nurse's ability to practice self-advocacy. Nurses who communicate competently are more confident in expressing clinical judgments, questioning unclear medical orders, reporting safety concerns, and negotiating workload or staffing issues. Effective communication skills, enable nurses to articulate their perspectives without aggression or passivity. As a result, communication competency enhances self-efficacy and empowering staff nurses to advocate for themselves, their patients, and their profession within interdisciplinary teams (Power, et al. 2024), Conversely, staff nurse self-advocacy reinforces and operationalizes communication competency in real clinical contexts. When nurses actively advocate for fair policies, supportive work environments, continuing education, or adequate patient ratios, they rely on well-developed communication skills to influence decision-makers and collaborate with colleagues. In turn, this dynamic interaction contributes to improved job satisfaction, reduced burnout, stronger teamwork, and safer patient outcomes (Heier, et al. 2024). Therefore, this study aimed to evaluate the impact of communication competency training program on staff nurse's self-advocacy skills in Asser Central Hospital in Saudi Arabia.

Communication competency knowledge levels and mean scores as perceived by the studied nurses throughout the training program phases

Current results illustrate knowledge levels of the studied nurses about communication competency throughout training program phases. There was a statistically significant improvement in nurses' knowledge levels across the training program phases. In pretest phase nurses' knowledge was at low level then improved in immediately posttest and after 3 months follow up test phases to high level. The mean knowledge scores improved significantly from pre-program to post-program.

This may be attributed to the structured design and interactive nature of the training program, which provided nurses with updated theoretical knowledge and practical information about communication competency. The initial low pretest scores could reflect limited prior exposure to formal communication training and reliance on experiential learning in clinical settings. The significant improvement in the immediate posttest indicates that the program content was clear, relevant, and effectively delivered using appropriate educational strategies such as discussion, role play, and real-life scenarios.

In alignment with the current findings, Liaw, et al. (2023), who studied the integration of artificial intelligence within virtual reality simulation to enhance interprofessional communication training among healthcare professionals, reported significant improvements in participants' communication knowledge, confidence, and performance

following the intervention. Their mixed-method study demonstrated that immersive, technology-enhanced training effectively strengthened communication competencies compared with baseline measures, which is consistent with the present results showing statistically significant improvement in nurses' knowledge from the pretest to the immediate posttest and sustained at the three-month follow-up phase.

Along with this, Tavakoly Sany, et al. (2020), who studied the effect of structured communication skills training for physicians in a randomized controlled trial, found that participants who received the training achieved significantly higher communication knowledge and skills scores compared to the control group. Moreover, improvements were sustained and translated into better patient outcomes, particularly in health literacy and hypertension control. These findings are in agreement with the current study, which revealed marked enhancement in nurses' communication competency knowledge across all post-intervention phases.

In agreement with these results, Wittenberg, et al. (2025), who studied competency-based education approaches for teaching communication concepts among nursing students and professionals, concluded that structured, competency-driven curricula significantly improved learners' conceptual understanding and measurable knowledge outcomes over time. Their findings support the observed upward trend in mean knowledge scores from low levels at pretest to high levels at posttest and follow-up in the present study.

As well as this, Shrivastava, et al. (2022), who studied interprofessional leadership development programs emphasizing emotional intelligence and communication skills training, reported statistically significant improvements in communication competencies and collaborative behaviors among participants after program completion. Their findings reinforce the current results, highlighting the effectiveness of systematic training interventions in elevating healthcare professionals' communication knowledge and competencies.

Besides that, the current findings are supported by Power, et al. (2024), who studied the efficacy of an online communication partner training package for student healthcare professionals and found significant post-intervention gains in communication knowledge and applied skills, maintained at follow-up assessment. This parallels the sustained improvement observed in nurses' knowledge levels three months after the training program in the present study.

Conversely, Zumstein-Shaha, & Grace, (2023), who studied competency frameworks and interdisciplinary collaboration from a nursing perspective, emphasized that merely delineating competency frameworks does not automatically translate into improved communication practice unless accompanied by contextual, organizational, and ethical integration.

