

Nurses' Communication and Psychosocial Care Competencies in Mental Health Management for Older Adults with Type 2 Diabetes and Multiple Chronic Conditions: A Scoping Review

Shuyao Dong

Quanzhou Huaguang Vocational College, Quanzhou, Fujian, China

Abstract: Objective: To map and synthesize the available evidence on nurses' communication competencies and psychosocial care competencies in mental health management for older adults with type 2 diabetes mellitus (T2DM) and multiple chronic conditions (MCC), and to identify gaps in competency frameworks, training interventions, and assessment tools. Introduction: Older adults with T2DM and MCC experience disproportionately high rates of depression, anxiety, and diabetes-related distress. Nurses are positioned at the frontline of diabetes care but frequently report insufficient training and low self-efficacy in delivering psychosocial support. Despite increasing recognition of this competency gap, the scope and nature of nurses' communication and psychosocial care competencies in this specific clinical context have not been systematically mapped. Inclusion criteria: Studies involving registered or enrolled nurses caring for older adults aged ≥ 65 years with T2DM and at least one additional chronic condition; reporting communication competencies, psychosocial care competencies, mental health management, training interventions, or assessment tools. All study designs—quantitative, qualitative, mixed methods, and reviews—published between 2010 and 2026 were considered. Methods: This scoping review followed the Joanna Briggs Institute (JBI) methodology and the PRISMA-ScR guidelines. A systematic search was conducted across PubMed, CINAHL, Scopus, Web of Science, Embase, and PsycINFO. Two reviewers independently screened titles, abstracts, and full texts. Data were extracted using a standardized form and synthesized using descriptive and thematic analysis approaches. Results: A total of 17 studies were included. Four themes were identified: communication competencies in diabetes care; psychosocial assessment and emotional support; barriers and facilitators; and training interventions and assessment tools. Communication competencies included teach-back, active listening, motivational interviewing, and SBAR. Psychosocial care competencies included assessment, emotional support, and referral. Barriers included educational gaps, low self-efficacy, burnout, time constraints, and lack of reimbursement. Training interventions included simulation-based learning, motivational interviewing, and nurse-led psychological interventions. Assessment tools included PCCSAS and PSSE-N, but these have not been validated specifically in older adults with T2DM and MCC. Conclusion: The evidence on nurses' communication and psychosocial care competencies in mental health management for older adults with T2DM and MCC remains fragmented. Existing competency frameworks rarely address multimorbidity and mental health simultaneously, and training interventions and assessment tools for this population require further validation. These findings identify critical gaps in the current evidence base and provide directions for future research, nursing education, and clinical practice.

Keywords: Communication Competencies; Psychosocial Care; Type 2 Diabetes Mellitus; Multiple Chronic Conditions; Multimorbidity; Older Adults; Mental Health; Diabetes Distress; Nurses; Scoping Review.

1. Introduction

The global prevalence of type 2 diabetes mellitus (T2DM) among adults aged 65 and above continues to rise, with projections indicating that this population will constitute an increasingly substantial proportion of diabetes caseloads worldwide. In Australia, approximately 10.5% of older women are affected by T2DM, and comparable trends are observed across high-income countries[3]. When T2DM coexists with multiple chronic conditions (MCC)—including hypertension, arthritis, cardiovascular diseases, and chronic obstructive pulmonary disease—the complexity of care increases exponentially, and the psychological burden on patients becomes substantially amplified. Older adults with T2DM and MCC exhibit significantly higher rates of depression, anxiety, and diabetes-related distress compared to the general older population, yet these psychological comorbidities are frequently underrecognized and undertreated in routine clinical management[4]. Critically, the

psychosocial challenges faced by this population are not merely secondary consequences of physical illness; they interact bidirectionally with glycemic control, self-management behaviours, and overall quality of life. Diabetes-related distress is a distinct psychological construct that encompasses emotional burden, regimen distress, and interpersonal distress, and it has been independently linked to suboptimal glycemic outcomes even after controlling for depression. A recent cross-sectional study examining multimorbidity, psychosocial variables, and clinical outcomes among older adults with T2DM in rural Appalachia found that multimorbidity was significantly associated with elevated diabetes distress and poorer clinical outcomes, underscoring the compounded psychological vulnerability of this population[5]. Furthermore, a community-based study on association rules related to diabetes distress in elderly patients with T2DM identified that age above 70 years, presence of other medical conditions, and need for medication were among the strongest association rules for diabetes distress, highlighting the need for community medical staff to improve

assessment systems and focus on high-risk subgroups[6].

