

# Analysis of Negative Experience and Influencing Factors of Nurse-Patient Communication among Nursing Interns

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**How to cite this paper:** Bai, J., Zhou, J. and Zhou, H. (2025) Analysis of Negative Experience and Influencing Factors of Nurse-Patient Communication among Nursing Interns. *Open Journal of Applied Sciences*, 15, 1334-1342.

<https://doi.org/10.4236/ojapps.2025.155093>

**Received:** April 9, 2025

**Accepted:** May 23, 2025

**Published:** May 26, 2025

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## Abstract

**Objective:** To understand the current situation of negative experiences of nursing communication among nursing interns and analyze the influencing factors. **Methods:** For convenience sampling, 194 nursing interns were surveyed by questionnaires. **Results:** Negative experience of nursing-patient communication among nursing interns is very common, and it is influenced by many factors such as nursing interns' communication ability, age, gender, educational background, and whether they voluntarily choose a nursing major. **Conclusion:** Schools and hospitals should strengthen the training of communication ability of nursing interns, and improve the ability of nursing interns to deal with negative experiences.

## Keywords

Nurse-Patient Communication, Nursing Interns, Influencing Factors

## 1. Introduction

With the increasing demand for people's medical and health services, higher requirements are put forward for the communication ability of nursing staff [1]. High-quality medical care services need effective communication between nurses and patients. China's relevant regulations clearly point out that nursing staff should strengthen communication with patients [2]. Nursing interns are the reserve force of the nursing team, and effective communication is the ability that nursing interns must have [3]. It is not only conducive to the improvement of nursing quality, but also can improve patient satisfaction with the work of nurses. Therefore, this study aims to understand the current situation and influencing factors of negative communication experiences among nursing interns, and to provide a refer-

ence for nursing managers and educators.

## 2. Objects and Methods

### 2.1. Object

From April 2024 to July 2024, 194 trainee nursing interns were selected by the convenience sampling method as the research object. All nursing interns gave informed consent and were willing to participate in this survey.

### 2.2. Methods

#### 2.2.1. Survey Tools

1) The general data questionnaire includes gender, age, educational background, whether to choose a nursing major, etc.

2) Negative experience questionnaire of nurse-patient communication by Zhang *et al.* [4]. Compilation, including the timing of the negative experience of the nurse and patient communication, consists of 23 items. Each item of the specific experience and treatment method adopts the Likert 4 level scoring method, from “never happened” or “extremely inconformity” to “frequently” or “fully consistent”, with 1 to 4 points. The higher the score, the higher, the higher the frequency or identity of the item. Developed based on Peplau’s Interpersonal Relations Theory [5], the instrument underwent expert validity verification and pilot testing to validate its clinical applicability. The Cronbacha coefficient of the questionnaire was 0.763.

#### 2.2.2. Investigation Method

In the form of a questionnaire star, the questionnaire was distributed through WeChat or QQ, and a unified guidance language was used to guide the research subjects to fill in the questionnaire. A total of 230 questionnaires were distributed and 200 were recovered, with a recovery rate of 86.96%, including 194 valid questionnaires.

#### 2.2.3. Statistical Methods

Statistical analysis of collected data was performed using SPSS26.0 software; using mean  $\pm$  standard deviation for measurement data; frequency and percentage for count data; t-test and univariate analysis,  $P < 0.05$ .

## 3. Results

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### 3.1. Negative Experience of Nurse-Patient Communication among Nursing Interns

All 194 nursing interns had a negative communication experience during the internship, affecting the time and the objective in **Table 1**.

**Table 1.** Negative experiences (n = 194).

Project	Divide into groups	Number of people (n)	Constituent ratio (%)
The time when the negative internship experience first occurred	Less than 6 months	138	71.1
	More than 6 months	29	14.9
	More than a year	27	13.9
The impact of negative experiences on their own time	A day	101	52.1
	More than a week	59	30.4
	More than a month	22	11.3
	It continues to this day	12	6.2
The main person to talk to after a negative experience or head nurse	Colleague	48	24.74
	Teach the teacher		
	15	7.73	
	Classmates or friends	171	88.14
	Family	110	56.7

### 3.2. Reasons for Negative Experience of Nursing and Nursing Interns

The reasons for the negative experiences of nursing interns are diverse, as shown in **Table 2**.

**Table 2.** Reasons for negative experiences (n = 194, %).

Clauses and subclauses	Never happened	Occasionally	Sometimes happen	Be of common occurrence
Family members insult the medical staff after drinking	138 (71.1)	40 (20.6)	13 (6.2)	4 (2.1)
Patient dissatisfaction caused to the failure of doctors and nurses	70 (36.1)	86 (44.3)	28 (14.4)	10 (5.2)
Patients complain about the doctor in front of the nurse	75 (38.7)	75 (38.7)	36 (18.6)	8 (4.1)
The patient is dissatisfied with the nurses skills and gives his opinions	54 (27.8)	97 (50.0)	29 (14.9)	14 (7.2)

