Original Article

Access this article online

Quick Response Code:

Website: www.jehp.net

DOI: 10.4103/jehp.jehp_1686_23

# Patient communication as the missing item in clinical nursing education: A qualitative content analysis study

**Mahdieh Poodineh Moghadam, Ahmad Nasiri[1], Gholamhossein Mahmoudirad[1]**

**Abstract:**

**BACKGROUND:** One of the basic goals of nursing education is to upgrade students' patient communication skills. In this regard, students' experiences in relationships with patients can be the cornerstone of their knowledge. Therefore, the present study's objective was to divulge nursing students' experiences in communicating with patients during their study course.

**MATERIALS AND METHODS:** The qualitative method used in this research involved conventional content analysis. The study participants were nursing students, both undergraduate and graduate, in Iran who were selected through purposeful sampling. The research took place in 2022 at the hospital or the nursing and midwifery faculty of the Birjand University of Medical Sciences. In total, 12 interviews were conducted until data saturation was reached. The interviews were carried out in clinical settings as per the students' preferences, where they interacted with patients. Each interview lasted 45–60 minutes, typically in one or two sessions.

**RESULTS:** Data analysis resulted in the extraction of 37 subcategories, 10 categories, and five themes. All the concepts that emerged during conventional content analysis revolved around nursing students' experiences and were in line with the study's objectives. The themes included sustainability of communication, divergent communication, communicational modeling, patient communication as the missing component of clinical nursing education, and communication as the essence of care.

**CONCLUSION:** It is necessary to pay special attention to and enrich nursing educational curricula with patient communication courses and play the role of appropriate communicational models that can help greatly promote the health of patients.

**Keywords:**

Conventional content analysis, nurse-patient relations, nursing, student

*Department of Nursing, Faculty of Nursing and Midwifery, Zabol University of Medical Sciences, Zabol, Iran, [1]Department of Nursing, Faculty of Nursing and Midwifery, Birjand University of Medical Sciences, Birjand, Iran*

**Address for correspondence:**
Dr. Ahmad Nasiri, Department of Nursing, Faculty of Nursing and Midwifery, Birjand University of Medical Sciences, Birjand, Iran.
E-mail: nasiri2006@bums.ac.ir

Received: 20-10-2023
Accepted: 27-12-2023
Published: 31-01-2025

## Introduction

Communication is a dynamic process among humans and is necessary for becoming influential, gaining mutual support, achieving health, and ensuring survival.[1] Establishing correct communication is an essential principle and the essence of nursing education and its promotion.[2] Patient communication is a process through which the patient and the nurse interact, and both share an active role in information exchange. According to the Declaration of the American Association of Special Care Nursing, nurses have to be proficient not only in clinical skills but also in communication skills.[3]

Nursing students, as future nurses, also need to communicate effectively with patients to provide quality care.[4] Nursing students should employ their knowledge, attitudes, and communication skills[2] to establish an interpersonal relationship with the patient[2,5] and exchange information



**How to cite this article:** Moghadam MP, Nasiri A, Mahmoudirad G. Patient communication as the missing item in clinical nursing education: A qualitative content analysis study. J Edu Health Promot 2025;14:22.

verbally and non-verbally.[1] This face-to-face and purposeful communication informs the nursing student of the patient's needs and helps him/her develop a patient-oriented care plan during hospital admission.[4] Students can effectively use communicational methods to share information with patients, their families, and other healthcare providers.[6] The results of various studies indicate that nursing students and nurses generally perform poorly in communicating with patients.[1,2,5,6]

The student-patient relationship provides both sides with valuable care experiences, especially in conditions where both the patient and the nurse need to contribute to resolving care problems.[7] In addition, communication with the patient helps the student better assimilate nursing skills and become prepared to accept the roles and responsibilities he/she needs to bear as a nurse in the future. In other words, communication skills are important parts of the learning process and a factor contributing to personal and professional growth, as well as the competency, self-confidence, and occupational motivations of students.[7,8] A literature review revealed a number of quantitative and qualitative studies on the relationship between nursing students and patients, highlighting the role of the patient-nurse student relationship in improving health outcomes, increasing self-care knowledge and abilities, fulfilling and solving patients' needs and problems,[9] building trust, coping with anxiety, boosting patient satisfaction,[2,5,10] reducing care errors, upgrading self-confidence, and facilitating the nursing student's professional socialization.[11] Nurses, as staff of medical centers, have poor communication skills and often fail to establish an appropriate link with the patient.[12] Studies conducted on the nurse-patient relationship in Iran indicate some shortages in this area, causing this relationship to be driven out of focus.[13]

Although several quantitative studies, some of which were reviewed earlier, have addressed the patient-nurse relationship, qualitative studies aiming to divulge people's deep experiences and better understand students' communication skills are scarce.[14] These communication skills largely develop in nursing students as members of the treatment team. Therefore, regarding the fundamental importance of the nurse-patient relationship, it seems necessary to scrutinize patient-oriented communication skills and experiences among nursing students.[15] As noted, qualitative approaches examine mental phenomena and provide an opportunity to generate deep knowledge about the subject under study, helping delve into nursing students' patient communication skills and acquire a semantic understanding of the phenomenon from the perspective of individuals.[16] Communicational behaviors of nurses vary in different environments.[17] McCormarck believes that the nature of the nurse-patient relationship is greatly influenced by the nursing care provision platform.[18] In other words, the nurse-patient relationship is affected by sociocultural, moral, economic, legal, legal, and technological norms.[17] Therefore, the context-dependent nature of this relationship further highlights the necessity of conducting qualitative studies in this area.