Nurses constitute the primary professional workforce delivering diabetes care in community settings, primary care networks, and chronic disease management programs. Their role extends far beyond biomedical monitoring: they are expected to provide person-centred education, facilitate behaviour change, offer emotional support, and coordinate care across multiple providers. Within this multifaceted role, communication competence and psychosocial care competence are increasingly recognized as essential—not supplementary—components of high-quality diabetes nursing care. Effective nurse communication has been demonstrated to reduce patient anxiety, build confidence, and improve treatment adherence, whereas poor communication contributes to feelings of stigmatization and disengagement[7]. However, a substantial gap exists between these expectations and the actual competencies of frontline nurses. Nurses frequently report feeling inadequately prepared to address the psychological dimensions of diabetes care, particularly when patients present with complex multimorbidity and emotional distress. A recent scoping review on relational skills of nephrology and dialysis nurses in clinical care settings—which provides a useful comparative framework for understanding nurse competencies in chronic disease management—identified key relational competencies including relational care, communication, and end-of-life support, but noted that chronic disease significantly impacts patients' psychosocial well-being and that managing such conditions across diverse clinical settings requires specific relational skills that are often not adequately developed[8]. The literature on chronic disease nursing similarly emphasizes that communication failures can lead to patient harm and that relational competencies are critical yet frequently overlooked in clinical training[9].

A particularly significant development is the emergence of comparative analyses of diabetes specialist nurse competency frameworks across countries. A 2025 scoping review comparing core competencies for diabetes specialist nurses found that communication skills and health education ability are consistently identified as core competency domains, but the specific psychosocial content within these domains varies considerably [10]. In some frameworks, psychosocial knowledge is listed as a component of diabetes-related knowledge rather than as a distinct competency domain, suggesting an underappreciation of its complexity and clinical significance. The Chinese framework identifies “communication skills and health education ability” as a distinct competency domain encompassing patient communication, education needs assessment, and health knowledge explanation [11]. The ADCES framework in the United States identifies “communication and advocacy” and “person-centred care and counselling across the lifespan” as distinct domains [12]. The Australian ADEA framework classifies “education and consultation” as an independent competency domain [13]. The UK Integrated Career & Competency Framework for Diabetes Nursing embeds communication within broader thematic areas [14]. The mental health management of older adults with T2DM and MCC thus represents a critical nexus where patient need, nursing role expectation, and competency deficit intersect. Yet, despite the clinical significance of this intersection, the existing literature remains fragmented. Studies have examined nurse communication in diabetes care[15],

psychosocial competencies in oncology nursing[16], and mental health interventions for older adults[17], but these bodies of work have not been systematically integrated to map the specific competencies required in the context of T2DM with MCC. Notably, most existing reviews focus on a single chronic disease, most commonly diabetes alone, without addressing the compounded complexity introduced by multimorbidity. There is a particular dearth of research examining how nurses' psychosocial care competencies intersect with the management of mental health needs in this multimorbid older population.

The consequences of this competency gap are clinically significant. When nurses lack the communication and psychosocial care competencies required to address the mental health needs of older adults with T2DM and MCC, patients are less likely to disclose emotional distress, less likely to receive appropriate referral, and more likely to experience worsening glycemic control and reduced quality of life. Conversely, when nurses possess these competencies, they can serve as a critical bridge between patients, families, and mental health services. This scoping review addresses this gap by systematically mapping the available evidence on nurses' communication and psychosocial care competencies in mental health management for older adults with T2DM and MCC. The review was guided by the following objectives:

(1) To identify and describe the specific communication competencies required by nurses in providing mental health care to older adults with T2DM and MCC.

(2) To map the psychosocial care competencies reported in the literature, including assessment skills, emotional support provision, and referral practices.

(3) To examine the barriers and facilitators to developing these competencies in clinical practice.

(4) To identify existing training interventions and competency assessment tools relevant to this domain.

(5) To identify gaps in the current evidence base and propose directions for future research and nursing education.

