

Undergraduate Nursing Students' Communication Barriers With Patients and Their Attendants

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Abstract

Communication is essential for providing efficient and necessary nursing care to patients. Ineffective communication leads to patients' dissatisfaction, resulting in lengthier hospitalizations, higher mortality, and frustration. Furthermore, nursing students face difficulties interacting with patients and their attendants. Although numerous studies explore communication barriers between nurses and patients, nursing students' communication with patients and attendants, depending on their units and semesters. Therefore, there is a need to explore these barriers among different students' levels in diverse clinical settings.

Purpose: To explore nursing students' and clinical educators' perceptions regarding nursing students' communication barriers while interacting with patients and their attendants.

Methodology: This was a qualitative descriptive study conducted in Peshawar. A purposive sampling technique was used, and 33 participants were interviewed in six focused group discussions utilizing a semi-structured interview guide. The discussions were audiotaped, transcribed, and translated. Creswell and Creswell 2018 framework was used for analysis.

Finding: Four categories emerged: (1) students' competency gaps (lack of clinical knowledge, therapeutic communication skills, and cultural/language awareness), (2) patient/attendant-related challenges (low literacy, rude behavior, and mistrust of students), (3) gender-related barriers (cultural restrictions on opposite-gender care and

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veiling norms), and (4) uncondusive learning environments (overcrowded wards, high workload, and lack of support from healthcare professionals).

Conclusion: Findings reveal the need for enhanced communication training, cultural competence education, and policy reforms to regulate attendants' presence in clinical settings. Strengthening facilitator-student ratios and addressing societal perceptions of nursing could further mitigate these barriers, fostering effective student-patient interactions and improving care outcomes.

Introduction

Communication is a mutual activity of exchanging information, opinions, or knowledge with others using verbal or non-verbal techniques (1). In health care setup, it is essential for exchanging information with patients and their attendants. According to Ardalan et al. (2), nursing is a communication-based career, which means that communication is a key for providing and applying efficient and necessary nursing care to patients. Moreover, communication among nurses and patients' families' influences clients' health and the effectiveness of nursing management (3).

Despite the significance of communication with the patient, there appears to be barriers that impair effective communication. Numerous aspects that impact communication; include cultural and linguistic variation (4), lack of knowledge competency (5), inappropriate environment (6) and unfavorable attitude (7). Furthermore, ineffective communication leads to patient's concerns and worries and results in undesirable effects, including lengthier hospitalizations, higher mortality, and frustration (7).

Lack of Knowledge

Utilization of theoretical knowledge regarding interpersonal communication is vital in establishing a successful emotional connection with the patients in a healthcare setup. Therefore, lacking this knowledge may result difficulties in rapport development (8). Regarding patients' education, the lack of academic knowledge of the nursing students was an obstacle to communicate and teach patients (9). In the same way, during clinical rotation, the nursing students sense fear of talking with patients because of inadequate knowledge of communication, lack of self-confidence, and loss of emotional control. Henceforth, rapport building was challenging for them (10).

According to Yoo et al., (7), communication expertise is crucial for efficient nursing care. Although nursing skills and abilities may be learned and performed with perfection over time, conversely, communicating with others cannot be learned without individual efforts and experiential learning.

Diverse Languages and Cultures

Linguistic barriers arise when the conversation occurs in different languages or does not have the appropriate expertise in language. Similarly, people with the same language conversing with incorrect words or by using jargon that other persons do not understand might create obstacles in communication (11). The nursing students who have no significant experience and sufficient competency in language face hurdles in communication with patients. Moreover, these hurdles result in worries about individual skills, the patient's care and a sense of powerlessness (9).

On the other hand, the difference in culture of patients and nursing students also has its impact on communication (9). According to Guvenc et al., (12), a person is a stranger not just because of linguistic issues but also because of different cultures. As a result, cultural differences impede communication. In healthcare setup, the barriers faced by nursing students were based on their gender, race, religion and language. In addition, the linguistic barrier was a significant challenge that resulted to hamper proper communication among patients and healthcare professionals. Furthermore,

cultural discrepancy restricts the students to touch patients for care provision because every culture has its unique expectations around physical interaction (13).

