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Psychosocial Caregiving Status and Proficiency of Intensive Care Nurses: A Descriptive and Correlational Study

Yoğun Bakım Hemşirelerinin Psikososyal Bakım Verme Durumları ve Yetkinlikleri: Tanımlayıcı ve İlişki Arayıcı Araştırma

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This study was prepared based on the findings of Buse SAYGIN ŞAHİN's thesis study titled "Determination of psychosocial care giving status and competence of intensive care nurses" (İstanbul: İstanbul University-Cerrahpaşa; 2022).

ABSTRACT Objective: Many psychosocial problems are observed in patients hospitalized in the intensive care unit, related to the disease, intensive care unit conditions and individual factors. Developing psychosocial problems cause delays in patients' recovery and prolongation of hospital stay. Accordingly holistic approach, nurses play a critical role in identifying and addressing their patients' psychosocial needs alongside their physical care. However, nurses are required to be proficient to provide psychosocial care. To ascertain the psychosocial caregiving status and competence of intensive care nurses, a descriptive and correlational study methodology was used. **Material and Methods:** 100 intensive care nurses who worked in the intensive care unit made up the study's sample. Between March 25 and April 15, 2022, the Individual Characteristics Form and the Psychosocial Care Proficiency Self-Assessment Scale were used to gather the data through Google Forms. Using the SPSS for Windows 22.0 program, the Mann-Whitney U test, the Kruskal-Wallis test, and the Pearson's correlation test were used to analyse the data. **Results:** It was determined that the psychosocial care proficiencies of intensive care nurses were moderate, and there was no statistically significant difference between the nurses' individual characteristics and scale score averages. **Conclusion:** In this study, it was determined that the psychosocial care proficiencies of intensive care nurses were moderate. The psychosocial care proficiency of intensive care nurses is crucial for the quality of patient care. For this reason, it may be recommended to plan studies to identify practices that support increasing the psychosocial care proficiencies of intensive care nurses.

Keywords: Intensive care units; nurses; mental health; psychosocial care

ÖZET Amaç: Yoğun bakım ünitesinde yatan hastalarda hastalık, yoğun bakım ünitesi şartları ve bireysel faktörler ile ilişkili birçok psikososyal sorun görülmektedir. Gelişen psikososyal sorunlar hastaların iyileşmesinde gecikmelere ve hastanede kalış süresinde uzamaya neden olmaktadır. Bütüncül yaklaşım gereğince hemşireler, hastalarının fiziksel bakımının yanı sıra psikososyal ihtiyaçlarının belirlenmesinde ve sorunların giderilmesinde kritik bir role sahiptir. Ancak hemşirelerin psikososyal bakım sağlaması için yetkin olması gereklidir. Çalışma, yoğun bakım hemşirelerinin psikososyal bakım verme durumlarını ve yetkinliklerinin belirlemek amacıyla tanımlayıcı ve ilişki arayıcı araştırma tipinde gerçekleştirildi. **Gereç ve Yöntemler:** Araştırmanın örneklemini yoğun bakımda çalışan 100 yoğun bakım hemşiresi oluşturdu. Veriler, 25 Mart-15 Nisan 2022 tarihleri arasında Google Forms aracılığıyla Bireysel Özellikler Formu ve Psikososyal Bakım Yetkinliği Öz Değerlendirme Ölçeği kullanılarak elde edildi. Verilerin analizinde SPSS for Windows 22.0 programı kullanılarak Mann-Whitney U testi, Kruskal-Wallis testi ve Pearson korelasyon testi yöntemleri uygulandı. **Bulgular:** Yoğun bakım hemşirelerinin psikososyal bakım yetkinliklerinin orta düzeyde olduğu, hemşirelerin bireysel özellikleri ile ölçek puan ortalamaları arasında istatistiksel olarak anlamlı fark olmadığı belirlendi. **Sonuç:** Bu çalışmada, yoğun bakım hemşirelerinin psikososyal bakım verme yetkinliklerinin orta düzeyde olduğu saptanmıştır. Yoğun bakım hemşirelerinin psikososyal bakım yetkinliği hasta bakım kalitesi açısından büyük önem taşımaktadır. Bu nedenle yoğun bakım hemşirelerinin psikososyal bakım yetkinliklerinin artırılmasını destekleyen uygulamaların saptanmasına yönelik çalışmaların planlanması önerilebilir.