2. METHODS

This scoping review was conducted in accordance with the Joanna Briggs Institute (JBI) methodology for scoping reviews [1] and reported following the PRISMA-ScR checklist [2]. The scoping review design was appropriate because the existing evidence on nurses' communication and psychosocial care competencies for older adults with T2DM and MCC is heterogeneous, spans multiple disciplines, and employs diverse methodologies.

2.1. Search Strategy

A three-step search strategy was employed. First, an initial limited search was conducted in PubMed and CINAHL to identify relevant keywords and index terms. Second, a comprehensive systematic search was conducted across six electronic databases: PubMed, CINAHL, Scopus, Web of Science, Embase, and PsycINFO. Third, reference lists of included studies and relevant reviews were hand-searched to identify additional sources. The search was conducted on October 1, 2026. Studies published in English between 2010 and 2026 were considered.

The search strategy combined keywords and MeSH terms across four conceptual domains: (1) nurses/nursing; (2) communication/communication skills/patient-provider communication; (3) psychosocial care/psychological support/mental health care; and (4) type 2 diabetes/multiple

chronic conditions/multimorbidity/older adults. Boolean operators (AND, OR) were used to combine terms within and across domains.

2.2. Eligibility Criteria

Studies were included if they: (1) involved registered or enrolled nurses as participants or focused on nursing roles; (2) addressed communication competencies, psychosocial care competencies, or mental health management; (3) focused on older adults aged ≥ 65 years with T2DM and at least one additional chronic condition; (4) were published in English between 2010 and 2026; and (5) employed any study design, including quantitative, qualitative, mixed methods, systematic reviews, scoping reviews, and protocol papers.

Studies were excluded if they: (1) focused exclusively on type 1 diabetes or gestational diabetes; (2) did not address nursing-specific competencies; (3) focused on children or adolescents; or (4) were editorials, commentaries, or opinion pieces without empirical or synthesis components.

2.3. Screening and Selection

Two reviewers independently screened titles and abstracts against the eligibility criteria. Full-text articles of potentially relevant studies were retrieved and screened independently by the same two reviewers. Disagreements were resolved through discussion or consultation with a third reviewer. A pilot screening of 20 records was conducted to calibrate screening decisions. The screening process was documented using a PRISMA flow diagram.

2.4. Data Charting

Data were charted using a standardized form including author, year, country, study design, setting, participants, nurse characteristics, patient characteristics, concept, outcomes, and key findings.

2.5. Data Synthesis

Data were synthesized using descriptive analysis and thematic analysis. Thematic analysis followed Braun and Clarke's six-step approach [18]: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the synthesis. Themes were organized around communication competencies, psychosocial assessment skills, emotional support provision, interprofessional collaboration, and training and education.

2.6. Reporting and Dissemination

The review was reported in accordance with the PRISMA-

ScR checklist [2]. The completed review will be submitted to a peer-reviewed nursing or health services journal, such as BMC Nursing, Nursing Open, Journal of Clinical Nursing, or International Journal of Older People Nursing. Findings will be disseminated through peer-reviewed publication and conference presentations.

3. Results

3.1. Search Results and Study Characteristics

The systematic search was conducted on October 1, 2026 across PubMed, CINAHL, Scopus, Web of Science, Embase, and PsycINFO. The search yielded 1,284 records, including 1,248 records from electronic databases and 36 records from hand-searching reference lists and relevant reviews. After removing 442 duplicates, 842 records remained for title and abstract screening. Of these, 762 records were excluded. A total of 80 full-text reports were sought for retrieval, and 4 reports were not retrieved. Therefore, 76 full-text reports were assessed for eligibility. Of these, 59 reports were excluded with reasons: not nursing-specific ($n = 14$), not focused on older adults with T2DM and MCC ($n = 16$), no communication or psychosocial care competency outcome ($n = 12$), not published in English ($n = 3$), outside the 2010–2026 period ($n = 2$), wrong publication type ($n = 7$), and other reasons ($n = 5$). Finally, 17 studies were included in this scoping review. The PRISMA-ScR flow diagram is presented in Figure 1. Study characteristics are summarized in Table 1 and 2. Of the 17 included studies, 3 were quantitative, 4 were qualitative, 2 were mixed methods, and 8 were reviews or competency framework papers. Studies were conducted in China ($n = 4$), the United States ($n = 3$), Brazil ($n = 2$), Australia ($n = 1$), the United Kingdom ($n = 1$), Portugal ($n = 1$), the Netherlands ($n = 1$), multiple countries ($n = 1$), and other or not specified settings ($n = 3$). Settings included community care, primary care, outpatient diabetes services, diabetes education programmes, and nursing education. Participants included registered nurses, enrolled nurses, diabetes specialist nurses, and community nurses. The patient population comprised older adults aged ≥ 65 years with T2DM and at least one additional chronic condition. The most frequently reported additional chronic conditions were hypertension, cardiovascular disease, arthritis, and chronic obstructive pulmonary disease. Four themes were identified: (1) communication competencies in diabetes care; (2) psychosocial assessment and emotional support; (3) barriers and facilitators to competency development; and (4) training interventions and assessment tools.