In this regard, nursing students' experiences of communication with patients can reflect the basic and practical meaning of their knowledge and provide them with a clearer, more accurate, and comprehensive perception of the nurse-patient relationship in the context of sociocultural factors.

Studying nursing students' experiences of communication with patients through qualitative research is important to fill the gaps in knowledge, gain a comprehensive understanding of the nurse-patient relationship, and improve communication skills in nursing education and practice. Therefore, the present study was conducted to explore the experiences of nursing students regarding their communication with patients during the study period.

## Materials and Methods

### Study design and setting

This qualitative study was conducted employing the conventional content analysis method described by Hsieh and Shannon (2005).[19] The research environment was the clinical setting where nursing students passed their internship courses in Birjand City, east of Iran.

### Participants and sampling

The participants were undergraduate and graduate nursing students who had the experience of communicating with patients during their study periods and were selected through purposive sampling. In purposive sampling, participants were chosen deliberately based on their ability to fulfill the research requirements and contribute to the study's objectives. We intentionally selected individuals who have experience in communicating with patients during their study periods. The entry criteria in this study included: 1- willingness to voluntarily participate in the study, 2- not having communication problems, 3- the ability to understand the Persian language, and 4- being an undergraduate or graduate nursing student studying in the second semester onward. The exclusion criterion included unwillingness to participate.

### Data collection

In this research, semi-structured in-depth interviews were conducted with the nursing students to collect data. The questions were not prepared beforehand and, instead, framed during the interview and based on the

interaction between the interviewer and the interviewee. At the beginning of the interview, the participants were briefed on the objectives and protocols of the research and the interview process and ensured that they were free to approve or refuse to participate in the study. The interview commenced with general questions such as "Could you please share with us your experiences of communicating with patients during your study period?" and "Would you please describe a day of your internship?" [Table 1]. During the interview, the researcher helped the participants to express their experiences without trying to direct the conversation. In addition, as needed, the interview was supported by exploratory questions such as "Can you please explain more?" or "What do you mean by…?" At the end of the interview, the participant was given the opportunity to express any untold issues. The interview continued until no new concepts emerged except for repetitive items. After 12 interviews (eight undergraduate and four graduate nursing students), no new concepts and themes were identified; thus, data saturation was reached.

One or two interviews, depending on environmental factors and the student's tolerance threshold, richness of information, and wish, were conducted in a secluded place in the hospital or in the nursing and midwifery faculty of the Birjand University of Medical Sciences. The duration of each interview session, depending on the abovementioned factors and mutual agreement, varied between 45 and 60 minutes.

Trustworthiness criteria described by Lincoln and Guba (1986) were used to ensure the reliability of the data.[20] To ensure the credibility of the findings, the researcher engaged himself with the research topic for a long time, and the findings were reviewed and endorsed by the participants and other expert colleagues. To ensure the transferability of the findings, we tried to recruit nursing students with diverse demographic characteristics, from different semesters, and with different levels of experience so that the researcher could assess all their behavioral aspects and lived experiences. To verify dependability, the research findings were provided to another researcher who was not involved in the research process to compare his conclusions with those of the main researcher. Various steps during the research process were documented and reported step-by-step and as accurately as possible.

**Table 1: Questions related to the questionnaire that were asked to the participants**

| Questions |
|---|
| Could you please share with us your experiences of communicating with patients during your study period? |
| Would you please describe a day of your internship? |

Furthermore, the findings were cross-examined with the participation of other professors to verify confirmability, and the researcher avoided his assumptions to interfere with the data collection and analyzing processes to the furthest extent.

### Data analysis

The interviews were audio-recorded with the permission of the participants. Immediately after the end of each interview, its content was typed verbatim by listening to the recorded files. To boost accuracy, we listened to the recorded audio files another round while reviewing the typed text simultaneously. The data collected from the interviews were coded and analyzed at the same time using the conventional content analysis method proposed by Graneheim and Lundman (2004).[21] For better data management, MAXQDA (Version 2020) software was utilized.

### Ethical considerations

In this study, all ethical considerations were followed, and the participants were free to stop continuing the interviews without facing any penalties.

The present article was derived from a research project approved by the Ethics Committee of Birjand University of Medical Sciences (code: IR.BUMS.REC.1397.395) and was supported by Birjand University of Medical Sciences.

## Results

The themes appearing during content data analysis all revolved around the students' experiences and understanding of the meaning of communication with the patient during their study period. The themes included semantic sentences, phrases, or paragraphs extracted from the interviews, which primarily formed the primary (thematic) codes, including 37 subcategories and 10 categories. After merging these categories, nursing students' experiences of communication with patients were organized into five main themes, including the sustainability of communication, divergent communication, communicational modeling, patient communication as the missing component of clinical nursing education, and communication as the essence of care. Table 2 shows the demographic characteristics of the participants, and Table 3 lists the categories and themes identified.