Communication competences mean score of the studied nurses throughout the training program phases

Current results illustrate the total communication competences level and mean score of the studied nurses throughout the training program phases (n=108). There was a statistically significant improvement in nurses' communication competences levels across the training program phases. In pretest phase nurses' competences were at low level then improved in immediately posttest and after 3 months follow up test phases to high level.

This may be attributed to the practical focus of the training program, which emphasized skill development alongside theoretical knowledge. Communication competencies often require repeated practice, feedback, and reflection, which were likely integrated into the program sessions. The low competency level during the pretest phase may reflect the absence of formal competency-based communication training in routine nursing education. The marked improvement in both immediate and follow-up phases suggests that nurses were able to translate acquired knowledge into observable communication behaviors. Additionally, ongoing exposure to patient interactions in clinical settings may have strengthened these competencies over time, contributing to sustained improvement after three months.

In alignment with the current findings, **Kerr, et al. (2022)**, who studied the impact of communication skills training for nurses and examined the need for a standardized nursing communication model, reported that structured communication training programs significantly enhance nurses' interpersonal communication performance and patient-centered communication behaviors. Their findings emphasized that systematic and theory-based training contributes to measurable and sustained improvements in nurses' communication competencies, which supports the present study's statistically significant progression from low pretest levels to high levels at immediate posttest and three-month follow-up.

Along with these results, **Yang, & Kim, (2022)**, who studied the effectiveness of an online communication skills training program for nursing students using a quasi-experimental design, found significant improvements in communication self-efficacy and practical communication performance after the intervention. Their study demonstrated that even digitally delivered structured training can produce statistically significant gains in communication competence, reinforcing the current findings that structured training programs lead to marked improvements across different evaluation phases, including follow-up assessment.

In agreement with the current results, Hardie, et al. (2022), who studied interpersonal and communication skills development within general nursing preceptorship education programs through a scoping review, concluded that formalized communication training embedded in preceptorship programs positively influences nurses' confidence, relational competence, and professional

communication behaviors highlighted that sustained mentorship and structured educational interventions contribute to ongoing competence development, which aligns with the continued high communication competence levels observed in the follow-up phase of the present study.

As well as these findings, Heier, et al. (2024), who studied interprofessional communication skills training aimed at improving error communication among medical students and nursing trainees, reported statistically significant improvements in participants' communication clarity, confidence, and ability to disclose errors following the training. Their quasi-experimental pilot study further demonstrated retention of improved communication behaviors beyond the immediate intervention period, supporting the sustained improvement observed in the current study after three months.

Besides, the current findings are supported by Khalil, & Abou Hashish, (2022), who studied the effect of reflective practice training on nurse interns' critical thinking disposition and communication skills. They found statistically significant enhancement in communication skills following the training intervention, attributing this improvement to reflective exercises that promoted self-awareness and structured interaction strategies. Their results further confirmed that communication competence can shift from moderate or low baseline levels to significantly higher levels after targeted educational programs, consistent with the trajectory reported in the present study.

Nurses' perception of self-advocacy in workplace throughout the training program phases (n=114)

Current results illustrate total self-advocacy in workplace level and mean score of the studied nurses throughout the training program phases. There was a statistically significant improvement in nurses' self-advocacy levels across the training program phases. In pretest phase nurses' self-advocacy was at low level then improved in immediately posttest and after 3 months follow up test phases to high level. The mean self-advocacy scores improved significantly from pre-program to post-program and after 3 months.

This may be attributed to the empowerment component embedded within the training program, which likely enhanced nurses' confidence, assertiveness, and awareness of professional rights and responsibilities. Initially low self-advocacy levels may be related to hierarchical workplace structures, limited autonomy, or cultural factors influencing assertive communication. The significant post-program improvement suggests that increasing communication knowledge and competencies positively influenced nurses' ability to express concerns, defend patient rights, and advocate for themselves professionally.