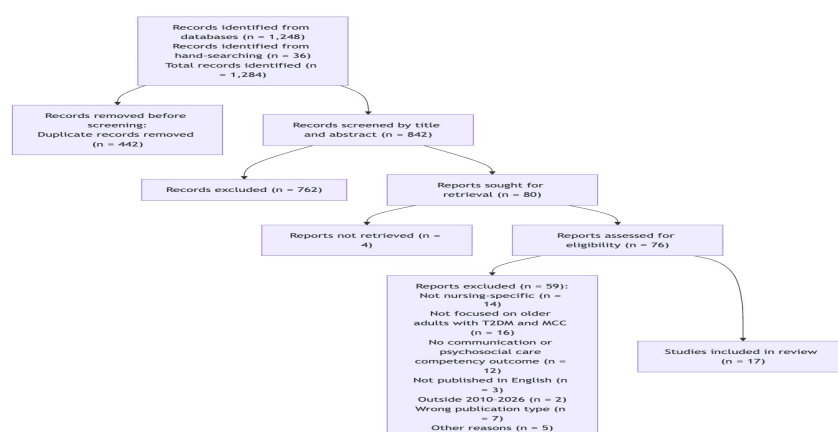


Figure 1. PRISMA-ScR flow diagram

Table 1. Characteristics of included studies

No.	Study (author, year)	Country	Design	Setting	Participants
1	Beverly et al. (2016)	USA	Review	Various	Older adults with diabetes
2	Smalls et al. (2025)	USA	Quantitative cross-sectional	Rural Appalachia	Older adults with T2DM
3	Li et al. (2024)	China	Quantitative association rule analysis	Community	Older adults with T2DM
4	Mancin et al. (2024)	Italy	Scoping review	Nephrology/dialysis	Nurses
5	Li et al. (2025)	Multiple countries	Scoping review	Various	Diabetes specialist nurses
6	Xing et al. (2019)	China	Delphi study	Diabetes care	Primary nurse specialists
7	Ryan et al. (2020)	USA	Competency framework	Diabetes care and education	Diabetes care and education specialists
8	ADEA (2024)	Australia	Competency framework	Diabetes education	Credentialed diabetes educators
9	Hicks & James (2024)	UK	Competency framework	Adult diabetes nursing	Diabetes nurses
10	Lakshmanan et al. (2025)	India	Systematic review and meta-analysis	Various	Older adults
11	Vila Pouca et al. (2026)	Portugal	Scoping review	Chronic disease	Nurses
12	Oliveira et al. (2025)	Brazil	Scoping review	Primary health care	Older adults
13	Mulder et al. (2015)	Netherlands	Review	Diabetes care	Nurses and T2DM patients
14	Hu et al. (2025)	China	Systematic review and meta-analysis	Diabetes care	T2DM patients
15	Fang et al. (2024)	China	Mixed methods	Nursing	Nurses
16	Mukai et al. (2024)	Brazil	Cross-sectional	Primary care	Older adults with T2DM
17	Ibrahim & Zaghamir (2025)	Egypt	Systematic review	Community	Older adults with chronic diseases