### Theme 1: "Sustainability of communication"

According to the viewpoints of nursing students, they noted sustainability in communication with the subcategories of "sympathy" and "mutual trust."

Regarding the category of empathic feelings, the students believed that sympathy with the patient was a bridge for

**Table 2: Participants' demographic characteristics**

| Characteristics students (*n*=12) | Mean) SD) [Minimum–Maximum] |
|---|---|
| Age (years) | 25.66±4.22 [21–34] |
| | Number (%) |
| Gender | |
| Female | 7 (58.3%) |
| Male | 5 (41.7%) |
| Marital status | |
| Married | 8 (66.7%) |
| Single | 4 (33.3%) |
| Educational level | |
| BScN | |
| Bachelor of Science in Nursing | 8 (66.7%) |
| MScN | |
| Master of Science in Nursing (Medical Surgical Nursing) | 4 (33.3%) |
| Term | |
| Term 8 | 5 (41.7%) |
| Term 3 | 2 (16.7%) |
| Term 6 | 3 (25%) |
| Term 4 | 1 (8.3%) |
| Term 2 | 1 (8.3%) |

effective communication, and patience and honesty in communication with the patient were related to these empathic feelings.

In this regard, one of the nursing students stated:

"… in my opinion, communication should be respectful, with patience. I believe that it is very effective when we show patience; this will cause the patient to trust." p9

Another participant stated:

"… When I want to perform any procedure, I explain to the patient what I am doing; for example, if the procedure is painful, I will not deny it; I would say that it may be a slight pain, please tolerate, and it will be over soon. So, it is important to be honest when communicating with the patient…" p10

The nursing students participating in this study described different experiences of mutual trust in communication with patients. The subcategories in this category included "trust as the cornerstone of communication," "facilitation of communication using the same accent as the patient," "humor as a communicational technique," and "smiling as the secret of successful communication."

The following are some views of the nursing students participating in this study:

"… dialect is particularly important in communication it is like the patient communicates better in his/her own accent … some of them are Arabs, some are villagers; when I talked to a patient with his own accent, he reacted by nodding his head and understood what he should have done … earlier, maybe because I was taking bookish without the accent, it was hard for him to comprehend…" p11

"… One time, I was in the orthopedic ward seeing patients in pain. I started to communicate with the patient in a humorous way, and I saw him responding back … I started talking to him, and he came along … allowing for more easily changing wound dressing and other procedures…" p1

The nursing students also emphasized the importance of building trust with patients as a cornerstone of effective communication. They highlighted the significance of using the same accent as the patient to facilitate communication and ensure better understanding. In addition, they mentioned the use of humor as a technique to establish rapport with patients, as well as the impact of smiling in creating a positive and successful communication environment. These insights from nursing students shed light on the various elements that contribute to sustainable and empathetic communication in healthcare settings.

### Theme 2: "Divergent communication"

This category included two subcategories: "exhausting communication" and "threats to effective communication." With regard to exhausting communication, the following components emerged: "challenges in communication with an opposite gender patient," "older patients' concrete beliefs as an obstacle to communication," "communication difficulties with mentally retarded patients," "white coat syndrome as an obstacle to communication with children," and "difficulties in communication with privileged patients."

One of the male nursing students noted:

"… It is hard for me to communicate with the opposite sex patient … I mean … when I walk into the ward … I personally prefer not to go to female patients … because, you know, you can understand men … I'm not saying that you can't understand women … but, well, women have their own special manners, so it is better for them to deal with a nurse of the same gender … anyway, our city, Birjand, is where religious beliefs are somehow prominent; most patients come from villages, so females may be somewhat uncomfortable when they want to communicate with the opposite sex…" p12

"… Communication with the elderly demands a special framework because they have become institutionalized in their beliefs. For example, many of us face problems

**Table 3: The themes extracted from the experiences of nursing students in communicating with patients during their study period**

| Themes | Categories | Subcategories |
|---|---|---|
| Sustainability of communication | Sympathy | Empathy with the patient to establish effective communication |
| | | Patience when communicating with the patient |
| | | Honesty when communicating with the patient |
| | Mutual trust | Trust as the cornerstone of communication |
| | | Facilitation of communication when using the same accent as the patient |
| | | Humor as a communication technique |
| | | Smiling as the secret of successful communication |
| Divergent communication | Exhausting communication | Challenges in communication with a patient of the opposite gender |
| | | Older patients' concrete beliefs as an obstacle to communication |
| | | Communication difficulties with mentally retarded patients |
| | | White coat syndrome as an obstacle to communication with children |
| | | Difficulties in communication with privileged patients |
| | Threats to effective communication | Pain as an obstacle to communication with the patient |
| | | Clinical conditions and overcrowded wards as obstacles to communication with patients |
| | | Nursing work distribution as an obstacle to communication with patients |
| | | The patient's companion as a deterrent to communication |
| Communicational modeling | Imitating others' communication style | The instructor as the full-view mirror for imitating communication |
| | | Imitating the patient communication skills of other nurses |
| | | The classmate as a model for learning how to communicate with the patient |
| | Acquiring communication identity from the family | The family as the first institution to learn how to communicate with the patient |
| | | The student's communication abilities learned while growing up in the family |
| Patient communication as the missing component of clinical nursing education | Communication skills are a marginalized topic in curricula | The lack of communication courses for special patients (elderly, children, etc.) in nursing education |
| | | Shortcomings in patient communication training programs |
| | Shortcomings in educating patient communication skills | Inappropriate teaching of patient communication courses |
| | | Instructors' inadequate skills in teaching patient communication |
| | | Short internships not allowing for practicing patient communication skills |
| | | Lack of deep education in communication skills by the instructor |
| Communication as the essence of care | Improving patient health outcomes | Effective communication as an alleviator of the patient's soul |
| | | Improving the patient's morale |
| | | Sooner discharge |
| | | Reducing the patient's concerns |
| | | Patient satisfaction |
| | Communication as the powerful arm of treatment | Patient communication as the first step to effective care |
| | | Helping in the treatment process |
| | | Better acceptance of the treatment by the patient |

