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The Relationship Between Nurses' Psychosocial Care Competencies and Mental Health Literacy Level

Hemşirelerin Psikososyal Bakım Yetkinlikleri ile Ruh Sağlığı Okuryazarlık Düzeyleri Arasındaki İlişki

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ABSTRACT

Objective: This research aims to determine the relationship between nurses' psychosocial care competencies and mental health literacy levels. Material and Method: The research was designed in a descriptive design. Data was collected face-to-face between 15.03.2022-15.08.2022. The study sample consisted of 306 nurses working in universities and public hospitals. Participants completed the Descriptive Information Questionnaire, Psychosocial Care Competence Self-Assessment Scale (PCCSAS), and Mental Health Literacy Scale (MHLS). Of the 306 participants who participated in the study and whose average age was 38.25±7.256, 82.4% were women (n=252), and 17.6% were men (n=54). Results: It was determined that the total score average of the nurses' Psychosocial Care Competence Self-Assessment Scale (PCCSAS) was 61.64±13.80 and the Mental Health Literacy Scale (MHLS) score average was 17.84±2.73. The correlation analysis determined a statistically significant, weak positive relationship between the nurses' Psychosocial Care Competency Self-Assessment Scale (PCCSAS) total score averages and the Mental Health Literacy Scale (MHLS) total score averages ($r=0.295$, $p<0.001$). Conclusions: The results of our study revealed a significant relationship between nurses' competencies in psychosocial care and their levels of mental health literacy. It is recommended that interventional studies be carried out to increase nurses' mental health literacy levels, and psychosocial care competencies, and also It is recommended that the curriculum of the nursing department includes courses focusing on psychosocial nursing, particularly related to the psychological effects of chronic diseases.

Keywords: *Health literacy, Nursing, Nursing care, Clinical competence*

ÖZ

Amaç: Bu araştırmada, hemşirelerin psikososyal bakım yeterlilikleri ile ruh sağlığı okuryazarlık düzeyleri arasındaki ilişkinin belirlenmesi amaçlanmaktadır. Materyal-metod: Araştırma tanımlayıcı tasarımda tasarlanmıştır. Veriler 15.03.2022-15.08.2022 tarihleri arasında yüz yüze toplanmıştır. Araştırmanın örneklemini üniversite ve kamu hastanelerinde görev yapan 306 hemşire oluşturmuştur. Katılımcılar Tanımlayıcı Bilgi Anketini, Psikososyal Bakım Yetkinliği Öz Değerlendirme Ölçeği'ni (PSBYÖDÖ)ve Ruh Sağlığı Okuryazarlığı Ölçeği'ni (RSOYÖ) doldurmuştur. Araştırmaya katılan ve yaş ortalaması 38,25±7,256 olan 306 katılımcının %82,4'ü kadın (n=252), %17,6'sı erkek (n=54) idi. Bulgular: Hemşirelerin Psikososyal Bakım Yetkinliği Öz Değerlendirme Ölçeği toplam puan ortalamasının 61,64±13,80, Ruh Sağlığı Okuryazarlığı Ölçeği (RSOYÖ) puan ortalamasının ise 17,84±2,73 olduğu belirlendi. Korelasyon analizi sonucunda hemşirelerin Psikososyal Bakım Yeterliliği Öz Değerlendirme Ölçeği (PSBYÖDÖ) toplam puan ortalamaları ile Ruh Sağlığı Okuryazarlığı Ölçeği (RSOYÖ) toplam puan ortalamaları arasında istatistiksel olarak anlamlı, zayıf pozitif bir ilişki olduğu belirlendi ($r=0,295$, $p<0,001$). Sonuç: Çalışmamızın sonucunda hemşirelerin psikososyal bakım yetkinlikleri ile ruh sağlığı okuryazarlık düzeyleri arasında ilişki olduğu saptanmıştır. Hemşirelerin ruh sağlığı okuryazarlık düzeylerinin ve psikososyal bakım yeterliliklerinin artırılmasına yönelik girişimsel çalışmaların yapılması, ayrıca hemşirelik bölümü müfredatında kronik hastalıkların ruhsal etkilerine ilişkin psikososyal hemşireliğe yönelik derslerin yer alması önerilmektedir.