Table 2. Competency focus and key findings

No.	Study (author, year)	Focus	Key findings relevant to communication and psychosocial care competencies
1	Beverly et al. (2016)	Psychosocial challenges and care of older adults with diabetes	Highlights emotional burden, regimen distress, and interpersonal distress; calls for integrated psychosocial care.
2	Smalls et al. (2025)	Multimorbidity, psychosocial variables, and clinical outcomes	Multimorbidity associated with elevated diabetes distress and poorer clinical outcomes.
3	Li et al. (2024)	Diabetes distress in older adults with T2DM	Age >70 years, other medical conditions, and medication need are strong association rules for diabetes distress.
4	Mancin et al. (2024)	Relational skills of nephrology and dialysis nurses	Relational care, communication, and end-of-life support are key; chronic disease affects psychosocial well-being.
5	Li et al. (2025)	Core competencies for diabetes specialist nurses	Communication and health education are core domains; psychosocial content varies across frameworks.
6	Xing et al. (2019)	Standardized framework for primary nurse specialists in diabetes care	Communication/health education is a distinct domain; psychosocial knowledge is placed under diabetes-related knowledge.
7	Ryan et al. (2020)	Competencies for diabetes care and education specialists	Includes communication and advocacy, and person-centred care and counselling as distinct domains.
8	ADEA (2024)	National competencies for credentialed diabetes educators	Education and consultation is an independent competency domain.
9	Hicks & James (2024)	Integrated career and competency framework for adult diabetes nursing	Communication is embedded within broader thematic areas rather than as a discrete domain.
10	Lakshmanan et al. (2025)	Nurse-led interventions on psychological well-being among older adults	Nurse-led interventions reduce depression, stress, and anxiety and enhance self-esteem.
11	Vila Pouca et al. (2026)	Nurses' communication in empowering people with chronic disease	Identifies teach-back, partnership-building, chunk and check, solution-focused communication, and question use.
12	Oliveira et al. (2025)	Clinical communication in primary health care for older adults	Qualified listening is a facilitator, technical language and omission of psychological topics are barriers.
13	Mulder et al. (2015)	Effective nurse communication with T2DM patients	Patient-centredness is a premise of effective consultation; nurses struggle with behaviour change conversations.
14	Hu et al. (2025)	Nurse-led psychological interventions on diabetes distress, depression, and glycemic control	Cognitive restructuring combined with behavioural activation effectively alleviates distress and depressive symptoms.
15	Fang et al. (2024)	Psychological care competence framework for nurses	Psychosocial care is recognized as an independent competency domain.
16	Mukai et al. (2024)	Nursing clinical assessment of depression in older people with T2DM	Proposes a cyclical model integrating psychological and physiological indicators for assessment.
17	Ibrahim & Zaghamir (2025)	Community-based nursing interventions for older adults with chronic diseases	Interventions improve quality of life, depressive symptoms, and patient activation.

3.2. Communication Competencies in Diabetes Care

Effective communication in diabetes nursing is multidimensional and extends well beyond information transmission. The literature identifies several core communication competencies that are particularly relevant to mental health management in older adults with T2DM and MCC.

A recent scoping review on nurses' communication in empowering people with chronic disease identified 12 studies and mapped specific communication techniques, including teach-back, partnership-building communication, chunk and check, solution-focused communication, and promotion of question use [19]. These techniques are directly applicable to diabetes care, where patients must absorb complex self-

management information while managing emotional distress. However, most studies did not clearly distinguish techniques directed at adults from those directed at family members or caregivers, suggesting a gap in targeted communication strategies [19].

Therapeutic communication and active listening are foundational to establishing trust with older patients who may be experiencing emotional distress. A scoping review of clinical communication in primary health care for older adults identified qualified listening as a key facilitator, while the use of technical language and omission of psychologically relevant topics were significant barriers [20]. These findings are particularly relevant for older adults with T2DM and MCC, who must navigate potential sensory impairments, cognitive changes, and the emotional weight of managing multiple conditions simultaneously. The language and

manner in which nurses relay information directly affects how patients feel about their condition [19].

Patient-centered consultation under the constraints of biomedical care. A large body of evidence indicates that there is a contradiction in diabetes care over the long term: on the one hand, a biomedical assessment needs to be completed; on the other hand, it is expected to provide patient-centered consultation from a biopsychosocial perspective. Mulder et al. (2015) pointed out that merely training for patient-centered consultation cannot solve this contradiction; instead, patient-centeredness should be regarded as the basic premise of effective consultation, rather than a skill that can be mastered independently [21]. This viewpoint is particularly important for mental health management, as the quality of the therapeutic relationship directly affects the openness and participation of patients in communication. Research on communication between practicing nurses and patients with type 2 diabetes specifically explored the communication characteristics during discussions of lifestyle activities, and found that nurses often have difficulty effectively conducting conversations about behavior change [20].