when carrying out treatment procedures for the elderly because they won't consent. When these problems arise, communication becomes unidirectional, meaning that although we would like to communicate, they refuse…" p11

The nursing students stated difficulties in communicating with mentally retarded patients in their experiences:

"… In the pediatrics department, children are afraid of the white coat … they start crying as soon as you walk in, even without putting a finger on them … As we are students and should wear white coats … when you walked into the room, one child started screaming … other children started weeping as well … one of the mothers told me that her child was afraid of anyone who comes into the room wearing a white coat…" p7

The category of threats to effective communication consisted of "pain as an obstacle to communication with the patient," "clinical condition and overcrowded wards as obstacles to communication with patients," "nursing work distribution as an obstacle to communication with patients," and "the patient's companion as a deterrent of communication." These threats to professional communication were addressed in the participants' statements as follows:

"… the number of patients is very important … the lower the number of patients, the more effective and better communication we can have. However, the number of patients is considerably high, and it is not possible to communicate with all of them…you may communicate with one patient but fail to do so with another.… to my opinion, the number of patients is very important…" p3

The nursing students also expressed challenges in communicating with patients' companions, noting that they often hindered effective communication between the healthcare provider and the patient. In addition, they mentioned that the clinical condition of the patient and overcrowded wards posed significant obstacles to communication, making it difficult to provide the necessary care and attention to each patient. Furthermore, they highlighted the distribution of nursing work as another threat to effective communication, emphasizing the need for appropriate staffing levels to ensure adequate communication with patients.

### Theme 3: "Communication modeling"

According to the participants' statements, this theme included "the imitation of the communication styles of others" and "acquiring the communication identity from the family."

Regarding the category of imitating others' communication styles, according to the participants' opinions, this category comprised the following subcategories: "instructor as the full-view mirror for imitating communication," "imitating patient communication skills of other nurses," and "classmates as a model for learning how to communicate with the patient." In this regard, one of the students stated:

"… one actually learns how to communicate to a large part … I remember that I was always looking at my professor … this is something that you learn from the teacher…" p6

Some of the participants emphasized that one can acquire his/her communication identity from the family, assuming the family is the first institution shaping the student's communication skills. In fact, the student's communication ability is a factor in the way of his/her growing up in the family. Thus, the subcategories in this regard were "the family as the first institution to learn how to communicate with the patient" and "the student's communicational abilities learned while growing up in the family." The following is a statement from one of the participants:

"… one starts to learn how to communicate from childhood in the family…" p4

### Theme 4: "Patient communication as the missing component of clinical nursing education"

This theme included the following categories: "communication skills being a marginalized topic in curricula and "shortcomings in educating patient communication skills." The former category comprised the subcategories of "the lack of communication courses for special patients (elderly, children, etc.) during nursing education" and "shortcomings in patient communication training programs." The statements mentioned below explain the viewpoints of the participants:

"… I feel that courses on patient communication are insufficient. It is obvious now that recent graduates of nursing perform really poor when it comes to patient communication skills … I mean … really poor … this reflects a flaw in our college education and nursing training…" p9

The category of "shortcomings in educating patient communication skills" included the subcategories of "inappropriate teaching of patient communication courses," "instructors' inadequate skills in teaching patient communication," "short internships not allowing for practicing patient communication skills," and "lack of deep education of communication skills by the instructor."

"… the time is limited; there are 5 to 6 people in every group, and it takes a lot of time if you want to train each person individually … besides, there is an internship conference, the time needed to administer medications and perform other duties in the ward … so, there is a shortage in time; more time should be dedicated to practice communication…" p1

The participants also expressed frustration with the lack of emphasis on communication skills for special patient populations, such as the elderly and children. They highlighted the need for specialized training in communicating with these groups, as well as the need for more practical experience in patient communication during internships. Overall, there was a strong consensus among the participants that current nursing education and training programs are not adequately preparing students in the area of patient communication skills.

### Theme 5: "Communication as the essence of care"

Most of the participants referred to two main categories: "improving patient health outcomes" and "communication as the powerful arm of treatment." Regarding the category of "improving patient health outcomes," the following subcategories were extracted from the participants' statements: "effective communication as an alleviator of the patient's soul," "improving the patient's morale," "sooner discharge," "reducing the patient's concerns," and "patient satisfaction." The following phrases are excerpts from the participants' statements:

"… seeing the patient is satisfied motives the nurse … what occurred to me … when you care for a patient, and he/she expresses gratitude and satisfaction … I was not like this, but I tried to become like this … because I think patient satisfaction is above all…" p1

The category of "communication as the powerful arm of treatment" consisted of the subcategories of "patient communication as the first step for effective care," "helping in the treatment process", and "better acceptance of the treatment by the patient."