Environmental Effect

Nursing students visit hospitals during clinical rotations and sometimes experience a new environment. Some patients admitted to the hospitals are also experiencing a new environment. Therefore, environmental barriers occur during the interaction of nursing students with patients and attendants. According to Amoah et al., (14), adjusting to a different setting can be difficult for certain individuals, which might affect their communication skills properly. Furthermore, noise and uncondusive environments also hinder communication in the hospital. In hospital, nurses focused their concentrations on practical skills to prevent errors. The reason of their concentration on the assigned tasks was to prevent mishaps; they communicate less because of being anxious about communicating incorrect information (15).

One of the conducive environments for students is to provide facilitation in a hospital setup. Insufficient lighting, building capacity, call and bell system, absence of sufficient employees, loud sound, and living standards cause barriers to interactions (16).

Behavioral Issues

Communication barriers sometime occur due to negative attitudes. Moreover, approaching senior staff, the nursing students feel stressed, because they feel difficulty in approaching seniors due to hierarchical system which results in strained relationship and induces anxiety in students which impact their learning and clinical performance (15). Furthermore, the students assigned for critical rotation were task-oriented and lacked communication skills. The nursing students had more emphasis on clinical skills during their clinical rotation instead of improving their communication; as a result, they illustrated insufficiency in communication expertise (17). Similarly, the assertive behavior of patients enables students to communicate and feel free to ask questions and get information. But if the patients are irritable or the nursing students have difficulty in communication, this may lead to mismanagement of the patient care (18). Likewise, the difficulty in expressing emotion decreases effective communication. Those students, who have no control over their emotions, face hurdles in communication (19).

Nursing students are required to work in a dynamic environment with different patients. According to Yildiz, , nursing students underline that professional assistance is required when dealing with patients with mental illness (20). In addition, in the clinical region, limited cooperation of other healthcare professionals produced uncertainty in proper communication (21). The clinical facilitator's uncompromising attitude toward the nursing students, and the nurses' unprofessional behavior in the working place, such as disregard, lack of cooperation, and inappropriate expectations from students created anxiety and inability to raise queries (22). Another barrier regarding the patients' unwillingness to acquire health education is that patients had a negative attitude toward nursing students and viewed their performance with suspicion, even though the care given to the patients was under the careful observation of facilitators (9).

Problem Statement

Effective communication is an integral part of nursing care. During clinical rotation, the nursing students directly interact with the patients to take care of them. Proper communication among the nursing students, patients, and their attendants is essential to deliver appropriate nursing care to the patients. Due to communication challenges, the nursing students frequently have difficulty collecting in-depth assessment data from their patients and attendants, and to provide health education relevant to their problem. As a result, students have difficulty in formulating proper nursing diagnoses

and care plans. In addition, the students were not completing their clinical assignments on time as their patients and attendants did not make it possible for them to collect data. Therefore, there was a need to explore the barriers faced by nursing students when they interact with patients and their attendants. There are numerous studies on barriers to communication, but they are limited to nurses' communication with patients and attendants. There are few studies on nursing students, which were carried out in specific units such as cancer and psychiatric units. In addition, the studies included only the students studying in a specific semester, and not the students of all semesters. Nursing students are expected to work in dynamic inpatient and outpatient units during clinical rotations. Furthermore, different levels of students may have different barriers to communication. Therefore, it is necessary to investigate the communication barriers faced by different levels of nursing students with patients and attendants in dynamic contexts.