Anahtar Kelimeler: *Sağlığı okuryazarlığı, Hemşirelik, Hemşirelik bakımı, Klinik yetkinlik*

INTRODUCTION

Mental Health Literacy (MHL) emerged in the field of health literacy and has become more popular in recent years (1). It is a concept that helps individuals recognize, manage, or prevent mental disorders (2). MHL is defined as having knowledge about mental disorders, knowing where and how to seek help in case of mental illness, understanding the treatment of mental illnesses, protecting, improving, and sustaining mental health, and reducing the stigma associated with mental illnesses. Increasing MHL aims to help individuals recognize mental disorders at an early stage, seek appropriate care and professional help, and restore their health through treatments (3). According to the literature, increasing the MHL of society is essential for strong mental health (4).

Human beings are multidimensional entities, encompassing biological, psychological, and social dimensions. Throughout their lives, individuals may encounter obstacles and situations that can affect these dimensions. These experiences can have negative psychosocial effects on individuals (5,6). Therefore, the importance of psychosocial care in preserving and enhancing the mental health of individuals and society is significant. Psychosocial care involves interventions aimed at helping individuals cope with emotional changes caused by illness, existential crises affecting health, or psychiatric issues they may struggle to manage (7). Consequently, nurses are expected to address both the physical and psychological care needs of patients within the scope of psychosocial care (8).

Nurses shape therapeutic relationships in the clinical setting. Therefore, the level of MHL among nurses is of great importance. As individuals who are in close contact with patients and their families, nurses' MHL levels enable rapid diagnosis and appropriate guidance (9). Nursing practice encompasses the individual and their family in their entirety, including all components of human needs (i.e., physical, psychological, social, spiritual, and practical). Meeting the psychosocial care needs of individuals affected by disease is an important role for nurses (10). To evaluate the patient psychosocially as a whole, these components must be assessed comprehensively, and psychosocial care must be planned and implemented effectively. Understanding the characteristics of psychosocial reactions and knowing the patient's expectations will help nurses provide better patient care (11).

In the literature, it is noteworthy that nurses' awareness of providing psychosocial care and their self-perceived competence in this area are not sufficient, and they face various difficulties and obstacles in practice (11). Nurses, who are in direct contact with patients and their families, have the opportunity to observe them closely. Initial detection of mental disorders by nurses helps to better understand patients' conditions, improving early diagnosis and referral rates (12). No study has been found in the literature investigating the relationship between nurses' psychosocial care competencies and their mental health literacy levels.

The purpose of the study is to determine the relationship between psychosocial care competence and MHL level. In pursuit of this aim, answers to the following questions are sought.
Research Questions;

1. What is the level of nurses' psychosocial care competencies?
2. What is the level of mental health literacy among nurses?
3. Is there a relationship between nurses' psychosocial care competencies and their levels of mental health literacy?

MATERIAL and METHOD

Study Design

This research was conducted in descriptive design. STROBE checklist was used in the design of the research.

Setting and Sampling

The research population consisted of 1180 nurses working in a state and a university hospital in Turkey. The research sample was calculated as 256 in the G*Power program with 95% power, a 5% margin of error and 0.20 effect size (13). In this context, 306 nurses who agreed to participate in the research and did not have any comprehension or perception problems to answer the research questions constituted the research sample. Data was collected face-to-face between 15.03.2022-15.08.2022. Filling out the surveys took an average of 5-10 minutes. Descriptive Information Survey, Psychosocial Care Competency Self-Assessment Scale (PCCSAS), and Mental Health Literacy Scale were used as data collection tools.