Behavioral change counseling based on psychological principles. In diabetes care, communication skills are increasingly integrated into the principles of self-regulation and behavior change, including goal setting, progressive performance achievement, and action plan formulation. A systematic review and meta-analysis showed that nurse-led psychological interventions have a significant effect on patients with type 2 diabetes, with a structured approach combining cognitive restructuring and behavioral activation, implemented in a short-term intervention form (such as once a week for 6 weeks, each session lasting 20-30 minutes), which can effectively alleviate diabetes-related stress and depressive symptoms [22]. The recommended intervention path includes three core components: using validated tools for screening (such as the Self-Regulation Fatigue Scale, the Brief Illness Perception Questionnaire); intervention measures combined with motivational interviewing, family collaboration, and problem-solving training; and when there is no significant improvement in the scores, referral to diabetes care educators and psychological advisors [22].

The use of structured communication tools, such as the SBAR (Situation, Background, Assessment, Recommendation) framework [23], has been proven to optimize communication processes and improve the efficiency and quality of communication in the care of patients with type 2 diabetes.

3.3. Psychosocial Care Competencies

Psychosocial nursing competence encompasses the knowledge, skills, and attitudes required for assessing and addressing the psychological, social, and emotional dimensions of patient care. In the context of T2DM with MCC, these abilities are particularly important because the interaction between multiple chronic diseases and mental health exacerbates the vulnerability of patients.

A mixed study conducted in China employed the Delphi consensus method [24] to construct a framework for psychological care capabilities for nurses. This framework provided a structured approach for understanding the knowledge, skills, and attitudes required for providing psychological care. The establishment of such a framework marks an important advancement in recognizing psychological social care as an independent capability

domain rather than an adjunct component of general nursing [24].

Psychosocial assessment and early identification. Nurses need to have the ability to identify the early signs of anxiety, depression, and diabetes-related distress in elderly individuals with chronic conditions (MCC). A cross-sectional study conducted in primary health care institutions in Brazil established a cyclical procedural model for predicting and promoting the occurrence of depression in elderly patients with type 2 diabetes, suggesting that there is a risk of blood sugar fluctuations, metabolic syndrome, and frail elderly syndrome [25]. This model provides a framework integrating psychological and physiological indicators for clinical assessment in nursing [25]. This study emphasizes the importance of regular assessment of medical, psychological, functional, and social factors to promote patient-centered care [25].

Provide emotional support. In addition to assessment work, nurses also need to possess the skills of providing basic emotional support and psychological first aid. A recent systematic review and meta-analysis on nurse-led intervention measures for the mental health of the elderly found that nurse-led intervention measures could significantly reduce depression, stress, and anxiety levels, while enhancing self-esteem [17]. This review suggests incorporating nurse-led intervention measures into routine care and emphasizes that future research is necessary to standardize these intervention measures and evaluate their long-term effects [17].

The research on the health guidance project based on Cox's Interaction Model of Client Health Behavior [26] showed that elderly patients with diabetes achieved significant improvements in physiological indicators (such as glycosylated hemoglobin, fasting blood sugar, total cholesterol and blood pressure) as well as in psychological and social aspects [26]. This project effectively realized the four core concepts of the model: emotional response, doctor-patient interaction, decision-making control and professional technical ability [26]. Through structured conversations, personalized goal setting and continuous feedback, participants established trust and cooperation with nurses, received emotional and professional support, enhanced their self-efficacy, and were motivated to manage their diseases more actively [26].

Referral and collaborative care. Effective psychological and social care also involves referring patients to more specialized psychological support institutions at the appropriate time and place. A recent study on community nursing interventions for chronic diseases in the elderly found that these intervention measures could improve the quality of life and depressive symptoms, and have a positive impact on patients' self-management abilities, although the relevant evidence is still scattered [27]. Current literature emphasizes that practicing nurses in the primary health care environment can effectively identify, assess, and manage mental health risks related to diabetes or heart disease, but this process requires clear procedures and communication mechanisms to achieve seamless service connection.