Significance of the Study

Nursing care may be enhanced with good communication. Effective communication of nursing students with patients and their attendants is essential for better consequences and delivery of appropriate nursing care. The findings from this study may provide evidence about the communication barriers faced by nursing students. This may assist educators in identifying teaching strategies to improve students' communication with patients and their attendants in clinical settings. Furthermore, the findings may help clinical facilitators to facilitate teaching communication education to nursing students according to their level and patient care.

Study Purpose

The purpose of this study was to explore undergraduate nursing students' and clinical facilitators' perceptions of students' communication barriers with patients and their attendants.

Study Questions

This study aimed to provide answers to the following research questions.

What are the perceptions of nursing students regarding communication barriers with patients and their attendants?

What are the perceptions of clinical facilitators regarding students' communication barriers with patients and their attendants?

Methodology

A qualitative descriptive design was used in this study. The study population was the nursing students enrolled in a four-year bachelor's degree program and clinical facilitators. The clinical facilitators included clinical educators and head nurses who were responsible to facilitate students training in the clinical setting. The study setting was a public sector nursing college and a tertiary care medical and teaching hospital in Peshawar. The purposive sampling technique was used in this study. The sample size was 33 participants in six focus group discussions (FGDs). Each FGD consisted of four to eight participants. The saturation of data was reached at the 3rd FGDs with students and the 3rd FGDs with clinical educators, as no new data emerged and responses reiterated what was previously discussed.

Data collection and Analysis

Data was collected in FGDs using a demographic data sheet and a semi-structured questions guide. A Pilot focus group discussion was conducted before data collection. Data was analyzed manually using qualitative data analysis steps proposed by Creswell and Creswell (2018), including organizing the data, reading all data, developing codes, generating categories and themes, and providing descriptions and

quotations. (23). To ensure the trustworthiness of the data Lincoln & Guba, (1985) criteria including Credibility, dependability, confirmability and transferability was followed. Ethical consideration was obtained from the Institutional Review Board of Shifa Tameer e Milat University, Islamabad (IRB #0104-22). Permission for data collection was obtained from the head of the institute. Verbal (oral and written) consent was taken from participants. To ensure confidentiality, participants were assigned codes in transcripts and findings.

Findings

In this study, there were a total of 33 participants divided into six focused groups. Among the participants, there were 15 nursing students and 18 clinical facilitators, of which 12 were head nurses and 6 were clinical educators. A total of 15 students participated in this study of whom eleven (n=11) were females between 18 to 25 years of age. Ten participants in two FGDs were from semester eight, whereas, five participants were from semester four.

Similarly, except for one, all the clinical facilitators were females (n=17). Most of the participants (61.1%) ages were between 36 to 45 years. The majority of the participants (94.5%) had completed a Post-RN BScN degree. Among all the participants, 44.4 % had an overall experience ranging between 11 and 20 years, while 33.3% of participants had between 1 to 10 years of experience. The participants were assigned codes for anonymity. The semester VIII students assigned SA (e.g., SA1, SA2). Semester IV students in the first group were labeled as S1, S2, and so on, while those in the second group were assigned SB1, SB2, etc. Educators were labeled as E1, E2, and so forth, whereas for head nurses HN1, HN2, and so on. For the combined (FGDs) involving educators and head nurses, codes such as F1, F2 were used.

A total of four main categories were developed: students' competency, patient/attendant-related issues, gender-related barriers and an uncondusive learning environment along with 15 sub-categories respectively. The overall theme that emerged from the categories was the perceived barriers to effective communication.

Category 1: Students' Competency

The finding shows that barriers to effective communication occur due to the lack of students' competencies. The sub categories including clinical knowledge, the attitude of students, therapeutic communication skills, lack of confidence and cultural and language barriers.

The participants' narratives reveal that the students' lack of clinical knowledge affects their communication with patients and their attendants.

A participant said:

“If they ask a question about which we know, then we explain them very easily but if they ask something about which we do not know, then we face problems” (SA1).

The main finding of current study reveals that one of the main impediments to proper communication is the lack of knowledge of different languages and exposure to cultural backgrounds.

