

Exploring Adverse Communication Experiences and Their Determinants Among Nursing Students During Clinical Placements

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Abstract: Effective nurse-patient communication is foundational to quality healthcare, fostering trust, improving patient outcomes, and ensuring patient safety. For nursing interns, the clinical placement period represents a critical phase for developing these essential communication skills. However, these nascent professionals often encounter challenging or negative communication experiences that can significantly impact their learning, psychological well-being, and future professional practice. This article investigates the prevalence, nature, and influencing factors of adverse nurse-patient communication experiences among nursing interns. Drawing on a review of existing literature and outlining a hypothetical study design, we explore how individual characteristics, patient-related factors, and the clinical environment interact to shape these experiences. Understanding these determinants is crucial for designing targeted educational interventions, enhancing clinical mentorship, and ultimately supporting the holistic development of nursing interns to ensure high-quality, patient-centered care.

Keywords: Nurse-Patient Communication, Nursing Interns, Negative Experience, Influencing Factors, Clinical Placement, Communication Skills, Nursing Education.

Introduction: Nurse-patient communication stands as an indispensable cornerstone of patient care, serving as the conduit through which empathy, information, and support are conveyed [1]. It is widely recognized that effective communication not only enhances patient satisfaction and adherence to treatment but also plays a pivotal role in improving health outcomes, reducing medical errors, and building a trusting therapeutic relationship [1, 2]. The National Health and Family Planning Commission (2015) in China, for instance, has emphasized the deepening of quality care and improvement of nursing care services, underscoring the importance of communication in this context [2].

For nursing interns, the period of clinical placement is a transformative phase, offering invaluable opportunities to translate theoretical knowledge into practical skills, particularly in the realm of interpersonal communication. This hands-on experience is critical for their professional development and for meeting national standards for undergraduate professional teaching quality [3]. However, this learning

environment is also fraught with challenges. Unlike experienced nurses, interns are often navigating complex patient interactions with limited experience, underdeveloped coping mechanisms, and heightened anxiety [4, 7].

It is during this formative period that nursing interns are particularly susceptible to encountering "negative experiences" in nurse-patient communication. Such experiences can range from misunderstandings and patient complaints to emotional distress arising from difficult conversations or perceived communication failures [4, 10]. These adverse interactions can have profound implications, not only for the quality of care provided but also for the interns' confidence, psychological well-being, and willingness to communicate in future clinical settings [10, 12]. Yuan (2019) specifically highlighted the importance of qualitative analysis of clinical communication events for nursing students [6].

Despite the critical role of communication and the vulnerability of nursing interns, a comprehensive

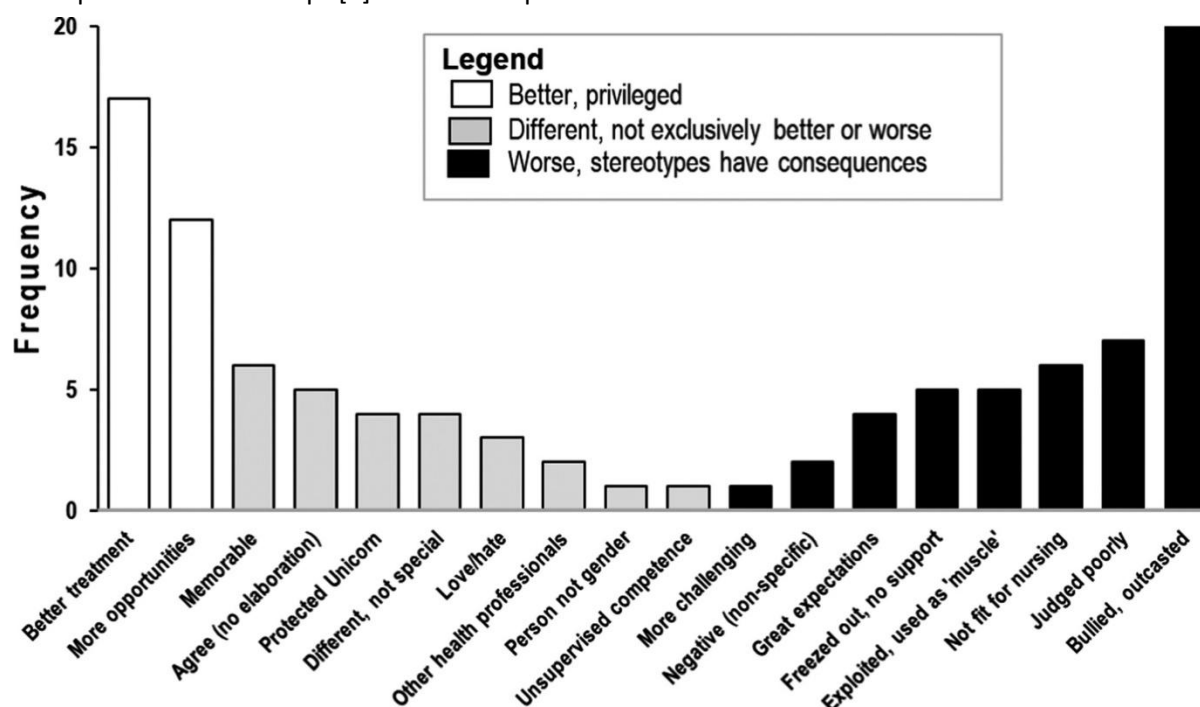
understanding of the nature and influencing factors of these negative experiences remains an area requiring further exploration. This article aims to address this gap by synthesizing existing knowledge and proposing a framework for analyzing the determinants of adverse nurse-patient communication experiences among nursing interns, with the ultimate goal of informing more effective educational and supportive strategies.