3.4. Barriers to Developing and Applying Competencies

Across the literature, a key finding is that although the importance of communication and psychosocial care capabilities has been widely recognized, there are still

numerous obstacles in practical application that hinder their development and implementation.

Educational gap. There are significant differences in the provision of psychosocial content in nursing education programs. Many programs focus on biomedical and technical skills while neglecting the cultivation of interpersonal relationships and psychological abilities. A comparative review of the capabilities of diabetes specialist nurses in various countries shows that although communication skills and health education abilities are generally regarded as core competence areas, the specific psychosocial content of these areas varies greatly [10]. In some capability frameworks, psychological knowledge is listed as part of diabetes-related knowledge rather than an independent competence domain, reflecting the underestimation of its complexity and clinical importance [11]. For example, in the Chinese framework, "communication skills and health education abilities" is an independent competence domain that covers patient communication, assessment of educational needs, and explanation of health knowledge, while psychological knowledge is classified under the category of "diabetes-related knowledge" [11].

Insufficient self-efficacy and job burnout. Nurses often report that their self-efficacy is low when providing psychological support to patients with complex chronic diseases. This lack of self-efficacy is further exacerbated in the clinical environment due to the higher rate of job burnout. Existing studies have shown that factors such as workload and clinic scheduling can increase nurses' job burnout, thereby affecting the quality of care and increasing the risk of preventable complications for patients. A study found that healthcare workers face significant pressure to complete tasks and often lack the ability to listen to and pay attention to patients' conditions during diagnosis and treatment, and workload was identified as one of the main factors causing job burnout [20].

Systemic and structural limitations. The structure of diabetes care often prioritizes blood glucose monitoring and medication management over psychological and social care. Time constraints, paperwork burdens, and expectations of work efficiency limit meaningful opportunities for therapeutic communication. Language and cultural differences further increase communication barriers in diabetes care, especially for patients from different cultural and linguistic backgrounds. Moreover, psychological and social support is rarely regarded as a reimbursable item in diabetes care, which undermines the motivation for its systematic provision.

3.5. Training Interventions and Assessment Tools

Various training methods have demonstrated good results in enhancing nurses' communication skills and psychosocial care abilities. The literature indicates that the simulation-based learning approach can effectively enhance the communication skills of healthcare professionals. Among them, the motivational interviewing simulation training significantly improved the communication skills of medical staff in the context of diabetes care.

Hu et al. (2025) conducted a systematic review and meta-analysis on the effectiveness of nurse-led psychological intervention in patients with type 2 diabetes, finding that a structured intervention combining cognitive restructuring and behavioral activation can effectively alleviate diabetes-

related stress, depressive symptoms, and glycemic control issues [22]. This intervention framework includes screening using validated tools, intervention measures combining motivational interviewing and problem-solving training, and referral to diabetes care educators and counselors when necessary [22].

A health coaching programme based on Cox's Interaction Model of Client Health Behavior significantly improved physiological and psychosocial outcomes in older adults with diabetes [26]. This programme addressed emotional response, nurse-patient interaction, decision-making control, and professional technical ability.

In terms of assessment tools, the Psychological and Social Care Competence Self-Assessment Scale (PCCSAS) is a validated tool specifically designed to evaluate nurses' psychological and social care capabilities. The Nurse Psychological Support Self-Efficacy Scale (PSSE-N) is currently undergoing a pilot test for effectiveness and reliability, reflecting the growing recognition of the necessity of standardized assessment of competence in this field.

3.6. Comparative Analysis of Competency Frameworks

One particularly valuable contribution to the understanding of the landscape of capabilities is the comparative analysis of international capability frameworks [10].

The Chinese framework defines "communication skills and health education skills" as an independent capability domain, which is the third of the six first-year indicators, covering four specific abilities: communicating with patients, assessing the educational needs for diabetes, organizing and planning diabetes education, and expressing and explaining health knowledge [11]. However, psychological knowledge is positioned as a component of "diabetes-related knowledge" rather than an independent domain [11]. The ADCES framework of the United States regards "communication and advocacy" as an independent domain, and "person-centered care and counseling throughout the entire life course" as another independent domain, totaling six domains [12]. The first domain (clinical management practice and integration) includes "clinical practice: health response", clearly considering behavioral health as a key component [12]. The ADEA framework of Australia classifies "education and consultation" as an independent competency domain, which is placed alongside clinical practice, research and quality improvement, management and administration, as well as leadership and advocacy [13]. The UK Integrated Career & Competency Framework for Diabetes Nursing embeds communication within broader thematic areas rather than constituting it as a discrete domain [14].