Anahtar Kelimeler: Yoğun bakım ünitesi; hemşire; ruh sağlığı; psikososyal bakım

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Intensive care units (ICU) are the units that patients with a critical and life threatened illness are hospitalized. Hospitalizing in ICU can be stressful and traumatic for a patient and psychosocial problems can be seen more common than the other units.[1-3] Apart from the psychosocial problems caused by illness or injury, patients also have psychosocial problems related to the ICU. Due to some reasons such as light, noise, silence, device sounds, lack of family members, being connected to various tools, insufficient informing about care and treatment, being in a different environment, circadian disruption, presence of urinary catheter, and presence of mechanical devices like monitorization and ventilator, psychosocial problems occur in ICU.[4] In addition, patients are forced to temporarily give up their previous roles (family, work, etc.) and adopt a passive and dependent role towards the healthcare team working in the hospital and the machines and equipment surrounding them. As a result, the psychological reactions seen in the patients have a negative effect on the patient's health, leading to a prolonged recovery time and length of hospital stay. Even after being discharged from the hospital, it continues to cause problems for months.[5,6]

A holistic approach to the care of the patient increases the quality of care and treatment. As a result of holistic approach, prevention of possible mental disorders and deaths, rapid recovery, reduced discharge time and decreased hospital costs are observed. Since patients and their relatives in ICU are affected more psychologically than those in other units, holistic care is more important.[7] Nurses have a critical role in reducing the psychosocial reactions arising from the physiological diseases of the patients and creating an appropriate environment for patient care.[8,9] Nurses should know the answers to the developing psychological responses well and make appropriate interventions for them. This approach will also contribute to physical recovery.[10] Therefore, the proficiency of intensive care nurses is very important in providing and maintaining the quality of patient care.[11,12] In their study, Chivukula et al., found that psychosocial care improved the well-being of patients.[13] However, ICU nurses only intervene in the sudden changes in the consciousness-orientation-physical states of the patients due to their workload, cannot support the psychosocial aspect of the patients due to the lack of knowledge about psychosocial care, and thus cannot provide holistic care to the patient.[9,14] There are studies in the literature that determine the psychosocial competencies of nurses.[2,15-19] However, it has been observed that there is insufficient information about intensive care nurses' psychosocial caregiving status and no study that assesses the self-awareness of their psychosocial competencies. *The aim of this study* is to determine the psychosocial caregiving status and proficiencies of intensive care nurses.

Research questions;

- What is the psychosocial caregiving status of intensive care nurses?
- What is the level of the psychosocial care proficiency of intensive care nurses?
- What are the factors related to the psychosocial caregiving status and psychosocial care proficiency of intensive care nurses?

MATERIAL AND METHODS

DESIGN OF THE STUDY

The study was carried out based on descriptive and correlational research design.

SETTING TIME OF THE STUDY

Data were collected between 25 March and 15 April 2022 via "Google Forms (Google, USA)".

SAMPLE OF THE STUDY

The universe of the study consisted of intensive care nurses who are members of the "Turkish Society of Critical Care Nurses" (TSCCN) (n=1,050). Power analysis was performed to determine the sample size required for the study. The G*Power 3.1 (Heinrich-Heine-Universität, Düsseldorf, Germany) program was used to determine the test's power. The sample size was calculated as at least 82 intensive care nurses at confidence interval of 95%, significance level of 5% and effect size of 0.8 (df=68; t=1.668). Inclusion Criteria were determined as working as a nurse in the ICU and being voluntary to participate in the study.