A participant affirmed that

I belong to a Pashtun family. My language is slightly different from the urban language. I find it a bit difficult to talk to them. They had a hard time and so did I. So..., language becomes a huge barrier. (SA5)

Category2: Patients/ Attendants Related Issues

The finding shows as mentioned in subcategories that the literacy levels of patients and their attendants, their rude behavior towards nursing students, a wrong perception

of the nursing profession and a lack of trust in students lead to communication barriers. One participant shared:

Most of the attendants speak rudely to the student nurses or the staff nurses or any female staff. So, those who are students, get a little hesitant and nervous to go to such patients. Although, they treat the female doctors well and talk to them in a very respectable manner. But they do not talk to the [nursing] student or the staff nurse with respect or kindness. (F8)

With regard to not trusting on students, a participant commented: “Some patients are afraid that we [students] will do something wrong. [Staff] Nurses themselves create havoc for us (students) and then we are not able to practice” (SB3).

Category3: Gender-Related Barriers

Caring for patients of the opposite gender and communicating with them as per the sub categories were mainly due to the communication barriers. The local culture restricts communication with the opposite gender. The restriction of females, and the strictness of the veil causes a communication barrier.

Culturally, many females wear veils and are restricted from communicating with the opposite gender. a participant stated:

Mostly, the culture does not allow women of their house to go out. They (family) either invite the female doctor [at home] or they (female patients) come to the hospital in a burqa and if she asks any question, the husband either scolds her or restricts her from asking. (SB3)

Category4: Unconducive Learning Environment

One of the findings is that the unconducive learning environment of the hospital impacts communication. The subcategories explain that the lack of support from other professionals; not being respected by doctors; nurses’ rude behavior and lack of facilitation by the facilitators were the factors that created an unconducive environment and resulted communication barriers. Additionally, workload and less number of nurses, and more attendants at the bedside were found as hurdles to proper communication. A participant shared the experience:

We were taking a history from a patient at the clinical when a doctor came and asked, ‘Who are you’? we said, we were nurses, and then he said, why are you asking so many questions? and when the patient saw this, he stopped answering us. (S3)

The patients’ bed sides are crowded by attendants and causes barriers to communication. A participant elaborated:

If you go to see a patient, the attendants are noisy... There are nine to ten attendants with one patient. So, because of that, you can't properly assess or provide care to a patient, and because of that whether it's the student or the staff, aren't able to do it properly. (E2)

The presence of facilitators and their facilitation enhances students’ learning and confidence. One participant expressed:

When students come to clinical, I say that either the teacher or a clinical instructor should come with them to keep them under observation or stays with the patients, then they will gain confidence (HN5)

Discussion

This study looked into the barriers to effective communication among nursing students, patients and their attendants. These barriers include students' competency-related barriers; patients' or attendants' related issues; gender barriers and an unconducive learning environment.

Students Competency-Related Barriers

The study revealed that the students' communication with patients and their attendants was affected because of a lack of knowledge regarding communication skills as well as lack of knowledge about diseases the patients suffered from. The result of this study is congruent with Amoah et al., (5) and Jamshidi et al., (25), who found that students faced difficulty in providing care to patients due to a lack of communication skills and lack of knowledge about the disease. Students' low level of competency related to communication may be due to less exposure to clinical practice. Furthermore, different patients have different diseases and since the students are in a learning phase, they may have little knowledge about such diseases. According to Abbasi et al., (9), the lack of theoretical knowledge of students limits their communication with patients.

Another finding of this study is related to the cultural diversity of patients. Communication barriers occur due to not being aware of cultural norms. The knowledge of different cultures helps in effective communication. Furthermore, difference in languages also create communication barriers. This finding is supported by different studies, where the main communication barriers are different languages and diverse cultures (4,26–28). The participating nursing students in this study took care of patients and performed their clinical at the tertiary care hospitals who came from different areas of Pakistan with diverse cultural and linguistic background. The participants narrated that it was difficult to communicate and take a history from such patients due to the language barrier. The finding is supported by Amoah et al., (5), that language becomes a hurdle in communication because the patients come from different regions speaking different languages.