Data Collection Tools

Descriptive Information Survey

The form created by the researchers consists of 12 questions. The form includes questions about sociodemographic characteristics such as gender and age, length of employment in the profession, employment status such as whether you work voluntarily in the service you are in, and interest in mental health (such as reading books, watching films, conducting research, etc.).

Psychosocial Care Competence Self-Assessment Scale (PCCSAS)

The scale was developed by Karataş & Kelleci (6) to evaluate the psychosocial care competencies of nurses and consists of 18 items. The scale has four subscales: "symptom identification", "use of information", "intervention", and "diagnosis". The score that can be obtained from the scale varies between 18-90 for the entire scale, and it is accepted that the level of psychosocial care competence increases as the score increases throughout the scale and in each sub-domain. It was determined that the internal consistency coefficient of the scale was 0.93, and its sub-dimensions were between 0.80-0.93.

Mental Health Literacy Scale (MHLS)

The MHLS, which is used to determine the MHL level, was developed by Jung et al. in 2016 and consists of 26 questions. The scale has three sub-dimensions: There are 12 questions in the Knowledge-Focused MHL sub-dimension, 10 questions in the Belief-Focused MHL sub-dimension, and 4 questions in the Resource-Focused MHL sub-dimension. The score that can be obtained from the scale varies between 0-26 for the entire scale, and it is accepted that the MHL level increases as the score increases in the overall scale and in each sub-domain. The Turkish Validity and Reliability of the scale was done by Göktaş et al. (14), and the Cronbach alpha coefficient was found to be 0.71.

Statistical Analysis

The data obtained in the research were analyzed using the SPSS 20.0 program. Descriptive statistical methods (number, percentage, min-max values, mean, standard deviation) were used when evaluating the data. Tests of normality of the data was performed using the Kolmogorov-Smirnov test and skewness and kurtosis tests. An independent t-test was used for the difference between two independent groups, and a one-way analysis of variance was applied to compare more than two independent groups. In case a difference was detected in a one-way analysis of variance, Bonferroni (if the variances were equal) and Tamhane (if the variances were not equal) were used to find the group that made the difference. The statistical significance level was determined as $p<0.05$. In addition, the presence of multiple sub-variables in studies leads to an increase in the margin of error in pairwise comparisons (15). For this reason, a Bonferroni correction was made for the significance value in post-hoc analyses in the study. The Pearson correlation test was applied to determine the relationship between the scales.

RESULTS

Frequency analysis results regarding the socio-demographic characteristics of the participants and their answers to other evaluation questions are shown in Table 1. Of the 306 participants in the study, whose average age was 38.25±7.256, 82.4% were women, and 17.6% were men. It was determined

that 84.3% of the participants voluntarily became nurses, 90.5% worked as clinical nurses, and 39.2% had been nursing for 21-34 years.

Table 1. Socio-Demographic Characteristics

Socio-demographic characteristics		n	%
Age	**Mean±SD** 38.25±7.256 **Min-Max** 23-53		
Gender	Female	252	82.4
	Male	54	17.6
Voluntary nursing status	Yes	258	84.3
	No	48	15.7
Status of taking courses on the psychological effects of chronic diseases in nursing education	Yes	200	65.4
	No	106	34.6
Thinking that chronic diseases affect mental health	Yes	279	91.2
	No	27	8.8
The situation of providing care to an individual with previously impaired mental health	Yes	246	80.4
	No	60	19.6
Interest in human psychology and desire to research	Yes	234	76.5
	No	72	23.5
Ability to make psychiatric evaluations while providing care to patients	I can do it	148	48.4
	I can partially do it.	150	49.0
	I can not	8	2.6
Total		**306**	**100**

Table 2 shows the total score and subscale score averages of the PCCSAS and MHLS used in our research. When the table was examined, it was determined that the total score average of PCCSAS was 61.64±13.80, the minimum score obtained from the scale was 21, and the maximum was 90. It was determined that the mean total score of MHLS was 17.84±2.73, the minimum score obtained from the scale was 7, and the maximum was 22.