Probability sampling method was used in sample selection. Data were collected from 100 intensive care nurses.

MEASUREMENTS

The data were collected using Individual Characteristics Form and Psychosocial Care Proficiency Self-Assessment Scale (PCPSAS).

Individual Characteristics Form: The questionnaire was prepared by the researcher in line with the literature. It has 15 questions about the individual characteristics and professional working conditions of the intensive care nurses such as age, gender, and educational background and 7 items which aimed to determine their psychosocial caregiving status and were rated as "I do not agree", "I am undecided", and "I agree". Before starting the data collection stage, a pilot study was applied to 10% of the sample.[8,9,20]

PCPSAS: PCPSAS was developed by Karataş and Kelleci to assess the psychosocial care proficiency self-assessment of nurses working in clinics. The scale consists of 18 items and is a self-report scale with a 5-point Likert-type rating (5 points) ranging between "Does not describe me at all" (1 point), "Describes me a little" (2 points), "I am undecided" (3 points), "Describes me well" (4 points), and "Describes me very well" (5 points). The scale has 4 subfactors: Definition of Symptoms (items 3, 4, 5, 6, and 7), Use of Information (items 10, 11, 12, 13, and 14), Intervention (items 15, 16, 17, and 18) and Diagnosis (items 1, 2, 8, and 9). The Cronbach's alpha reliability coefficients of the sub-factors were 0.93, 0.85, 0.83, and 0.80, respectively. "Cronbach's alpha reliability coefficient" is 0.93 for the overall scale. In the current study, its Cronbach's alpha reliability coefficient was determined as 0.95.[19]

DATA COLLECTION PROCESS

Data were collected online via "Google Forms" based on "The Checklist for Reporting Results of Internet E-Surveys-CHERRIES". This checklist is a structured checklist for online surveys that enables understanding the sample selection and the differences of the sample representing the selected sample.[21] It took about 15 minutes to answer the questionnaires.

ETHICAL CONSIDERATIONS

Permission to use the scale was obtained from Karataş and Kelleci, who developed the PCPSAS used in the study and conducted the validity and reliability study. Ethical approval of the study was obtained from İstanbul University-Cerrahpaşa, Social and Human Sciences Research Ethics Committee with the decision numbered 2021/286 on January 06, 2022. Face-to-face data collection had been planned; however, due to the ongoing coronavirus disease-2019 (COVID-19) pandemic, it was decided to collect the data from nurses registered with TSCCN via online Google Forms and for the change of data collection method, we applied to "İstanbul University-Cerrahpaşa, Social and Human Sciences Research Ethics Committee application and our application was accepted (decision numbered 324473 30 dated February 28, 2022). After the method change, we made an application to TSCCN for the study to be carried out with intensive care nurses and the society gave approval with the decision number 347 dated March 24, 2022. The participants who met the inclusion criteria and agreed to participate in the study during the implementation process of the study were informed via Google Forms in accordance with the Declaration of Helsinki and their consent was obtained.[19]

DATA ANALYSIS

In order analyze the study's data, the "SPSS for Windows 22.0 program (SPSS Inc., USA)" was used. The methods applied to examine the descriptive data were numbers, percentages, means, and standard deviation. In order to compare the two groups, the "Mann-Whitney U Test" and "Kruskal-Wallis Test" were used, and in order to compare more than two groups, the "Kruskal-Wallis Test" was used. To determine which group the difference originated from, post-hoc analysis was carried out. For all analyses, $p>0.05$ was considered as the significance level.