Issues Related to Patients and Attendants

The present study discovered that rude behaviors of patients and their attendants with student nurses affect communication and care, which has been consistent with the previous study by Burnell, (29). The author argued that nursing staff is always expected to be respectful to the patients; whereas, the patients are not expected to behave in the same way, which in turn affects the care being provided.

A study carried out in Turkey also demonstrated that having less exposure to the hospital environment limits patients to answer the queries of students. Moreover, the domineering attitude of attendants also creates hurdles in communication with patients (30).

The current study shows that people have wrong perceptions of the nursing profession and interpret the nurses' communication wrongly. A study finding showed that patients wrongly perceive nurses as discourteous and ill-mannered when they visited the hospital; as a result, their communication became a hurdle (5). This might be due to their previous bad experience, and they have no awareness of the nursing profession. Furthermore, the finding also demonstrated that patients lacked trust in students when they introduce themselves as a student. A similar study also found that patients had a negative attitude towards the nursing students and viewed their work with suspicion, even when the procedure was performed under the supervision of a clinical facilitator (9).

Gender-Related Barriers

One of the main findings of this study is related to communication between opposite-gender. The participants elaborated that opposite-gender communication is not appreciated. Care of the opposite gender is not allowed and limits students' interaction with patients. Students also feel shy when communicating with people of the opposite gender. It was narrated by the participants that culturally; it is not allowed to communicate with the opposite gender. Furthermore, females would prefer to die than to receive care from the opposite gender (males). The result is consistent with

previous studies which emphasized that communication barrier occurs due to gender differences. Similarly, following the cultural norms of the society was considered necessary (6).

The other issue discussed was the use of the veil and the restriction of females' ability to communicate. Female patients, according to the participants, did not answer questions in front of their male attendants. A study carried out by Norouzinia et al., (6), also illustrates that gender is a factor in communication barriers. According to Karatay et al., (28), males are not permitted to touch females while providing care in private areas, such as when performing ECGs.

The culture prohibits to provide care for the opposite gender. According to the current research, communication and care for the opposite gender are culturally sensitive and thus restricted, as is the wearing of veils and culturally restricted role of female patients who are not allowed to communicate with nurses of the opposite gender. Female students also feel shy because of the cultural pressure to care for and communicate with the opposite gender. Similar findings by Vatandost et al., (31) show that different communities have varied religious-cultural beliefs regarding veil, as well as different limitations concerning communication with the opposite gender. Furthermore, different strategies include self-introduction, taking permission, avoiding non-therapeutic behavior, and respecting cultural and religious values and beliefs helps in developing effective interaction (2020).

Unconducive Learning Environment

Another finding was the unconducive learning environment that caused communication barriers for students. The nursing students hinted at an unconducive environment such as rude behavior of doctors and nurses and the lack of cooperation of healthcare professionals. These findings are similar to a study which showed that communication barriers were due to caregivers' disrespectful behavior at the clinic, such as rudeness, lack of collaboration, and inappropriate demands, which shattered students' confidence (32). Lack of confidence in turn prevents nursing students from rapport building with patients and attendants. In addition, the authors Memarian et al., (32) also mentioned that the irritable behavior of teachers and nurses, and the lack of their assistance for nursing students affected their communication. Similarly, students in the current study mentioned that they are humiliated in front of patients and their attendants and thus the trust-building relationship between them and the patients is lost. The study finding by Amoo et al., (33) supports this view that students were humiliated and degraded in front of patients and other nurses and this brought their morale down.