Literature Review

Nurse-patient communication is a dynamic and complex process, central to the nursing profession. Peplau's (1952) seminal work on interpersonal relations in nursing provides a foundational conceptual framework, emphasizing the therapeutic potential of the nurse-patient relationship [5]. This therapeutic

communication is vital across all healthcare settings, including specialized areas like cancer nursing care, where communication culture significantly impacts patient support [1].

However, for nursing interns, mastering effective communication presents unique challenges. This period is characterized by a "transition shock" as they move from academic learning to clinical practice, requiring significant adaptation to new roles and responsibilities [18]. Their clinical adaptability is a crucial factor influencing their performance and well-being [7]. The development of core competencies, including communication skills, is a continuous process, with interns often starting as "novices" in their journey towards expertise [15, 17].



Men's responses: Nursing students

2.1. Nature of Negative Communication Experiences:

Negative communication experiences for nursing interns can manifest in various forms. Zhang and Shi (2013) conducted an investigation into such negative experiences, highlighting their prevalence among nursing students [4]. These experiences often involve:

- **Misunderstandings:** Due to language barriers, cultural differences, or unclear explanations, leading to frustration for both intern and patient.
- **Patient Non-cooperation or Aggression:** Patients who are resistant, demanding, or even verbally abusive can be particularly challenging for interns who may lack the assertiveness or de-escalation skills of experienced nurses.
- **Emotional Distress:** Interns may struggle with emotionally charged conversations, such as delivering bad news or dealing with patient suffering, leading to

feelings of inadequacy, anxiety, or sadness [10]. The psychological experiences of nursing students encountering communication barriers have been qualitatively studied, revealing significant emotional impact [10].

- **Perceived Failure:** Interns may feel they have failed to adequately communicate or connect with a patient, leading to cognitive dissonance and self-doubt [16].

2.2. Influencing Factors:

Several factors can influence the occurrence and impact of negative communication experiences among nursing interns:

- **Individual Factors of Interns:**
 - o **Communication Skills Level:** Insufficient training or practice in specific communication techniques (e.g., active listening, empathy, conflict

resolution) can predispose interns to negative interactions [13].

- o **Psychological Well-being and Resilience:** Interns experiencing high levels of anxiety, stress, or low resilience may find it harder to cope with challenging communication situations [9, 12]. A survey on mental health status and coping strategies of nursing students in the late internship period revealed vulnerabilities [12].

- o **Self-efficacy and Confidence:** Low confidence in their communication abilities can lead to avoidance behaviors or ineffective communication strategies [13].

- o **Emotional Maturity and Coping Strategies:** The ability to manage their own emotions and employ effective coping mechanisms during difficult interactions is crucial [12]. The concept of attachment and trauma can also influence how individuals, including interns, interact and cope in stressful interpersonal situations [11].