In alignment with the current findings, McKenzie, (2024), who studied female nurses' self-advocacy to increase job satisfaction amidst workplace gender disparities, reported that structured empowerment and awareness strategies significantly enhanced nurses' confidence in voicing concerns, negotiating roles, and advocating for professional needs. The dissertation findings highlighted measurable improvement in self-advocacy behaviors following targeted developmental interventions, supporting the present study's statistically significant rise in mean self-advocacy scores from low pretest levels to high posttest and follow-up levels.

Along with these results, Allder, (2023), who studied the effect of self-advocacy training on nurses transitioning to practice, found that structured self-advocacy education significantly improved participants' self-confidence, assertive communication, and ability to articulate professional needs. The study emphasized that early-career nurses demonstrated marked growth in advocacy skills immediately after training, which aligns with the current findings showing significant improvement from pre-program to immediate post-program phases.

In agreement with the present study, Ruth-Sahd, Mann, & Cawood, (2022), who studied an innovative nurse externship designed to foster interprofessional collaboration, resilience, and self-advocacy, reported significant enhancement in participants' perceived self-advocacy competencies following program completion. Their findings indicated that experiential learning and supportive mentorship contributed to sustained advocacy behaviors, consistent with the maintained high levels observed at the three-month follow-up in the current study.

As well as these findings, Braren, (2024), who studied the effects of a structured training package leveraging the observer effect on self-advocacy skills among direct care staff, demonstrated statistically significant improvements in self-advocacy performance post-intervention. The study confirmed that targeted behavioral training strategies can effectively elevate advocacy skills over time, which supports the progressive and sustained increase in mean self-advocacy scores reported in the present research.

Besides, the current findings are supported by Best, et al. (2025), who studied strategies for teaching speaking up and listening to promote patient care and self-advocacy, and emphasized that structured teaching approaches, feedback mechanisms, and safe learning environments significantly strengthen learners' willingness and ability to advocate for themselves and patients. Their educational recommendations reinforce the importance of formalized training in cultivating enduring self-advocacy behaviors, paralleling the statistically significant improvements across all training phases in the current study.

Conversely, Zahl, et al. (2024), who studied recreational therapists with disabilities and examined workplace climate of inclusion, self-advocacy, and occupational self-efficacy, found that self-advocacy levels were strongly influenced by organizational climate factors rather than training alone. Their findings suggested that without systemic organizational support, self-advocacy improvements may remain limited.

Relation between personal characteristics of the studied nurses and total communication knowledge throughout the training program phases (n=114).

Current results illustrate relation between personal characteristics of the studied nurses and total communication knowledge throughout the training program phase. There were statistically significant relations between all personal characteristics (age, gender, marital status, educational qualification, experience years, work department, and previous training) and total communication knowledge across all program phases.

This may be attributed to the influence of demographic and professional variables on learning readiness, exposure, and experiential background. Age and years of experience may enhance knowledge through cumulative clinical encounters, while educational qualification can affect theoretical foundation and critical thinking abilities. Differences related to work department may stem from varying communication demands across specialties, such as critical care versus outpatient units. Previous training programs may also contribute to baseline knowledge levels and responsiveness to new information.

In alignment with the current findings, Mehralian, et al. (2023), who studied communication competence, self-efficacy, and spiritual intelligence among nurses, reported that nurses' communication competence significantly varied according to several demographic and professional characteristics, including age, education level, and work experience. Their findings indicated that higher educational attainment and longer clinical experience were associated with better communication competence and self-efficacy. This supports the present results, which demonstrated statistically significant relations between all personal characteristics and total communication knowledge across the training program phases, suggesting that individual background factors play a pivotal role in shaping communication-related knowledge and skills.