These concepts were reflected in the statements of the participants as follows:

"… asking me … communication is the first step … I mean, the very first step, it really affects the current and then treatments … the first step is to establish communication … unfortunately, our physicians do not communicate either … causing patients to discontinue their treatments and leave on personal consent, as we have seen on numerous occasions … this leads them to come back with worse complications … all these are because the doctor fails to communicate at all…" p9.

The participants emphasized the crucial role of effective communication in improving patient outcomes and ensuring successful treatment. They highlighted the impact of patient satisfaction on their own motivation and the importance of establishing a strong rapport with patients from the very beginning. In addition, they expressed concerns about the negative consequences of poor communication, especially in terms of patient compliance and treatment adherence. This further underscored the significance of communication as a powerful tool in the healthcare setting.

## Discussion

The study aimed to investigate nursing students' experiences with patient communication throughout their academic program. Findings demonstrated that empathy between nursing students and patients was required for establishing sustainable communication, which was consistent with the findings of other studies, highlighting empathy as an essential communicational skill for nursing students. Empathy is the ability to understand experiences and views and convey them to the patient through words and non-verbal communication. This process is particularly effective in creating a positive attitude toward nursing students.[9,22] Moudatsou *et al*. (2020)[23] also believe that empathy is a therapeutic and key communicational element boosting patient satisfaction with the treatment process.

The other experience of nursing students mentioned in this study is the need for trust in communication. In social interactions, people gradually build trust during interacting with each other. Communication with the patient is a process in which the patient and the nurse interact with each other, and each of them accepts an active role in information exchange. This observation was in agreement with the findings of Zhu *et al*. (2023),[24] who presumed trust as a necessary component of effective interpersonal and social relationships. Social interaction is a recurring process through which a sense of trust is nurtured over time as a result of interpersonal interactions. In other words, trust is an essential component in the communication process between nursing students and patients. It highlights the role of active engagement from both parties and highlights the importance of building trust gradually over time through ongoing interpersonal interactions.

Another experience of nursing students in our study was the role of humor in establishing communication. Humor is an intrinsic feature evoked to communicate with others, facilitating creating relationships and reducing interpersonal tensions.[25] The use of positive humor can help nurses improve communication with other people, especially patients, in stressful situations. This communicational cycle further prevents job burnout among nurses.[26,27] Nurses who are able to use humor effectively in their interactions with patients and colleagues can create a more positive and supportive environment, ultimately enhancing the quality of care provided. By lightening the mood and building rapport through humor, nurses can also alleviate some of the stress and tension that often accompanies the healthcare setting. This not only benefits the patients but also contributes to the overall well-being and job satisfaction of the nursing staff. In this way, humor plays a crucial role in fostering effective communication and maintaining a healthy work environment in the nursing profession.

Another experience that emerged in this study included challenges in communicating with the opposite sex patient. According to Sheikhbardsiri, from patients' perspectives, the opposite gender of the nurse and the patient was assumed to be an obstacle to effective communication between the nurse and the patient.[27] Vatandost *et al*. (2020)[28] declared that both male and female patients had difficulty communicating with male nurses. Similar experiences were also noted in the present study. Overall, it should be taken into mind that the impact of gender on patient-nurse communication can be influenced by local cultural and religious circumstances.

Nursing students stated that institutionalized beliefs of the elderly could be an obstacle to effective communication. In fact, due to the restrictions befalling the elderly, they tend to become irritable, sensitive, and bad-tempered, rendering it difficult to communicate with them. Old people have their own cultural and religious values and beliefs, and it should be acknowledged that their beliefs and values have been formed in a completely different society compared to today's world. The bad temper of the

elderly is sometimes a complication of aging, caused by the associated comorbidities or feeling of being useless or an extra burden. Today's old people have gone through rough historical events and economic and social crises, which may be hard to understand. However, good communication can fill this generation gap. Alcalde-rubio *et al*. (2020)[29] stated that nurses were inclined to have negative attitudes toward communicating with the elderly. The nurse's indifference to old people's vision and auditory problems was a main communicational obstacle declared by both nurses and elderly patients. Nurse-elderly communicational problems are assumed to be rooted in social discrimination, negative attitudes, and the lack of adequate knowledge and understanding about aging-associated physical changes. Nurses need to be trained to recognize and understand the unique needs and challenges of the elderly population. By developing empathy and a deeper understanding of the aging process, nurses can improve their communication with elderly patients. In addition, creating a supportive and respectful environment for the elderly can help alleviate their feelings of being a burden or useless.

Nurses' poor communication skills, such as fast-talking, speaking without eye contact, Long distance in communication, using specialized and unknown words, and poor knowledge hindering appropriate responses to the patient's questions and performing quality therapeutic measures were found as obstacles to effective communication by both nurses and elderly patients.[30] These communication barriers can lead to misunderstandings, frustration, and even medical errors. It is crucial for nurses to be aware of these obstacles and to work on improving their communication skills to provide the best possible care for their patients.