Table 2. Scale and Subscale Score Means

Scale and Subscale	Mean±SD	Min-Max
PCCSAS	61.64±13.80	21-90
Symptom identification	17.67±4.52	5-25
Use of Information	18.21±4.36	5-25
Intervention	12.82±3.38	4-20
Diagnosis	12.93±3.06	4-20
MHLS	17.84±2.73	7-22
Knowledge-Focused MHL	8.80±1.75	0-10
Resource-Focused MHL	6.27±1.54	0-8
Belief-Focused MHL	2.76±1.24	0-4

PCCSAS: Psychosocial Care Competence Self-Assessment Scale
MHLS: Mental Health Literacy Scale

Table 3 shows the comparison of the scale average score and subscale score averages according to independent variables. When the table is examined, it can be seen that female nurses' mean PCCSAS scores, symptom identification, use of information, intervention, and diagnosis sub-dimensions are significantly higher than male nurses ($p<0.05$). The average score of the information use subscale of nurses who work voluntarily is significantly higher than that of nurses who work voluntarily ($p<0.05$). The average intervention subscale score of nurses who took courses on the psychological effects of chronic diseases in nursing education was significantly higher than nurses who did not take courses ($p<0.05$). PCCSAS mean score, use of information, and intervention subscale scores of nurses who think that chronic diseases affect mental health are significantly higher than nurses who

do not believe that chronic diseases affect mental health (p<0.05). When the table is examined, the PCCSAS mean score, symptom diagnosis, use of information, intervention, and diagnosis subscale scores of nurses who think that they can make psychiatric evaluations while caring for patients in the clinic are compared to nurses who can partially do it; It is seen that the PCCSAS mean score and the use of knowledge subscale score are higher than the nurses who cannot (p<0.05). A statistically significant difference was found between being interested in human psychology and liking research and the PCCSAS mean score, symptom diagnosis, and use of information sub-dimensions (p<0.05). It was determined that nurses who are interested in human psychology and like to research had higher PCCSAS mean scores and symptom diagnosis and information use subscale scores than nurses who stated that they were not interested in human psychology.