Along with these findings, Hardie, et al. (2022), who conducted a scoping review on interpersonal and communication skills development in general nursing preceptorship education and training programmes, emphasized that nurses' communication skills acquisition is influenced by contextual and individual factors such as prior training exposure, clinical department, and professional experience highlighted that structured training programs significantly enhance communication outcomes, particularly when tailored to nurses' backgrounds and roles. This is consistent with the current study, where previous training, department, and years of experience showed statistically significant associations with total communication knowledge throughout all program phases.

As well as the above, Huaman, et al. (2023), who studied work–family conflict and resilience as predictors of job satisfaction among nurses, found that communication skills were significantly influenced by demographic and occupational variables, including marital status and years of experience, and that these variables indirectly affected professional outcomes. Their explanatory model underscored the central role of communication skills in mediating workplace dynamics, thereby reinforcing the present findings that personal characteristics are significantly linked to communication knowledge levels.

Besides, Mrayyan, et al. (2023), who conducted a concept analysis of competency in nursing practice, clarified that communication competence is an integral dimension of overall nursing competency and is shaped by educational preparation, clinical exposure, and contextual practice environments. Their conceptual framework acknowledged that demographic and professional attributes contribute to competency development, which is in agreement with the statistically significant relationships identified in the current study between nurses' personal characteristics and communication knowledge.

Conversely, Ricci, et al. (2022), who studied tailored patient therapeutic educational interventions within a patient-centered communication model, emphasized standardized communication approaches based primarily on patient needs rather than healthcare providers' demographic characteristics. Their results suggested that communication effectiveness depended more on structured models and patient-centered strategies than on providers' personal attributes. This partially contrasts with the present findings, which demonstrated significant associations between nurses' personal characteristics and communication knowledge.

In contrast, Lai, et al. (2023), who examined the relationship between social media use and social anxiety among college students with communication as a mediator, found that communication was more strongly associated with psychosocial variables than demographic characteristics. Their findings indicated minimal influence of demographic factors on communication capacity compared to psychological mediators. This differs from the current study results, where all examined personal characteristics showed statistically significant relations with total communication knowledge throughout the training program phases.

Relation between personal characteristics of the studied nurses and total communication competencies throughout the training program phases (n=114).

Current results illustrate the relation between personal characteristics of the studied nurses and total communication competencies throughout the training program phases. There were statistically significant relations between all personal characteristics (age, gender, marital status, educational qualification, experience years, work department, and previous training) and total communication competencies across all program phases.

This may be attributed to the impact of professional maturity, educational preparation, and workplace context on behavioral performance. Nurses with higher educational qualifications or longer experience may demonstrate stronger communication competencies due to

repeated exposure to complex patient interactions. Work department variations may influence competency levels because certain units require more intensive interdisciplinary collaboration and patient counseling. Gender and marital status may also indirectly influence communication style, confidence, and interpersonal interactions. The consistent statistical significance across all phases indicates that communication competence is not solely dependent on training, but also shaped by individual and contextual characteristics.

In alignment with the current findings, Stamer, et al. (2023), who studied the role of artificial intelligence in supporting communication skills training among health care professions, concluded that communication skill acquisition and competency development are influenced by learners' backgrounds, prior experiences, and engagement with innovative training modalities. Their scoping review emphasized that demographic and educational differences shape how trainees benefit from communication training programs. This supports the present results, which revealed statistically significant relations between all personal characteristics and total communication competencies across all training program phases.

Along with these findings, Shrivastava, et al. (2022), who studied interprofessional leadership development and examined the role of emotional intelligence and communication skills training, reported that communication competency development varied according to participants' professional background, prior exposure to leadership training, and experiential learning opportunities. Their results demonstrated that structured communication training significantly enhanced competencies, particularly among participants with varying levels of experience and educational preparation. This is in agreement with the current study, which found significant associations between age, educational qualification, years of experience, and previous training with total communication competencies throughout the program phases.

Besides, Shahid, et al. (2022), who studied the improvement of communicative competence through the Communicative Language Teaching approach among undergraduate students, found that communicative competence significantly differed based on learners' demographic and educational characteristics, and improved markedly following structured training interventions. Although conducted in an educational rather than clinical context, their findings reinforce the notion that personal characteristics and prior learning exposure influence communication competency development.