RESULTS

The mean age of the participants was 29±6.39 years, 81% of them were female and 19% were male. Also 69% were married, 64% had a bachelor's degree and the rate of those with a postgraduate degree was 26%,

and the rate of those having a doctorate degree was 4%. The proportion of participants whose income was equal to their expenses was 63%. When the distribution of the nurses according to their units was examined, it was determined that while 60% of the participants were working in the Level 3 General ICU, 9% were working in the Pediatric ICU. When the period of employment, working hours per week, working shifts and way of work are examined; 55% of the nurses were working for six years or more, 71% were working for 48 hours or more per week, 84% were working in day-night shifts and 93% were working by patient sharing. Again, 65% of the nurses were primarily responsible for two patients in the ICU, the number of patients per nurse was 2.49±0.67. The nurses stated that they were satisfied with their work were 38%. Furthermore, 47% of the nurses received psychosocial care training, 39% of them stated that they took this training as part of the course content during their education and 86% expressed that their first approach to the patient with psychological problems was "trying to talk" (Table 1).

When the results regarding the psychosocial caregiving status of intensive care nurses were examined, it was determined that 79% of the nurses were able to evaluate the patient from a psychosocial perspective, 64% stated that they considered psychosocial care as the primary duty of nurses, 73% provided psychosocial care, 69% stated that educated people should apply psychosocial care, and 52% stated that they cannot find enough time for psychosocial care in their unit (Table 2).

Table 3 shows the mean scores of the PCPSAS and its subscales. Accordingly, the participants' mean scores were 3.37±0.97 for the overall PCPSAS, 3.54±1.13 for "Definition of Symptoms" subscale, 3.41±1.08 for the "Use of Information" subscale, 3.22±0.98 for the "Intervention" subscale, and 3.26±1.03 for the "Diagnosis" subscale. According to the scores, it can be said that the proficiencies of intensive care nurses are moderate.

Table 4 shows the results related to the comparison of the individual characteristics of the intensive care nurses and the mean scores of PCPSAS. There was no significant difference between the individual

TABLE 1: Distribution of individual characteristics of ICU (n=100).

Characteristics	Datas	n	%
Age	22-26	53	53.0
	27-32	26	26.0
	33 years and older	21	21.0
Gender	Female	81	81.0
	Male	19	19.0
Educational status	Health vocational high school	6	6.0
	Bachelor's degree	64	64.0
	Postgraduate degree	26	26.0
	Doctorate degree	4	4.0
Marital status	Married	31	31.0
	Single	69	69.0
Economic status	Income less than expenses	25	25.0
	Income equals expenses	63	63.0
	Income more than expenses	12	12.0
Departments	Level 1 ICU	1	1
	Level 2 ICU	2	2
	Level 3 general ICU	60	60
	Pediatric ICU	9	9
	Internal diseases ICU	4	4
	Chest diseases ICU	2	2
	Coronary ICU	6	6
	Cardiovascular surgery ICU	8	8
	Neurology ICU	3	3
	Neonatal ICU	5	5
Period of employment	0-5 years	45	45.0
	More than 6 years	55	55.0
Satisfaction with work	I am satisfied	38	38.0
	I am partially satisfied	47	47.0
	I am not satisfied	15	15.0
Working hours per week	40 hours	29	29.0
	More than 48 hours	71	71.0
Working shifts	Only day shift	13	13.0
	Only night shift	3	3.0
	Day-night shift	84	84.0
Way of work	Primarily responsible for patient	93	93.0
	Sharing work	7	7.0
Number of patients per nurse	2	65	65.0
	3	28	28.0
	4	7	7.0
Status of receiving psychosocial care education	Yes	47	47.0
	No	53	53.0
Source of education	Course content during education	39	39.0
	In-service training	5	5.0
	CLP nurse	1	1.0
	Congress, symposium etc.	3	3.0
Approach to the Patient with psychological problems	Trying to talk	86	86.0
	Psychiatric consultation	7	7.0
	Medication by physician order	6	6.0
	Support from CLP nurse	1	1.0

CLP: Consultation liaison psychiatry; ICU: Intensive care nurses.

TABLE 2: Distribution of psychosocial caregiving status (n=100).