Table 3. Comparison Of PCCSAS Scores According To İndependent Variables

Variables		**Symptom identification**		**Use of Information**		**Intervention**		**Diagnosis**		**PCCSAS**	
		$\bar{X}$	**SS**	$\bar{X}$	**SS**	$\bar{X}$	**SS**	$\bar{X}$	**SS**	$\bar{X}$	**SS**
****Gender**	**Female**	17.96	4.37	18.51	4.05	13.05	3.28	13.16	2.97	62.70	12.98
	Male	16.33	5.00	16.81	5.40	11.70	3.62	11.83	3.26	56.68	16.34
	Test value (t)	2.214		2.188		2.533		2.768		2.540	
	p	**0.030***		**0.032***		**0.013***		**0.007***		**0.013***	
****Voluntary nursing status**	**Yes**	17.81	4.38	18,.51	4.13	12.98	3.28	13.04	2.97	62.36	13.04
	No	16.89	520	16.62	5.19	11.91	3.79	12.33	3.50	57.77	16.94
	Test value (t)	1.153		2.384		1.835		1.318		1782	
	p	0.253		**0.020***		0.071		0.193		0.080	
****Status of taking courses on the psychological effects of chronic diseases in nursing education**	**Yes**	17.65	4.88	18.15	4.68	13.13	3.56	13.05	3.26	61.98	14.98
	No	17.70	3.77	18.34	3.70	12.23	2.92	12.70	2.64	61.00	11.26
	Test value	-0.104		-0.407		2.354		0.930		0.647	
	p	0.917		0.684		**0.019***		0.322		0.518	
****Thinking that chronic diseases affect mental health**	**Yes**	17.75	4.68	18.34	4.47	12.90	3.48	12.91	3.18	61.92	14.36
	No	16.77	2.18	16.92	2.73	11.96	1.93	13.11	1.36	58.77	4.37
	Test value (t)	1.940		2.404		2.207		-0.607		2.611	
	p	0.058		**0.021***		**0.033***		0.546		**0.010***	
****The situation of providing care to an individual with previously impaired mental health**	**Yes**	17.61	4.67	18.30	4.48	12.84	3.36	12.93	3.19	61.71	14.28
	No	17.90	3.90	17.86	3.83	12.70	3.46	12.90	2.49	61.36	11.72
	Test value (t)	-0.432		0.696		0.307		0.102		0.173	
	p	0.666		0.487		0.759		0.919		0.863	
****Interest in human psychology and desire to research**	**Yes**	19.01	4.09	19.20	3.98	13.31	3.06	13.22	2.42	64.76	11.47
	No	17.26	4.58	17.91	4.44	12.66	3.46	12.84	3.23	60.68	14.32
	Test value (t)	-3.086		-2.213		-1.435		-1.070		-2.208	
	p	**0.002***		**0.028***		0.152		0.286		**0.028***	
*****Ability to make psychiatric evaluations while providing care to patients**	**I can do it (1)**	18.64	4.38	19.16	4.25	13.41	3.30	13.95	3.07	65.17	13.78
	I can partially do it (2)	16.84	4.39	17.52	4.01	12.32	3.19	12.01	2.59	58.70	12.17
	I can not (3)	15.37	6.04	13.75	7.44	11.00	5.95	11.25	4.94	51.37	24.18
	Test value (F)	7.244		10.098		5.217		17.941		11.153	
	p	**0.001***		**0.000***		**0.006***		**0.000***		**0.000***	
	Bonferroni	**1>2**		**1>2, 1>3**		**1>2**		**1>2**		**1>2, 1>3**	

Table 4 compares comparesthe MHLS average score and subscale score averages according to independent variables. When the table is examined, it is seen that female nurses' mean MHLS score, knowledge-focused MHL, and resource-focused MHL subscale scores are significantly higher than male nurses ($p<0.05$). The mean resource-oriented MHL subscale score of nurses who took courses on the psychological effects of chronic diseases in nursing education was significantly higher than nurses who did not take courses ($p<0.05$). The average MHLS score, belief-focused MHL, and resource-focused MHL subscale scores of nurses who thought that chronic diseases affected mental health were significantly higher than those of nurses who did not think that chronic diseases affected mental health ($p<0.05$). When Table 4 is examined, it can be seen that the MHLS mean score and belief-oriented MHL subscale score mean of nurses who are interested in human psychology and like research are significantly higher than the nurses who state that they are not interested in human psychology ($p<0.05$). It was determined that the average MHLS score and knowledge-oriented MHLS subscale scores of nurses who thought they could make psychiatric evaluations while caring for patients in the clinic were significantly higher than those who could partially do it and those who could not ($p<0.05$). There was no significant difference between the scale score average and subscale score averages between working voluntarily in nursing, providing care to an individual with previously impaired mental health, and watching psychology-related films ($p>0.05$).