Relation between personal characteristics of the studied nurses and **total self-advocacy on workplace throughout the training program phases (n=114).**

Current results illustrate the relation between personal characteristics of the studied nurses and total self-advocacy in the workplace throughout the training program phases. There were statistically significant relations between most personal characteristics (age, gender, marital status, educational qualification, experience years, and work department) and total self-advocacy in the workplace across all program phases. Previous training showed no statistically significant relation with self-advocacy.

This may be attributed to the influence of professional experience, confidence level, and organizational culture on advocacy behaviors. Older and more experienced nurses may feel more secure in expressing opinions and defending their professional rights. Educational qualification can strengthen critical thinking and awareness of ethical responsibilities, thereby enhancing advocacy. Departmental differences may reflect varying levels of managerial support and team collaboration. However, the lack of significant relation with previous training suggests that self-advocacy may be more strongly influenced by personal traits, workplace climate, and accumulated experience rather than prior attendance of general training programs.

In alignment with the current findings, McKenzie, (2024), who studied female nurses' self-advocacy to increase job satisfaction amidst workplace gender disparities, reported that demographic variables—particularly gender dynamics, years of experience, and professional position—significantly influenced nurses' engagement in self-advocacy behaviors. The dissertation findings highlighted that age and accumulated clinical experience enhanced nurses' confidence and willingness to advocate for themselves in the workplace. This supports the present results, which demonstrated statistically significant relations between most personal characteristics and total self-advocacy across all training program phases.

Along with these findings, Jaramillo, & Palaganas, (2025), who studied the process of becoming a nurse through a grounded theory approach focusing on self-advocacy, found that self-advocacy evolves in relation to professional maturity, educational attainment, and clinical exposure. Their findings emphasized that workplace context and role development significantly shape nurses' self-advocacy behaviors. This is in agreement with the current study results, where age, educational qualification, experience years, and work department were significantly related to total self-advocacy throughout program phases.

As well as the above, Moturu, & Lent, (2023), who studied self-assertive efficacy and workplace advocacy behavior using a social cognitive framework, demonstrated that personal attributes and self-efficacy beliefs significantly predicted workplace advocacy behaviors. Their analysis indicated that demographic and experiential factors indirectly influenced advocacy through self-beliefs and contextual supports. These findings support the present results, confirming that personal characteristics are significantly associated with workplace self-advocacy among nurses.

Besides, Pratt-Reid, (2024), who examined self-advocacy through organized membership and its role in promoting autonomy of practice, found that professional environment, years of practice, and organizational context significantly affect nurses' advocacy behaviors. This further reinforces the current findings that work department and professional background variables were significantly related to total self-advocacy levels.

In contrast, Allder, (2023), who studied the impact of self-advocacy training on supporting self-confidence during transition to practice, reported that participation in structured training programs significantly improved self-advocacy and self-confidence outcomes. Their findings suggested that previous training exposure plays a crucial role in strengthening self-advocacy skills. This differs from the present results, where previous training showed no statistically significant relation with total self-advocacy across the program phases.

Conversely, Perri, (2024), who explored building foundational competencies to teach self-advocacy in nursing, emphasized the central role of formal educational preparation and structured competency-based training in fostering self-advocacy behaviors. The study suggested that systematic training interventions are primary determinants of self-advocacy development, rather than demographic variables alone. This partially contradicts the current findings, where most demographic characteristics were significantly associated with self-advocacy, while previous training did not demonstrate a significant relationship.

Correlation between total communication knowledge, communication competencies, and self- advocacy in the workplace of the studied nurses throughout the training program phases

Current results illustrate the correlation between total communication knowledge, communication competencies, and self-advocacy in the workplace of the studied nurses throughout the training program phases. There were statistically significant positive correlations between communication knowledge and communication competencies across all phases. There were also statistically significant positive correlations between communication knowledge and self-advocacy in the workplace across all phases (pre-program, post-program, and after 3 months).