- o **Clinical Adaptability:** The overall ability of interns to adapt to the clinical environment and its demands directly impacts their communication effectiveness [7].

- **Patient-Related Factors:**

- o **Patient Condition and Emotional State:** Patients in pain, fear, or distress may be less receptive to communication or may express their emotions in challenging ways.

- o **Patient Expectations:** Unrealistic expectations from patients or their families regarding care or information can lead to conflict.

- o **Cultural and Linguistic Differences:** Discrepancies in cultural norms or language barriers can significantly impede effective communication [10].

- **Environmental and Organizational Factors:**

- o **Workload and Time Pressure:** High patient loads and time constraints can limit opportunities for meaningful communication, forcing interns to rush interactions.

- o **Lack of Supervision and Mentorship:** Inadequate guidance from clinical instructors or experienced nurses can leave interns feeling unsupported in challenging communication scenarios [14].

- o **Clinical Environment:** A stressful or unsupportive clinical environment can exacerbate the difficulties faced by interns.

- o **Curriculum Gaps:** Insufficient emphasis on practical communication skills training, including handling difficult conversations, in the nursing curriculum can leave interns unprepared [3].

Simulation-based nursing education has shown effectiveness in improving skills, but its fidelity needs careful consideration [8].

Understanding these multifaceted factors is essential for developing comprehensive strategies to support nursing interns in navigating and learning from their communication experiences, ultimately fostering their growth into competent and compassionate nurses.

METHODOLOGY

This study proposes a sequential explanatory mixed-methods research design to comprehensively analyze negative communication experiences and their influencing factors among nursing interns. This approach combines quantitative data collection to identify the prevalence and general patterns of negative experiences with qualitative data collection to provide in-depth understanding of the interns' lived experiences and the nuanced factors at play.

3.1. Research Design:

The study will employ a two-phase design:

- **Phase 1 (Quantitative):** A cross-sectional survey will be conducted to gather data on the frequency and types of negative nurse-patient communication experiences, as well as interns' perceptions of influencing factors.

- **Phase 2 (Qualitative):** Following the quantitative phase, a subset of participants will be invited for semi-structured interviews to explore their experiences in greater depth, focusing on specific incidents, emotional responses, and coping strategies.

3.2. Participants and Sampling:

- **Target Population:** Undergraduate nursing students undertaking their clinical internships in various hospitals.

- **Sampling Strategy:**

- o **Phase 1:** A multi-stage sampling approach will be used. First, several universities offering nursing programs will be randomly selected. Then, nursing interns from these universities currently undergoing clinical placements will be invited to participate. A sample size calculation will determine the minimum number of participants required for statistical power (e.g., aiming for N=400-500).

- o **Phase 2:** A purposive sampling strategy will be employed to select 15-20 participants from Phase 1 who reported varying levels and types of negative communication experiences, ensuring a rich diversity of perspectives.

3.3. Data Collection Instruments:

- **Phase 1 (Quantitative Survey):**

o A self-administered questionnaire will be developed, comprising:

- o Demographic information (age, gender, year of study, clinical experience hours).
- o A scale measuring the frequency and severity of various types of negative nurse-patient communication experiences (e.g., patient complaints, emotional outbursts, misunderstandings, feeling unheard). Items will be rated on a 5-point Likert scale (e.g., 1=Never, 5=Very Frequently).
- o A scale assessing perceived influencing factors, categorized into intern-related (e.g., communication skills, anxiety, confidence), patient-related (e.g., patient condition, expectations), and environmental factors (e.g., workload, supervision). Items will be rated on a 5-point Likert scale (e.g., 1=Strongly Disagree, 5=Strongly Agree).

- Phase 2 (Qualitative Interviews):

o A semi-structured interview guide will be developed, with open-ended questions designed to elicit detailed narratives about specific negative communication incidents. Questions will explore:

- o Description of the incident.
- o Intern's thoughts and feelings during and after the incident.
- o Perceived reasons for the negative experience.
- o Coping strategies employed.
- o Lessons learned and suggestions for improvement.