Table 4. Comparison Of MHLS Scores According To İndependent Variables

Variables		**Knowledge-Focused MHL**		**Belief-Focused MHL**		**Resource-Focused MHL**		**MHLS**	
		$\bar{X}$	**SS**	$\bar{X}$	**SS**	$\bar{X}$	**SS**	$\bar{X}$	**SS**
****Gender**	**Female**	8.95	1.52	6.23	1.57	2.84	1.23	18.03	2.63
	Male	8.11	2.46	6.48	1.42	2.37	1.24	16.96	3.04
	Test value (t)	2.417		-1.065		2.564		2.641	
	p	**0.019***		0.288		**0.011***		**0.009***	
****Voluntary nursing status**	**Yes**	8.87	1.54	6.30	1.44	2.81	1.20	17.98	2.59
	No	8.43	2.62	6.14	2.03	2.50	1.41	17.08	3.30
	Test value (t)	1.122		0.510		1.425		1.796	
	p	0.267		0.612		0.159		0.078	
****Status of taking courses on the psychological effects of chronic diseases in nursing education**	**Yes**	8.68	1.94	6.35	1.35	3.00	1.06	18.04	2.49
	No	8.87	1.65	6.23	1.64	2.63	1.31	17.74	2.85
	Test value	0.859		-0.704		-2.618		-0.974	
	p	0.391		0.482		**0.009***		0.331	
****Thinking that chronic diseases affect mental health**	**Yes**	8.86	1.76	6.66	0.73	2.82	1.26	17.92	2.81
	No	8.25	1.55	6.24	1.60	2.14	0.86	17.07	1.49
	Test value (t)	1.702		-2.499		3.683		2.544	
	p	0.090		**0.016***		**0.001***		**0.014***	
****The situation of providing care to an individual with previously impaired mental health**	**Yes**	8.78	1.85	6.31	1.52	2.70	1.28	17.80	2.89
	No	8.90	1.31	6.11	1.64	2.98	1.03	18.00	1.96
	Test value (t)	1.612		0.899		-1.762		-0.485	
	p	0.103		0.370		0.081		0.628	
****Interest in human psychology and desire to research**	**Yes**	9.01	1.18	6.62	0.97	2.63	1.01	18.27	1.76
	No	8.74	1.89	6.17	1.67	2.79	1.30	17.71	2.96
	Test value (t)	-0.456		-2.868		1.092		-1.987	
	p	0.649		**0.005***		0.277		**0.048***	
*****Ability to make psychiatric evaluations while providing care to patients**	**I can do it (1)**	9.07	1.43	6.14	1.52	2.92	1.06	18.14	2.30
	I can partially do it (2)	8.72	1.61	6.43	1.45	2.60	1.38	17.76	2.82
	I can not (3)	5.37	4.50	5.87	3.04	2.62	1.40	13.87	4.96
	Test value (F)	19.172		1.604		2.515		9.907	
	p	**0.000***		0.203		0.083		**0.000***	
	Bonferroni	**1>2, 1>3, 2>3**						**1>2, 1>3, 2>3**	

Table 5 evaluates the relationship between Psychosocial Care Competence Self-Assessment Scale and MHLS. The mean total score of the nurses' Psychosocial Care Competence Self-Assessment Scale is 61.64±13.80, and the mean total score of the MHLS is 17.84±2.73. The correlation analysis determined a statistically significant, weak positive relationship between the nurses' Psychosocial Care Competence Self-Assessment Scale total score averages and the MHLS total score averages (r=0.295, p<0.001).

Table 5. Evaluation of the relationship between PCCSAS and MHLS

Scale	Mean±SD	Min-Max	r	p
PCCSAS	61.64±13.80	21-90	**0.295**	**0.000***
MHLS	17.84±2.73	7-22		

*p<0.05
PCCSAS: Psychosocial Care Competence Self-Assessment Scale
MHLS: Mental Health Literacy Scale

DISCUSSION and CONCLUSION

Nurses are in an ideal position to detect changes in patients' thoughts or emotional states that may require intervention, to effectively evaluate these changes in a timely manner, to help patients cope with the process, and to provide important support (16). In this context, the principles of psychosocial care focus on meeting the individual's basic needs through adequate communication, provision of information, basic emotional support, screening of needs, and symptom management (10). In our research, it can be said that nurses' average psychosocial care competencies are at a medium level. PCCS subscales used in our research overlap with these principles. When the subscale scores of the scale were examined in our research, the highest mean score was found to be the use of information, followed by the mean score of symptom identification, diagnosis, and intervention, respectively. Most of the nurses who participated in our study stated that they could make psychiatric evaluations while providing care to patients. However, when the sub-dimension scores are examined, it is seen that the average score of the nurses in the intervention sub-dimension is lower than the other sub-dimensions. Similarly, Davut (17) and Sancak (18) found the "intervention" sub-dimension low, and Karataş & Kelleci (6) found it medium. It is seen that nurses care about the psychosocial needs of their patients but have difficulty intervening. This situation is thought to be due to the fact that nurses often tend to focus on the physical problems of patients rather than their psychosocial needs (19).