These frameworks consistently place communication and psychosocial care at the core of their competency domains, but there are significant differences among countries in the depth and specificity of these capabilities. The "Australian Diabetes Care Competency Framework" clearly stipulates that nurses should "communicate clearly and promote the language statements of the Australian Diabetes Association in conversations", and "demonstrate effective communication skills" [13]. At the professional level, nurses are required to "apply advanced communication and consultation skills to help patients make informed decisions" [13].

3.7. Discussion of Gaps and Future Directions

The evidence mapping revealed several critical gaps. First,

few studies specifically examine the intersection of communication competencies and psychosocial care competencies in the context of multimorbidity. Second, there is limited evidence on the effectiveness of training interventions designed to enhance nurses' abilities in mental health management for this population. Third, currently available tools for assessing nurses' communication and psychosocial care competencies have not been specifically validated for older adults with T2DM and MCC. Fourth, the relationship between nurse burnout and the quality of psychosocial care delivery in diabetes settings remains underexplored. Fifth, the cultural adaptation of competency frameworks across different healthcare systems and patient populations requires further attention [10].

4. Discussion

4.1. Summary of Main Findings

This scoping review summarizes the existing evidence on the communication skills and psychosocial care capabilities of nurses in the management of mental health for older adults with T2DM and MCC. The study found that communication skills have been well described in general diabetes care, but the definition of psychosocial care competencies remains inconsistent, and they are rarely treated as an independent domain of ability. There are differences in the competency frameworks across different countries, and only a few explicitly consider multiple diseases and mental health. Training intervention measures show some potential, but specific evidence for this population is still limited. Although assessment tools exist, they still need to be validated in the current context.

4.2. Comparison with existing reviews

Previous reviews have examined nurse communication in diabetes care, psychosocial competencies in oncology nursing, and mental health interventions for older adults. However, most focus on a single chronic disease and do not address the compounded complexity of MCC. This review extends previous work by focusing on the intersection of T2DM, MCC, and mental health, and by mapping both communication and psychosocial care competencies.

4.3. Implications for Nursing Education

The findings inform the design of competency-based educational interventions that integrate communication skills, psychosocial assessment, and emotional support provision. The identification of specific competency gaps—particularly the positioning of psychological knowledge as a sub-component rather than a distinct domain [11]—supports curriculum developers in strengthening psychosocial content in nursing programs.

4.4. Implications for clinical practice

The review identifies evidence-based training approaches and assessment tools that can be implemented in community diabetes care settings. The findings on nurse-led interventions [22] and health coaching programs [26] provide practical guidance for nurses seeking to enhance their psychosocial care competencies.

4.5. Implications for policy

This review supports the development of an assessment framework and competency standards for evaluating nurses'

psychosocial care competencies in chronic disease settings. Identifying validated assessment tools and their psychometric characteristics provides a foundation for quality improvement initiatives.

4.6. Limitations

This review has several limitations. Only English-language studies were included, which may introduce language bias. Grey literature was not systematically searched. The heterogeneity of included studies precluded meta-analysis. Most studies were conducted in high-income countries, limiting transferability. Some studies did not distinguish between T2DM and other diabetes types or between single and multiple chronic conditions.

4.7. Future Research

Future research should include intervention studies evaluating specific training programmes, longitudinal studies examining competency development, validation of assessment tools in this population, cultural adaptation of competency frameworks, and studies involving family caregivers.

5. Conclusion

This scoping review systematically mapped the existing evidence on nurses' communication and psychosocial care competencies in mental health management for older adults with T2DM and MCC. The findings indicate that the available evidence remains fragmented. Existing competency frameworks rarely address multimorbidity and mental health simultaneously, and validated training and assessment tools are lacking. Strengthening these competencies is essential to improve mental health outcomes in this population. These findings highlight critical gaps and provide a basis for future research, nursing education, and clinical practice.

Conflicts of Interest

The author declares that there is no conflict of interest.

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