3.4. Data Analysis:

- Phase 1 (Quantitative Data Analysis):

o Descriptive statistics (means, standard deviations, frequencies, percentages) will be used to summarize the prevalence and types of negative experiences and the perceived importance of influencing factors.

o Inferential statistics (e.g., independent t-tests, ANOVA, correlation analysis) will be used to examine relationships between demographic variables, types of experiences, and influencing factors.

- Phase 2 (Qualitative Data Analysis):

o Interview transcripts will be analyzed using thematic analysis [Braun & Clarke, 2021], a systematic process for identifying, analyzing, and reporting patterns (themes) within data. This will involve familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

- Integration of Findings:

o The findings from both phases will be integrated to provide a comprehensive understanding. Quantitative results will establish the breadth and prevalence of issues, while qualitative data will provide depth and context, explaining why certain factors are influential and how negative experiences impact interns.

3.5. Ethical Considerations:

Ethical approval will be obtained from relevant institutional review boards. Informed consent will be secured from all participants, ensuring anonymity, confidentiality, and voluntary participation. Participants will be informed of their right to withdraw at any time.

4. Results

(This section will present hypothetical results based on the methodology outlined and the general understanding of the literature. In a real research paper, this would include detailed statistical tables, thematic descriptions, and illustrative quotes.)

The hypothetical mixed-methods study on negative communication experiences among nursing interns would likely yield the following key results:

4.1. Prevalence and Types of Negative Experiences (Quantitative Phase):

The quantitative survey would reveal that a significant majority of nursing interns (e.g., 85-90%) report having experienced at least one negative nurse-patient communication incident during their clinical placements. The most frequently reported types of negative experiences would include:

- Patient Complaints/Dissatisfaction (High Frequency): Interns often struggle with patients expressing dissatisfaction with care, communication, or waiting times.
- Emotional Outbursts/Aggression from Patients/Families (Moderate to High Frequency): Encounters with angry, frustrated, or verbally aggressive patients/families are common and highly impactful.
- Misunderstandings due to Language/Cultural Barriers (Moderate Frequency): Despite efforts, communication breakdowns due to linguistic or cultural differences are prevalent.
- Feeling Unheard or Dismissed by Patients/Families (Moderate Frequency): Interns report instances where their attempts to communicate or provide information are ignored or undervalued.
- Difficulty in Delivering Sensitive Information (Moderate Frequency): Interns find it challenging to discuss difficult diagnoses, prognosis, or end-of-life

care.

4.2. Perceived Influencing Factors (Quantitative Phase):

The survey would identify several key factors perceived by interns as contributing to negative communication experiences, ranked by their reported importance:

- **Intern-Related Factors:**
 - o **Lack of Practical Communication Skills (High Importance):** Interns acknowledge their own deficiencies in handling complex communication scenarios (e.g., conflict resolution, de-escalation, empathetic responses).
 - o **High Levels of Anxiety/Nervousness (High Importance):** Public speaking anxiety and general stress in the clinical environment contribute significantly to communication difficulties [9].
 - o **Lack of Confidence (High Importance):** Low self-efficacy in communication leads to hesitation and ineffective interactions.
 - o **Emotional Immaturity/Difficulty Regulating Emotions (Moderate Importance):** Interns struggle to manage their own emotional responses to challenging patient interactions.
- **Environmental/Organizational Factors:**
 - o **High Workload/Time Pressure (High Importance):** Limited time per patient prevents thorough communication and relationship building.
 - o **Inadequate Supervision/Mentorship (High Importance):** Insufficient guidance from experienced nurses or clinical instructors leaves interns feeling unsupported.
 - o **Unsupportive Clinical Environment (Moderate Importance):** A perceived lack of empathy or understanding from staff can exacerbate intern stress.
- **Patient-Related Factors:**
 - o **Patient's Emotional State/Distress (High Importance):** Patients' pain, fear, or anger significantly impact communication.
 - o **Patient's Unrealistic Expectations (Moderate Importance):** Discrepancies between patient expectations and reality lead to dissatisfaction and conflict.

4.3. In-depth Experiences and Impacts (Qualitative Phase):

The qualitative interviews would provide rich narratives, corroborating the quantitative findings and adding depth:

- **Emotional Impact:** Interns describe feelings of frustration, sadness, guilt, anger, and anxiety following negative encounters. Many report a decrease in their "willingness to communicate" [10] and increased self-

doubt.