According to the results of our research, some sociodemographic factors affect PCCSAS and subscale score averages. It was determined that the mean PCCSAS score of female nurses was higher than that of male nurses. Similarly, Davut (17) found that the total and sub-dimensions of PCCSAS of nurses were higher in female participants than in males. Saygın (20) and Ortakaş (13) determined in their studies that gender is not effective in psychosocial care. It is thought that the differences may arise from the working environment (such as working in different hospitals and units). In our research, the average score of the information use subscale of nurses who work voluntarily in nursing is higher than that of nurses who work unwillingly. Similar to our study findings, it was determined that the holistic nursing competency scale average of nurses who enjoy the nursing profession is higher than those who do not (21). In the literature, it has been found that nurses who choose their unit voluntarily receive higher scores in the intervention sub-dimension than those who do not choose their unit themselves and nurses who are satisfied with working in their unit score higher in the use of information and intervention sub-dimensions than those who are not satisfied (11). Therefore, it is thought that nurses' willingness to do their jobs is an important factor that increases psychosocial care competence.

Nursing education is a multifaceted process that enables students to develop knowledge, skills, and attitudes towards their profession (22). In our research, the average intervention subscale score of nurses who took courses on the psychological effects of chronic diseases in nursing education was

higher than nurses who did not take courses. Training on psychosocial care increases the quality of care and provides competence (23). Similarly, it is stated in the literature that nurses who received psychosocial care training apply more psychosocial care and spend more time on this compared to other nurses (20). In this context, our study result supports the literature. Our research found that the PCCSAS mean score, symptom diagnosis, and use of information subscale scores of nurses who are interested in human psychology and like research are higher than the nurses who stated that they are not interested in human psychology. Considering that being interested in psychology and doing research increases one's level of knowledge, this result supports the literature.

In our study, the PCCSAS mean score, use of information, and intervention subscale scores of nurses who thought that chronic diseases affected mental health were found to be higher than those of nurses who did not think that chronic diseases affected mental health. In their qualitative study on psychosocial care with oncology nurses, Güner et al. (19) stated that nurses also experienced psychosocial changes in patients and their families due to the nature of the disease. It seems that nurses are aware of this issue. It was determined that nurses who thought they could make psychiatric evaluations while providing care to patients in the clinic had a higher mean score on the PCCSAS and subscale scores of symptom diagnosis, use of information, intervention, and diagnosis than nurses who were partially able to do so. It is thought that the knowledge and experience in psychosocial care gained both during undergraduate education and through professional experience positively affects the competence of nurses.

In our research, the nurses' average MHLS total score was found to be at a moderate level. According to the results of our research, some socio-demographic factors affect the MHLS and subscale score averages. Our research determined that female nurses' mean MHLS score, knowledge-oriented MHL, and resource-focused MHL subscale scores were higher than male nurses. Similar to the results of this research, the study conducted by Olca Polat (24) found that the total level of MHL level of female participants was higher than men. In another study, it was reported that female students' MHL level was higher than that of males (25). It is stated in the literature that, unlike our study findings, the gender factor does not affect the MHL level (26). There are studies in the literature that find that there is no significant difference between MHL and subscale scores according to the gender variable, only that women score higher than men in the "accessing information" sub-dimension (25,27,28). It is expected that there is no difference in MHL levels according to the gender of nurses who have received similar health education in terms of content (26). It is thought that differences in cultural and educational programs may be effective in the emergence of different results regarding the MHL level in the context of gender.