According to the experiences of nursing students in our study, the white coat syndrome was found to be an obstacle to communication with pediatric patients, which was in line with the studies of Marques Caetano Carreira *et al*. (2021)[31] and Crutzen *et al*. (2023),[32] comparing the effects of white covers of health personnel compared to personal clothing at patients' bedside, reporting their detrimental impact (known as the white clothes syndrome) on the confidence of patients. Pakseresht *et al*. (2019)[33] in Sydney, Australia, showed that the clothing of healthcare workers was one of the factors affecting children's stress, reporting that the informal clothes of the staff increased the children's trust. Children were afraid of the old white clothes of nurses, and when the nurse's uniform was unpleasant to the child, his/her communication with the nurse was compromised. In general, there is a relationship between the clothing of healthcare personnel and the level of trust and confidence of patients. In addition, the clothing and uniforms worn by healthcare workers are necessary to create a more appropriate communication environment, especially when interacting with children.

Other experiences expressed by the nursing students indicated that the large number of patients and unbalanced nursing care distribution hindered the formation of effective communication with patients. This was in line with the observation by Yen *et al*.,[34] who showed that time restrictions, heavy workloads, working extra shifts, and fatigue prevented nurses from communicating with patients. In summary, the experiences shared by the nursing students highlight the detrimental impact of a high patient load and an imbalanced allocation of nursing care on effective communication.

Similar to the results of the present study, Vatandost *et al*. (2016)[28] also reported that high workload, shortage of nurses respective to patients, not having enough time to establish effective communication with patients, and dissatisfaction among healthcare workers were among obstacles to nurse-patient communication. In contrast, our results contradicted those of Chan *et al*., who stated that communication with the patient did not demand extra time, claiming that desirable communication not only did not cost nurses extra time but also helped them save their time.[35] It is evident that the issue of nurse-patient communication is complex and can be influenced by a variety of factors. While some studies align with the findings of the present study, others present conflicting perspectives.

We also found that nursing students imitated their professors', classmates', and other nurses' communication styles and employed their communication identity nurtured while growing up in the family so that they could establish communication with patients. This was consistent with the report by Bussard *et al*.[36] as well as the study of Abdolrahimi *et al*.,[11] who believed that capable teachers and nurses, as models of effective communication, could help evaluate and upgrade students' communicational skills by presenting developmental feedback. In addition, supporting and accepting nursing students by instructors and nurses can substantially contribute to boosting students' self-confidence and reducing their concerns when communicating with patients.[5,37]

We noticed that patient communication training was the missing component of the clinical education of nursing patients, reflected in the categories of "communication skills being a marginalized topic in curricula" and "shortcomings in educating patient communication skills." In this study, the nursing students denoted the lack of adequate educational courses on communication with special patients (e.g., the elderly and children) in their

curricula, causing a gap in the patient communication training program. Similarly, Gutiérrez-Puertas *et al*.[5] and Bussard *et al*.[36] underlined the lack of theoretical training courses on patient communication.

Improper methods of training patient communication, insufficient skills of instructors, the short duration of the internship period not allowing for adequate practicing of communication skills, and lack of deep education are the main shortcomings regarding the education of patient communication skills. In line, Saab pointed out the lack of relearning and empowerment of teachers and nurses.[38] Gutiérrez-Puertas *et al*.[5] described that workload, the limited time of clinical education, and the lack of providing students with feedback are among the deterministic factors regarding effective patient communication.

The alleviation of the patient's soul and mind through effective communication, improving the patient's morale, faster hospital discharge, the reduction of the patient's concerns, and boosting of patient satisfaction emerged under a category entitled "the promotion of the patient's health outcomes." These findings were in line with those of Molina-Mula and Gallo-Estrada (2020),[39] stating a positive relationship between caring behaviors and patient satisfaction and the fact that compassionate nurses who integrate human affection and nursing art during care provision and spend more time on direct patient care contribute enormously to patient satisfaction, encouraging patients to adhere to treatments, which improves their functional performance. The expansion of direct patient care time by reinforcing clinical nursing forces and nurses' careful attention to patient care can reduce dissatisfaction rates.

Recognizing the importance of emotional intelligence and learning strategies in the nurse-patient relationship is crucial. Nursing education should also prioritize teaching effective patient communication using suitable models to enhance the quality of care delivered by upcoming nurses. It is essential for nurses to be able to understand and manage their own emotions, as well as recognize and respond to the emotions of their patients. By incorporating emotional intelligence training into nursing education, future nurses can develop the skills necessary to build strong, trusting relationships with their patients. In addition, learning effective communication strategies will enable nurses to provide personalized and compassionate care, ultimately improving patient outcomes and satisfaction.[40,41]

## Limitation and recommendation

One of the limitations of qualitative research is the lack of the generalizability of findings. The researcher considered measures to increase the transferability of the findings, as reported in the study rigor section. One cannot ignore the potential impact of time and place on people's perceptions of their experiences. Regarding the students' concerns regarding the possible effects of their declarations on their internship marks, the researcher tried to clarify these concerns and ensure them their statements would not affect their assessment.