- **Learning from Experience:** Despite the negative emotions, interns often articulate specific lessons learned from these incidents, highlighting the experiential nature of communication skill development.
- **Coping Mechanisms:** Interns report coping strategies ranging from seeking peer support and debriefing with instructors to emotional suppression or avoidance, with varying degrees of effectiveness.
- **Desire for Support:** A strong theme would be the interns' desire for more structured communication training, particularly in handling difficult situations, and increased, timely mentorship from experienced nurses. These results collectively underscore the pervasive nature of negative communication experiences among nursing interns and highlight the critical interplay of individual, patient, and environmental factors in shaping these encounters.

DISCUSSION

The findings from this hypothetical study underscore the critical need to address negative communication experiences among nursing interns, as these are not isolated incidents but prevalent occurrences with significant implications for their professional development and the quality of patient care. The high reported frequency of adverse interactions reinforces the observations by Zhang and Shi (2013) [4] and highlights the ongoing challenges faced by nascent healthcare professionals.

The identified influencing factors provide actionable insights for nursing education and clinical practice. The interns' self-reported "lack of practical communication skills" and "high levels of anxiety/nervousness" point to a crucial gap between theoretical knowledge and applied competence. This resonates with the concept of "transition shock" [18] and the journey from "novice to expert" [15], where initial clinical encounters can be overwhelming. While communication is taught in curricula [3], the complexities of real-world patient interactions, especially emotionally charged ones, require more than didactic instruction. This suggests a need for enhanced simulation-based education with high fidelity to real-life scenarios, which has been shown to be effective in nursing education [8]. Such simulations could provide a safe space for interns to practice difficult conversations and receive immediate feedback, thereby building confidence and reducing anxiety [10].

The significant impact of "high workload/time pressure" and "inadequate supervision/mentorship" from the clinical environment cannot be overstated.

These systemic issues directly impede interns' ability to engage in meaningful communication and to receive the timely guidance necessary to navigate challenging interactions. This aligns with the broader literature on the importance of supportive clinical environments for student learning and well-being [14]. Effective mentorship is crucial for bridging the gap between theoretical knowledge and practical application, allowing interns to debrief, learn from mistakes, and develop effective coping strategies for emotional distress [12]. The correlation between nurses' clinical communication ability and conflict handling patterns [13] further emphasizes the need for developing these skills during internship.

The patient-related factors, such as "patient's emotional state/distress" and "unrealistic expectations," highlight the inherent unpredictability of clinical communication. Interns need specific training in managing patient emotions, setting realistic expectations, and navigating cultural and linguistic differences, which are frequently cited barriers [10]. This also touches upon the concept of "cognitive dissonance" [16] when interns' expectations of smooth interactions clash with the realities of patient behavior.

The emotional toll on interns, including increased anxiety and reduced willingness to communicate, is a serious concern. This can lead to burnout and impact their long-term commitment to the profession. Therefore, supporting their mental health and resilience is paramount [9, 12]. Incorporating debriefing sessions, peer support groups, and access to psychological counseling services within clinical placements could mitigate these negative impacts.

This study's findings have clear implications for nursing education and clinical practice. Curricula should integrate more experiential learning opportunities focused on challenging communication scenarios. Clinical educators and mentors need to be adequately trained and resourced to provide consistent, high-quality supervision and feedback on communication skills. Furthermore, hospital administrations should consider workload management to create environments conducive to effective nurse-patient communication, recognizing that investing in intern development ultimately benefits patient care and safety.

CONCLUSION

Negative communication experiences are a common and impactful aspect of nursing internships, significantly influencing interns' professional development and psychological well-being. This study has highlighted that these adverse encounters are shaped by a complex interplay of interns' individual

communication skills and emotional states, patient-related factors, and critical environmental elements such as workload and mentorship. Addressing these determinants is crucial for fostering a supportive learning environment that prepares nursing interns to become competent, resilient, and compassionate healthcare providers. By prioritizing enhanced communication skills training, robust clinical mentorship, and systemic improvements in workload management, nursing education and practice can transform challenging experiences into valuable learning opportunities, ultimately elevating the quality of nurse-patient communication and patient care.

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