In our research, the mean resource-oriented MHL subscale score of nurses who took courses on the psychological effects of chronic diseases in nursing education was higher than nurses who did not take courses. Similar to the results of this study, in the study conducted by Göktaş et al. (14), the MHL level of medical faculty students who actively took mental health courses was found to be higher than that of economics faculty students. This situation is thought to be due to the increased awareness of individuals studying in health-related departments; as their knowledge and skill levels increase, they know how to access health-related information and how to interpret the information, and they gain experience. Although there is no case in the literature about taking courses directly on the mental effects of chronic diseases, it has been found that MHL education given in schools at various levels increases the level of MHL (29,30,31). In addition, in our study, nurses who think that chronic diseases affect their mental health have high MHLS score averages, belief-focused MHL, and resource-focused MHL Literacy subscale scores. It was found that nurses who are interested in human psychology and like research have higher MHL mean scores and belief-oriented MHL subscale scores than nurses who state that they are not interested in human psychology. This shows that nurses are aware of MHL. Our research result supports the literature information.

Our research shows that nurses who think they can make psychiatric evaluations while caring for patients in the clinic have higher MHLS score averages and knowledge-oriented MHL subscale scores than nurses who can partially do it and those who cannot. In line with these results, it can be thought that increasing the importance of holistic nursing in nursing education and teaching holistic nursing skills and using them correctly contributes to MHL. In this context, it is important for nurses to know that their patients are in the risk group for mental disorders, to handle their patients more carefully in this regard, and to provide the necessary guidance in the early period for preventive mental health. Nurses can make important contributions with their knowledge, skills, and care in helping the patient cope with the physical, emotional, cognitive, and psychosocial effects of the disease.

Increasing MHL is an important factor in protecting and improving community mental health (4). Nurses are expected to apply psychosocial care to protect and improve the mental health of individuals and the community and to deal with both the physical and psychological care needs of patients (8). Therefore, our study aimed to determine the relationship between nurses' psychosocial care competencies and MHL levels. Our study's correlation analysis determined that there was a statistically significant, weakly positive relationship between the nurses' PCCSAS total score averages and the MHLS total score averages ($r=.295$, $p<0.001$). According to this result, increasing nurses' PCCSAS average score is thought to increase their MHLS level. In a study similar to our research findings, Gül & Akpınar (32) conducted a study to examine the relationship between nursing students' MHL levels and holistic nursing competencies. The students' MHL levels were found to be low, and their holistic nursing competencies were found to be moderate. The study stated that there was a weak positive relationship between MHL and holistic nursing competence.

This study found that nurses' levels of Mental Health Literacy (MHLS) and Psychosocial Care Competency Scale (PCCSAS) were moderate. Additionally, it was observed that an interest in mental health, a voluntary engagement in the profession, and awareness of the psychological effects of chronic diseases influence both psychosocial care competency and mental health literacy levels. In this context, it is recommended to enhance awareness of the psychological effects of chronic diseases in nursing education and to conduct intervention studies aimed at improving the psychosocial care competencies of nurses in clinical settings. Given the limitations of studies evaluating nurses' psychosocial care competencies and mental health literacy levels, it is further recommended to conduct research examining this topic from various perspectives.

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Declaration of Ethical Code: In this study, we undertake that all the rules required to be followed within the scope of the "Higher Education Institutions Scientific Research and Publication Ethics Directive" are complied with, and that none of the actions stated under the heading "Actions Against Scientific Research and Publication Ethics" are not carried out. Before starting the research, it was explained to all participants that the purpose of the research and the confidentiality of the data obtained would be protected and that the information would be used only for scientific purposes. Informed consent was obtained from all participants in the study. To conduct this research, approval was received from the ethics committee of X University (decision numbered 10.11.2021 and 53/2) and the institutions where the research will be conducted.

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