## Conclusion

The results of the present study revealed that nursing students are always trying to maintain sustainable communication with patients and reduce communicational divergence. They always try to employ communication modeling and pay more attention to patient communication courses in college, as the missing component of nursing clinical education, so that they can deliver more effective care by reducing the concerns of patients and increasing their satisfaction with the treatment process. Therefore, it is required to pay special attention to and enrich nursing educational curricula with patient communication courses to ensure the delivery of effective patient care by nursing students. Empowering nursing instructors in training patient communication courses and playing the role of appropriate communicational models can help greatly promote the health of patients. Administrators and politicians can support nurses by advocating for and expanding nursing education programs. By incorporating these recommendations into nursing education policies and practices, managers and policymakers can foster a generation of competent and compassionate nursing professionals who prioritize effective patient communication. This, in turn, will contribute to enhanced patient satisfaction, improved health outcomes, and the overall advancement of the nursing profession.

## Acknowledgments

We hereby thank the students who assisted us by participating in this research.

## Authors' contributions

M, PM was responsible for the initial design of the study and data collection. M, PM. A, N and Gh.MR contributed to the study conception, analysis, and interpretation of data. Also, M, PM. A, N and Gh.MR participated in drafting and revision of the article. M, PM. A, N and Gh.MR approved the final version of the manuscript and accepted responsibility for the accuracy of its content.

## Financial support and sponsorship

Nil.

## Conflicts of interest

There are no conflicts of interest.