The other finding of this study revealed that crowded bedsides by attendants contributed to students' communication barriers. The participants narrated that patients are accompanied by several attendants. Sometimes the attendants interrupt care and try to impose their suggestions. Due to more attendants, communication becomes a hurdle, and care is compromised. Amoah et al., (14); and Arkan et al., (30) support this finding that interference by attendants causes barriers to effective therapeutic communication. Communication barriers may occur because of overcrowding, which tends to cause noise and breach of confidentiality. The policy of one patient and one attendant was suggested by the participants.

Another finding of this study showed that communication barriers occurred due to workload and a high nurse-patient ratio. The study participants verbalized that they worked in wards where the patient ratio was high. Similarly, when there were more patients and fewer nurses, students' communication with patients and their attendants was further reduced. In support of this finding other studies Amoah et al., Chan & Lai, Norouzinia and Shfipour et al., (1,5,6,34) stated that workload was a

barrier to interacting with patients. Since the participants were from a tertiary care hospital in the capital city of the province, this problem of workload might arise.

Study Strengths

As per the researcher's knowledge, this is the first study in Pakistan to explore the communication barriers between nursing students, patients and their attendants.

The researcher recruited head nurses, clinical educators, and students to get rich data from various stakeholders. This gave diverse viewpoints of all the core players of nursing about communication among students, patients, and attendants.

Study Limitations

This study has two key limitations: first, participants were recruited only from semesters IV and VIII due to the absence of semester VI students and limited clinical exposure of semester II students; second, perspectives of patients and attendants were not included.

Recommendations

The recommendations include researcher's views as well as the suggestions given by the participants for the improvement of nursing students' communication with patients and their attendants. In the light of the participants' suggestions, awareness on social media would help to educate people regarding the nursing profession. Furthermore, to reduce communication barriers, a policy on attendants' visits to their patients should be implemented. The student-to-clinical facilitator ratio should be maintained according to Pakistan Nursing and Midwifery Council criteria i.e. 1:6 to provide enough time to students. To complement the nurse educators, involving the experienced staff nurses in teaching through the preceptorship model may enhance students' learning including communication skills. Courses on communication skills and enhancement of knowledge-base of nursing students may be organized to boost their confidence and overcome their fear. Research should be done to explore rude behavior of nurses towards patients and their attendants as this was evident in the current study. Moreover, research may be conducted to gauge the perspectives of patients and attendants about nursing students' communication barriers.

Conclusion

It is concluded that students face different barriers to communication while interacting with patients and their attendants. These barriers are related to students' incompetency in clinical knowledge and attitude, lack of awareness of culture, and diverse languages used by patients. To raise awareness, patients' and attendants' disrespectful behavior and misperceptions about the nursing profession should be addressed. Similarly, a lack of support from healthcare worker and a greater number of attendants cause barriers to communication. The execution of the policy about number of attendants should be documented and implemented. Lack of facilitation by clinical facilitators decreases the students' confidence, which alternately reduces their communication. A proper balance in maintaining the student-facilitator ratio improves students' interaction with patients and their attendants.

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Appendices

Table 1

Demographic Characteristics of Clinical Facilitators (n=18)

Variables	Frequency (n)	Percentage (%)
Gender		
Male	1	5.6
Female	17	94.4
Age (in years)		
26-35	1	5.6
36-45	11	61.1
>45	6	33.3
Nursing Qualifications		
Master in Nursing	1	5.6
Generic BSN	1	5.6
Post RN BSN	16	88.9
Designation		
Clinical Educators	6	33.3
Head Nurses	12	66.7
Experience (in years)		
1-10	6	33.3
11-20	8	44.4
21-30	3	16.7
>30	1	5.6

Table 2
Demographic Characteristics of Nursing Students (n=15)

Variables	Frequency(n)	Percentage %
Gender		
Male	4	26.7
Female	11	73.3
Age (in years)		
19	2	13.3
20	1	6.7
22	7	46.7
23	5	33.3
Year of Study		
Semester IV	5	33.3
Semester VIII	10	66.6

Figure 1
Theme, Categories and Sub-Categories Emerged from FGDs