	I agree		I am undecided		I do not agree	
Items	**n**	**%**	**n**	**%**	**n**	**%**
1. I can evaluate my patients psychosocially.	79	79	19	19	2	2
2. I see psychosocial care as the primary duty of the nurse.	64	64	26	26	10	10
3. I provide psychosocial care to my patients.	73	73	22	22	5	5
4. Since I do not consider myself proficient for psychosocial care, I do not interact with the patient in this way.	16	16	29	29	55	55
5. I think that psychosocial care should be provided by nurses who are more educated on this subject.	69	69	21	21	10	10
6. I make time for psychosocial care in patient care.	63	63	32	32	5	5
7. I cannot find enough time to provide psychosocial care in my unit."	52	52	25	25	23	23

TABLE 3: Distribution of PCPSAS mean scores (n=100).

	Minimum	Maximum	Mean	SD	Total score	Total score SD
PCPSAS	1.00	5.00	3.37	0.97	60.66	17.46
Definition of symptoms	1.00	5.00	3.54	1.13	17.7	5.65
Use of information	1.00	5.00	3.41	1.08	17.05	5.40
Intervention	1.00	5.00	3.22	0.98	12.88	3.92
Diagnosis	1.00	5.00	3.26	1.03	13.04	4.12

SD: Standart deviation; PCPSAS: Psychosocial Care Proficiency Self-Assessment Scale.

characteristics of the intensive care nurses and the mean scores of PCPSAS (p>0.05).

DISCUSSION

In this study, the psychosocial caregiving status and proficiencies of intensive care nurses were investigated and the results were discussed with the literature.

In the study, intensive care nurses received 3.37±0.97 score from PCPSAS. The total mean score of intensive care nurses from PCPSAS was found to be 60.66±17.46. Accordingly, it can be said that the competencies of intensive care nurses are at a medium level. When the studies using PCPSAS were examined, it was observed that the data were collected from nurses working in different clinics, and the PCPSAS total scores in these studies were 72.06±9.36 in Karataş's study, 61.43±13.28 in Sancak's study and 57.97±11.29 in Davut's study.[19,22,23] According to the study findings, the proficiency levels of nurses are moderate. The present study and studies in the literature are similar.

In the present study, the characteristics of intensive care nurses and the mean scores of PCPSAS were compared and there was no significant difference. In the study, it was found that there was no significant relationship between educational status and PCPSAS. Similarly, in the studies conducted by Karataş and Davut, no significant difference was found in the scale average score.[19] However, when the study findings were examined, it was seen that the average scores increased as the education level increased. Similarly, in our study, the average scores of bachelor's degree graduates are higher than health vocational high school graduates, but there were no significant difference between them. In the study, no significant difference was found between working shifts and PCPSAS. The results of the studies conducted by Davut and Karataş are also similar.[19] However, in the study and in the study conducted by Davut and Karataş, the mean scores of nurses working only during the day were found to be higher than those of nurses working day and night shifts.[19] It is thought of this reason that responsible nurses work in the day shift and the number of nurses is higher

TABLE 4: Comparison of the individual characteristics of the intensive care nurses and the mean scores of PCPSAS (n=100).