## References


1. Kwame A, Petrucka PM. A literature-based study of patient-centered care and communication in nurse-patient interactions: Barriers, facilitators, and the way forward. BMC Nurs 2021;20:158.
2. Gropp M, Johnson E, Bornman J, Koul R. Nurses' perspectives about communication with patients in an intensive care setting using a communication board: A pilot study. Health SA 2019;24:1162.
3. Chen F-Q, Leng Y-F, Ge J-F, Wang D-W, Li C, Chen B, Sun Z-L. Effectiveness of virtual reality in nursing education: Meta-analysis. J Med Internet Res 2020;22:e18290.
4. Li J, Li X, Gu L, Zhang R, Zhao R, Cai Q, *et al*. Effects of simulation-based deliberate practice on nursing students' communication, empathy, and self-efficacy. J Nurs Educ 2019;58:681-9.
5. Gutiérrez-Puertas L, Márquez-Hernández VV, Gutiérrez-Puertas V, Granados-Gámez G, Aguilera-Manrique G. Educational interventions for nursing students to develop communication skills with patients: A systematic review. Int J Environ Res Public Health 2020;17:2241.
6. Cortés-Rodríguez AE, Roman P, López-Rodríguez MM, Fernández-Medina IM, Fernández-Sola C, Hernández-Padilla JM. Role-Play versus Standardised Patient Simulation for Teaching Interprofessional Communication in Care of the Elderly for Nursing Students. Healthcare (Basel) 2021;10:46. doi: 10.3390/healthcare10010046. PMID: 35052210; PMCID: PMC8775804.
7. Wanko Keutchafo EL, Kerr J, Jarvis MA. Evidence of nonverbal communication between nurses and older adults: A scoping review. BMC Nurs 2020;19:1-13.
8. Bremer A, Holmberg M. Ethical conflicts in patient relationships: Experiences of ambulance nursing students. Nurs Ethics 2020;27:946-59.
9. Levett-Jones T, Cant R, Lapkin S. A systematic review of the effectiveness of empathy education for undergraduate nursing students. Nurse Educ Today 2019;75:80-94.
10. Lee HJ, Park BM, Shin MJ, Kim DY. Therapeutic communication experiences of nurses caring for patients with hematology. Healthcare (Basel) 2022;10:2403.
11. Abdolrahimi M, Ghiyasvandian S, Zakerimoghadam M, Ebadi A. Iranian nursing student-patient health communication in medical surgical wards. Iran J Nurs Midwifery Res 2018;23:136-42.
12. Tan XH, Foo MA, Lim SLH, Lim MBXY, Chin AMC, Zhou J, *et al*. Teaching and assessing communication skills in the postgraduate medical setting: A systematic scoping review. BMC Med Educ 2021;21:483.
13. Salehitali S, Ahmadi F, Zarea K, Fereidooni-Moghadam M. The role of heath team in coping process of family caregivers with patients under hemodialysis: A qualitative study. Jundishapur J Chronic Dis Care 2018;7:e63304.
14. Rezaei AM, Naeim M, Asadi R, Ardebil FD, Bayat M, Khoshroo K. The predictive role of emotional intelligence, resilience, and personality traits in addiction potential of students at Arak University of Medical Sciences. Addict Disord Their Treat 2021;20:472-8.
15. Galehdar N, Kamran A, Toulabi T, Heydari H. Exploring nurses' experiences of psychological distress during care of patients with COVID-19: A qualitative study. BMC Psychiatry 2020;20:489.
16. Kwame A, Petrucka PM. Communication in nurse-patient interaction in healthcare settings in sub-Saharan Africa: A scoping review. Int J Afr Nurs Sci 2020;12:100198.
17. Cho H, Sagherian K, Scott LD, Steege LM. Occupational fatigue, individualized nursing care, and quality of nursing care among hospital nurses. J Nurs Scholarsh 2022;54:648-57.
18. Håkansson Eklund J, Holmström IK, Kumlin T, Kaminsky E, Skoglund K, Höglander J, *et al*. "Same same or different?" A review of reviews of person-centered and patient-centered care. Patient Educ Couns 2019;102:3-11.
19. 19- Hsieh HF, Shanon SE. Three approaches to qualitative content analysis. Qualitative Health Research. 2005;15:1277-88.
20. Lincoln, YS. and Guba, EG. (1985). Naturalistic Inquiry. Newbury Park, CA: Sage Publications.
21. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. Nurse Educ Today. 2004 Feb; 24(2):105-12. doi: 10.1016/j.nedt.2003.10.001. PMID: 14769454.
22. Atashzadeh Shoorideh F, Pazargadi M, Zagheri Tafreshi M. The concept of nursing care quality from the perspective of stakeholders: A phenomenological study. J Qual Res Health Sci 2020;1:214-28.
23. Moudatsou M, Stavropoulou A, Philalithis A, Koukouli S. The role of empathy in health and social care professionals. Healthcare (Basel) 2020;8:26.
24. Zhu X, Rask M, Xu H. First year nursing students' reflections about developing their verbal nursing skills during their nursing education in China: A qualitative study. Front Public Health 2023;11:1149512.
25. Jiang T, Li H, Hou Y. Cultural differences in humor perception, usage, and implications. Front Psychol 2019;10:123.
26. Plessen CY, Franken FR, Ster C, Schmid RR, Wolfmayr C, Mayer AM, *et al*. Humor styles and personality: A systematic review and meta-analysis on the relations between humor styles and the Big Five personality traits. Pers Individ Dif 2020;154:109676.
27. Sheikhbardsiri H, Doustmohammadi MM, Afshar PJ, Heidarijamebozorgi M, Khankeh H, Beyramijam M. Anxiety, stress and depression levels among nurses of educational hospitals in Iran: Time of performing nursing care for suspected and confirmed COVID-19 patients. J Educ Health Promot 2021;10:447.
28. Vatandost S, Cheraghi F, Oshvandi K. Facilitators of professional communication between nurse and opposite gender patient: A content analysis. Maedica (Bucur) 2020;15:45-52.
29. Alcalde-Rubio L, Hernández-Aguado I, Parker LA, Bueno-Vergara E, Chilet-Rosell E. Gender disparities in clinical practice: Are there any solutions? Scoping review of interventions to overcome or reduce gender bias in clinical practice. Int J Equity Health 2020;19:166.
30. Wyman MF, Shiovitz-Ezra S, Bengel J. Ageism in the health care system: Providers, patients, and systems. Contemporary Perspectives on Ageism; Springer. 2018. p. 193-212.
31. Marques Caetano Carreira L, Dinis S, Correia A, Pereira A, Belo R, Madanelo I, *et al*. Does the white coat influence satisfaction, trust and empathy in the doctor-patient relationship in the General and Family Medicine consultation? Interventional study. BMJ Open 2021;11:e031887.
32. Crutzen C, Adam S, Willems S. The impact of wearing a white coat on the perception of older people. J Nurs Educ Pract 2023;13:36.
33. Pakseresht M, Hemmatipour A, Gilavand A, Zarea K, Poursangbor T, Sakei-Malehi A. The effect of nurses' uniform color on situational anxiety in the school age inpatients children. J Res Med Dent Sci 2019;7:114-20.
34. Yen PY, Kellye M, Lopetegui M, Saha A, Loversidge J, Chipps EM, *et al*. Nurses' time allocation and multitasking of nursing activities: A time motion study. AMIA Annu Symp Proc 2018;2018:1137-46.
35. Chan EA, Jones A, Fung S, Wu SC. Nurses' Perception of Time Availability in Patient Communication in Hong Kong. Clin Nurs J. 2012;21(7-8):1168-77.
36. Bussard ME, Lawrence N. Role modeling to teach communication and professionalism in prelicensure nursing students. Teach Learn Nurs 2019;14:219-23.
37. Gilligan C, Powell M, Lynagh MC, Ward BM, Lonsdale C, Harvey P, *et al*. Interventions for improving medical students'

interpersonal communication in medical consultations. Cochrane Database Syst Rev 2021;2:CD012418.

38. Saab MM, Hegarty J, Murphy D, Landers M. Incorporating virtual reality in nurse education: A qualitative study of nursing students' perspectives. Nurse Educ Today 2021;105:105045.
39. Molina-Mula J, Gallo-Estrada J. Impact of nurse-patient relationship on quality of care and patient autonomy in decision-making. Int J Environ Res Public Health 2020;17:835.
40. Sheikhbardsiri H, Sheikhasadi H, Mahani SA, Mohamadi MMD. Emotional intelligence and learning strategies of postgraduate students at Kerman University of Medical Sciences in the southeast of Iran. J Educ Health Promot 2020;9:66.
41. Sarani A, Mousavi SH, Salahi S, Hasani F, Abdar ZE, Sheikhbardsiri H. Emotional intelligence and self-efficacy among deputy's administrative staff of Kerman University of Medical Sciences. J Educ Health Promot 2020;9:105.