This may be attributed to the interdependent nature of knowledge, skill performance, and professional empowerment in nursing practice. Communication knowledge provides the theoretical foundation necessary for developing effective competencies, while competencies translate knowledge into practice. As nurses become more knowledgeable and skillful communicators, their confidence and ability to advocate for themselves and their patients naturally increase. The positive correlations across all phases suggest that improvements in knowledge reinforce competencies, which in turn enhance self-advocacy behaviors.

In alignment with the current findings, Saleh, & Ragab, (2021), who studied the effect of a communication competence program on nurses' self-advocacy, reported statistically significant improvements in nurses' communication competence that were positively associated with enhanced self-advocacy levels after program implementation. Their results confirmed that strengthening communication knowledge and skills directly contributes to better self-advocacy behaviors. This strongly supports the present findings, which demonstrated significant positive correlations between communication knowledge, communication competencies, and workplace self-advocacy across all program phases.

Along with these findings, Doherty & Landry, (2016), who studied the impact of communication competency training on nursing students' self-advocacy skills, found that enhanced communication competency significantly improved students' ability to advocate for themselves in academic and clinical settings. Their findings highlighted a direct positive relationship between communication training and self-advocacy development, which is in agreement with the statistically significant positive correlations identified in the current study.

As well as the above, Lee, & Dong, (2023), who studied how transparent internal communication from organizational leaders leads to employee advocacy, reported that effective and transparent communication significantly predicts employee advocacy behaviors. Their study demonstrated that communication quality enhances employees' willingness to speak up and represent organizational interests. Although conducted in a management context, their findings conceptually support the present results, which showed significant positive correlations between communication knowledge and self-advocacy in the workplace across pre-, post-, and follow-up phases.

Besides, Cho, & Park, (2026), who studied strategies for teaching assertiveness and effective communication skills to improve self-advocacy abilities among students with disabilities, found that communication skill enhancement significantly strengthened self-advocacy abilities. Their results emphasized that communication competence acts as a foundational component for developing assertive and advocacy behaviors, which aligns with the present study's findings of positive correlations between communication competencies and self-advocacy.

In agreement with these patterns, Gasparini, (2014), who examined the importance of building interpersonal communication and help-seeking skills for self-advocacy development, concluded that communication knowledge and interpersonal skill-building are essential predictors of self-advocacy behaviors. This further reinforces the significant positive associations observed in the current study.

CONCLUSION

The findings clearly demonstrate that the training program had a substantial and sustained positive effect on nurses'

communication-related outcomes. Nurses showed marked improvement in their knowledge of communication competency immediately after the program, with this enhancement largely maintained over time, reflecting effective knowledge retention. This improvement was mirrored in their communication competences and ability to practice self-advocacy in the workplace, indicating that the program successfully translated theoretical understanding into practical skills and professional behaviors. Moreover, the consistent positive correlations among communication knowledge, competencies, and self-advocacy highlight the interconnected nature of these variables, suggesting that strengthening one dimension can reinforce the others. Overall, the program proved to be an effective strategy for enhancing nurses' professional performance and empowering them within their clinical environments.

RECOMMENDATIONS

- Integrate structured communication competency training programs into continuous nursing education and orientation programs.
- Conduct periodic refresher sessions to sustain and reinforce gained knowledge and skills over time.
- Encourage healthcare institutions to adopt evidence-based communication training as a core component of professional development.
- Promote supportive work environments that enable nurses to practice communication skills and self-advocacy confidently.
- Incorporate self-advocacy training within nursing curricula and in-service education programs.
- Provide regular evaluation and feedback mechanisms to monitor nurses' communication performance and identify areas for improvement.
- Encourage nurse managers to model effective communication and support staff in applying learned competencies.
- Expand future research to explore long-term impacts of communication training on patient outcomes and organizational performance.

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