Characteristics		n	PCPSAS $\bar{X}$±SD	Definition of Symptoms $\bar{X}$±SD	Use of Information $\bar{X}$±SD	Intervention $\bar{X}$±SD	Diagnosis $\bar{X}$±SD
Age	22-26	53	3.33±1.04	3.45±1.25	3.39±1.15	3.22±1.04	3.21±1.13
	27-32	26	3.30±0.98	3.56±1.04	3.32±1.05	3.04±1.02	3.23±1.03
	33 and over	21	3.58±0.82	3.75±0.94	3.58±1.00	3.48±0.77	3.45±0.80
Test* and p			1.630; p=0.443	0.517; p=0.772	1.826; p=0.401	2.790; p=0.248	0.925; p=0.630
Gender	Female	81	3.36±0.93	3.53±1.10	3.41±1.05	3.18±0.97	3.27±1.01
	Male	19	3.42±1.18	3.58±1.32	3.39±1.27	3.42±1.09	3.25±1.19
Test** and p			-0.317; p=0.752	-0.656; p=0.512	-0.216; p=0.829	-0.906; p=0.365	-0.079; p=0.937
Educational status	Health vocational high school	6	3.17±1.68	3.30±1.72	3.20±1.78	3.17±1.56	2.96±1.79
	Bachelor's degree	64	3.52±0.83	3.68±1.06	3.61±0.92	3.33±0.90	3.38±0.96
	Postgraduate degree	30	3.11±1.06	3.30±1.16	3.03±1.20	3.02±1.03	3.08±1.02
Test* and p			1.615; p=0.446	1.340; p=0.512	4.322; p=0.115	1.137; p=0.566	1.665; p=0.435
Marital status	Married	81	3.43±0.96	3.52±1.07	3.54±1.01	3.23±1.01	3.38±1.02
	Single	19	3.35±0.99	3.55±1.17	3.35±1.13	3.22±0.99	3.21±1.05
Test** and p			-0.324; p=0.746	-0.214; p=0.831	-0.836; p=0.214	-0.214; p=0.831	-0.782; p=0.434
Economic status	Income less than expenses	25	3.44±1.04	3.66±1.19	3.50±1.11	3.22±1.14	3.30±1.08
	Income equals to expenses	63	3.32±0.99	3.47±1.16	3.33±1.13	3.23±0.95	3.23±1.05
	Income more than expenses	12	3.51±0.82	3.68±0.88	3.65±0.83	3.23±0.93	3.40±0.93
Test* and p			0.437; p=0.804	0.501; p=0.778	0.714; p=0.700	0.034; p=0.983	0.280; p=0.869
Period of employment	0-5 years	45	3.33±0.90	3.47±1.15	3.42±1.04	3.27±0.94	3.11±0.94
	More than 6 years	55	3.41±1.04	3.60±1.13	3.40±1.13	3.20±1.03	3.40±1.11
Test** and p			-0.749; p=0.454	-0.481; p=0.630	-0.139; p=0.889	-0.293; p=0.770	-1.691; p=0.091
Satisfaction with work	I am satified	38	3.57±0.94	3.75±1.07	3.60±1.00	3.41±1.03	3.45±1.03
	I am partially satisfied	47	3.32±0.96	3.47±1.16	3.34±1.14	3.18±0.93	3.24±0.98
	I am not satisfied	15	3.04±1.08	3.21±1.16	3.13±1.14	2.90±1.03	2.85±1.18
Test* and p			3.783; p=0.151	2.859; p=0.239	2.182; p=0.336	3.120; p=0.210	3.676; p=0.159
Working hours per week	40 hours	29	3.47±0.94	3.61±1.14	3.51±1.14	3.36±0.95	3.34±0.96
	More than 48 hours	71	3.34±0.99	3.51±1.14	3.37±1.07	3.17±1.00	3.24±1.07
Test** and p			-0.684; p=0.494	-0.278; p=0.781	-0.829; p=0.407	-0.944; p=0.345	-0.408; p=0.683
Working shifts	Only day shift	13	3.85±0.57	4.05±0.72	3.88±0.75	3.71±0.61	3.71±0.69
	Only night shift	3	4.06±0.87	4.20±0.72	4.40±0.60	3.83±1.04	3.67±1.26
	Day-night shift	84	3.28±1.00	3.44±1.17	3.30±1.11	3.13±1.01	3.18±1.07
Test* and p			5.967; p=0.055	4.004; p=0.135	5.577; p=0.062	5.100; p=0.078	3.714; p=0.156

TABLO 4: Comparison of the individual characteristics of the intensive care nurses and the mean scores of PCPSAS (n=100) *(continuing)*.

Characteristics		n	PCPSAS X̄±SD	Definition of Symptoms X̄±SD	Use of Information X̄±SD	Intervention X̄±SD	Diagnosis X̄±SD
Way of work	Primarily responsible for patient	93	3.37±0.96	3.55±1.12	3.42±1.08	3.21±0.98	3.26±1.03
	Sharing work	7	3.38±1.24	3.43±1.40	3.34±1.32	3.46±1.15	3.29±1.29
Test** and p			-0.081; p=0.935	-0.165; p=0.866	-0.285; p=0.755	-0.829; p=0.407	-0.081; p=0.935
Number of patients per nurse	2	65	3.43±0.99	3.66±1.09	3.47±1.07	3.21±0.99	3.32±1.10
	3	28	3.30±0.89	3.31±1.19	3.33±1.07	3.34±0.94	3.21±0.90
	4	7	3.11±1.22	3.29±1.27	3.14±1.41	2.96±1.22	3.00±1.03
Test* and p			0.254; p=0.881	1.853; p=0.396	0.811; p=0.667	0.752; p=0.687	0.741; p=0.690
Status of receiving	Yes	47	3.51±0.94	3.64±1.11	3.52±1.05	3.39±0.99	3.44±0.98
Psychosocial care education	No	53	3.26±1.00	3.45±1.16	3.31±1.12	3.08±0.97	3.11±1.07
Test** and p			-1.655; p=0.098	-1.146; p=0.252	-0.875; p=0.382	-1.602; p=0.109	-1.814; p=0.070
Approach to the patient with psychological problems	Trying to talk	86	3.46±0.98	3.63±1.11	3.51±1.08	3.28±0.98	3.35±1.05
	Psychiatric consultation	7	3.04±0.69	3.17±1.24	3.03±0.91	2.86±0.84	3.07±0.55
	Medication by physician order	6	2.52±0.96	2.60±1.09	2.43±1.14	2.79±1.20	2.25±1.00
Test* and p			7.174; p=0.067	6.055; p=0.109	7.456; p=0.059	3.143; p=0.370	6.735; p=0.081

*Kruskal-Wallis test; **Mann-Whitney U test; SD: Standart deviation; PCPSAS: Psychosocial Care Proficiency Self-Assessment Scale.

compared to other shifts. In our study, no significant difference was found between weekly working hours per week and PCPSAS. However, when the average scores were examined, it was determined that nurses working 40 hours had a higher average score than nurses working 48 hours or more. In the study conducted by Davut, it was found that the PCPSAS average scores of nurses working 45 hours or more per week were significantly lower than those of nurses working 45 hours.[23] In the study conducted by Aktaş, and Baysan Arabacı it was found that working for a long time generally results in meeting only physiological needs, as well as reluctance and lack of time to meet psychological needs. In the study, it was found that 47% of intensive care nurses received psychosocial care education, and 39% received this education in course content. Aktaş and Baysan Arabacı conducted a study with intensive care nurses and determined that 65.2% of the nurses did not receive any training on psychological care for intensive care patients and 33.9% of those who received training took classes during school education.[24] In the study by Sancak, it was found that 59.6% of the nurses did not receive psychosocial care training, and 77.3% of the trained nurses received this training during school education.[22] In the study by Davut, it was determined that 57.9% of the nurses did not receive training on psychosocial care and 60.4% needed training.[23] In the study conducted by Nunes et al., it was stated that nurses think that there is a need for training on mental health.[25] When the first approach to the patient with psychological problems was examined, it was determined that 86% of the nurses first "tried to talk to the patient". In their study, Yıldırım et al., determined that 65.4% of the nurses encountered patients with mental distress and 37.1% of them "tried to talk" in their approach to the patient.[18] The findings of the present study and

the findings of the studies in the literature show similarities.

When the research results were examined, it was found that 79% of intensive care nurses thought that they can evaluate the patient from a psychosocial perspective. Also 64% of nurses see psychosocial care as a priority, 73% provide psychosocial care, and 16% do not consider themselves proficient and prefer not to interact with the patient in that way. It was determined that 63% of the nurses spared time for psychosocial care, while 52% could not find enough time for psychosocial care in the unit they worked in. While 69% thought that psychosocial care should be provided by nurses who are more educated on this subject. In the study by Aksoy et al., 40.8% of nurses thought that psychosocial care was the primary role of nurses, but only 27.8% of nurses evaluated the patient psychosocially.[26] In the study by Pehlivan, it was determined that 51.6% of the nurses were able to evaluate the patient psychosocially. In the study, among the factors affecting the psychosocial evaluation of the patients by the nurses, the first one was the failure to spare time for the psychological needs of the patient due to the workload, followed by the insufficient number of nurses working and the high number of patients. It was also determined that the nurses could not make an evaluation due to the fact that they did not "have the knowledge to make a psychological evaluation".[17] In the present study, the majority of ICNs stated that they could evaluate their patients psychosocially, it was their primary duty, they provided psychosocial care and they spared time for psychosocial care; however, nearly half of them stated that they could not find enough time to provide psychosocial care, which can be attributed to the workload in the ICU. Although the rate of ICNs who do not consider themselves competent in psychosocial caregiving is low, the majority of the ICNs stated that people trained in psychosocial care should provide this care, suggesting that it is important to provide counseling by experts in psychosocial care. In their study, Alaca et al., found that 92.4% of the nurses were of the opinion that when they cannot help the patient, consultation should be requested from a nurse specialized in psychiatric nursing.[2] Likewise in the present study, 69% of the nurses stated that psychosocial care should be given by more trained individuals. Psychosocial care is as important as physical care and should be given by experts in this field. The fact that nurses working in both intensive care and other clinics make psychosocial care of the patient and receive counseling from nurse colleagues who are competent in this field, when necessary, will secure the holistic nursing care.

LIMITATIONS

Due to the collection of data during the COVID-19 pandemic, intensive care nurses were reached through TSCCN. Therefore, the results of the study are limited to TSCCN member intensive care nurses participating online and cannot be generalized.

CONCLUSION

Consequently, in the light with the findings of the present study, we can assert that the proficiencies of intensive care nurses were at a moderate level. One of the most important steps of the nursing process is diagnosis and it is important to make the diagnosis holistically and then to give holistic care. However, psychosocial care should be given by competent persons. For this reason, consultation by Consultation Liaison Psychiatry (CLP) nurses to nurses working in these units and providing psychosocial care by CLP nurses to patients when necessary will enhance quality of care. In hospitals where there is no CLP nurse, it may be recommended to plan in-service and continuous education programs on psychosocial care for intensive care nurses. In addition, it may be recommended to plan experimental studies that determine the effectiveness of training programs to increase the psychosocial care approach and competencies of intensive care nurses, and to plan qualitative studies that deeply investigate the factors affecting the psychosocial care approach and competencies of intensive care nurses.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: *Buse Saygın Şahin, Fatma Yasemin Kutlu;* ***Design:*** *Buse Saygın Şahin, Fatma Yasemin Kutlu;* ***Control/Supervision:*** *Fatma Yasemin Kutlu;* ***Data Collection and/or Processing:*** *Buse Saygın Şahin;* ***Analysis and/or Interpretation:*** *Buse Saygın Şahin, Fatma Yasemin Kutlu;* ***Literature Review:*** *Buse Saygın Şahin;* ***Writing the Article:*** *Buse Saygın Şahin, Fatma Yasemin Kutlu;* ***Critical Review:*** *Buse Saygın Şahin;* ***References and Fundings:*** *Buse Saygın Şahin;* ***Materials:*** *Buse Saygın Şahin.*

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