**Continued**

Dissatisfied with the service attitude of nurses, and put forward opinions	56 (28.9)	99 (51.0)	31 (16.0)	8 (4.1)
The nurse did not explain carefully, and the patient was not satisfied	74 (38.1)	86 (44.3)	28 (14.4)	6 (3.1)
Patients with poor treatment effect or death, the family members to vent their emotions	102 (52.6)	62 (32.0)	24 (12.4)	6 (3.1)
Medical facilities are not in place, causing patient complaints	81 (41.8)	77 (39.7)	27 (13.9)	9 (4.6)
Patients and their families complain when urging the payment	78 (40.2)	71 (36.6)	36 (18.6)	9 (4.6)
The patients disease mutation and his family members could not understand it	65 (33.5)	95 (49.0)	27 (13.9)	7 (3.6)
Patients have high expectations of care and complain about medical care	59 (30.4)	93 (47.9)	30 (15.5)	12 (6.2)
Patients or family members vexatious, poor quality	53 (27.3)	90 (46.4)	42 (21.6)	9 (4.6)
Patients and their family members are anxious and complain for various reasons	57 (29.4)	98 (50.5)	32 (16.5)	7 (3.6)
Although it has been patiently explained, but the patient or his family members still repeatedly asked, do not understand	51 (26.3)	88 (45.4)	36 (18.6)	19 (9.8)
Medical care are too expensive, and patients or families complain	63 (32.5)	79 (40.7)	35 (18.0)	17 (8.8)
The patient and his family suspected that the hospital deliberately charged more money to complain to the nurse	64 (33.0)	92 (47.4)	24 (12.4)	14 (7.2)

### 3.3. Intern Nursing Students Nurses and Patients Communicate Negative Experience Coping Methods

After the negative experience, 76.8% of the nursing interns avoided and asked others for help, as shown in **Table 3**.

**Table 3.** Treatment of negative experiences (n = 194, %).

Clauses and subclauses	Be completely in conformity with	Basically conform to	Part in line with	Inconformity
Avoid patients and ask others for help	64 (33.0)	85 (43.8)	33 (17.0)	12 (6.2)
Control your emotions and continue to work	36 (18.6)	67 (34.5)	57 (29.4)	34 (17.5)
Still give love to the patient	37 (19.1)	77 (39.7)	54 (27.8)	26 (13.4)
Talk to others and relieve your emotions	32 (16.5)	59 (30.4)	65 (33.5)	38 (19.6)

### 3.4. Comparison of Negative Experience Scores of Nursing Interns with Different Demographic Characteristics

The negative experience scores of nursing interns with different demographic characteristics were compared, and the differences are shown in **Table 4**.

**Table 4.** Comparison of negative experience scores of different demographic characteristics ( $\bar{x} \pm s$  component).

Project		Number of people	Score	F/T	P
Age	Less than 20 years old	30	9.23 $\pm$ 2.57	0.173	0.008
	20 - 30 Years old	164	8.56 $\pm$ 2.89		
Record of formal schooling	Junior college	73	8.66 $\pm$ 2.88	27.725	0.000
	Undergraduate course	63	8.56 $\pm$ 2.83		
	Graduate student or above	58	8.79 $\pm$ 2.88		
Whether to voluntarily choose a nursing major	Yes	114	8.92 $\pm$ 2.97	2.381	0.000
	Deny	80	8.30 $\pm$ 2.65		
Whether I like the nursing profession so far	Yes	102	9.02 $\pm$ 2.96	1.524	0.004
	Deny	92	8.27 $\pm$ 2.69		
Practical experience	Three months and less	20	10.30 $\pm$ 3.10	4.560	0.004
	3 - 5 months	8	7.50 $\pm$ 2.39		
	Six to eight months	55	8.35 $\pm$ 2.75		
	More than 9 months	111	8.61 $\pm$ 2.81		

## 4. Discussion

### 4.1. All Nursing Interns Have Negative Experience of Communication between Nurses and Patients

According to the study, 194 nursing interns who participated in the survey experienced negative experiences of nurse-patient communication during the internship, and 71.1% of the nursing interns occurred in less than six months. The reason may be for internship nursing interns in the first six months into clinical, to adapt to the hospital unfamiliar environment, and lack of effective communication with patients, combined with professional knowledge, skills operation not skilled [6], cannot do well for the patients and psychological counseling and health guidance, leading to their lack of confidence, inferiority, shyness, depression, fear, psychological, make nurses communication, and nurses communication negative experience. The impact of negative experience on nursing interns is more than one week, with a relatively short impact time. The clinical adaptability of nursing interns is improved than before [7]. It is related to nursing educators and clinical managers who pay attention to the cultivation of students adaptability, frustration education and the mental health of nursing interns, and develop corresponding

training programs for different influencing factors, so that they can cope better in the face of setbacks. Targeted developmental frameworks have been implemented through clinical simulation training [8] and cognitive-behavioral interventions [9] to accelerate psychological adaptation, thereby enhancing interns' capacity to manage clinical adversities. After the negative communication experience, the nursing interns mainly talk to their classmates and friends, because they are of similar age and experience, so they find it easier to understand each other [10].

#### **4.2. There Are Various Reasons for the Negative Experiences of Nursing and Patient Communication**

The study showed that, The reasons for negative communication involve 16 aspects, The most frequent one is, "although patiently explained, But the patients or their family members still ask repeatedly, and do not understand", "the medical expenses are too expensive, Patients or their families complain", "patients and their families suspect that the hospital deliberately charged more money to complain to the nurse", "patients are dissatisfied with the nurses skills, Make comments", This is related to the concerns of patients and families about the result of the disease, the illness, the financial burden of the disease and the lack of medical knowledge, Leading leads to negative psychology and anxiety. As caregivers have had the most frequent contact with them, they put these negative feelings out on the caregivers, especially for nursing interns. Studies showed that providers failed to provide clear and understandable communication, patients will feel frustrated and isolated, and even produce a strong sense of disgust [11]. Internship nursing interns only enter the clinic, lack a comprehensive understanding and mastery of the knowledge and skills of communication between specialties and nurses and patients, and often fail to dispel doubts for patients. Therefore, nursing interns need to strengthen learning, constantly improve knowledge and skills, and better serve patients.

#### **4.3. Nursing Interns Should Adopt Active Responses after Negative Nurse-Patient Communication Experience**

The results of the study showed, after the negative nursing-patient communication experience, 76.8 percent of the students will use the positive response of asking for others, aligning with prior research outcomes documented by Wu *et al.* [12]. And 46.9 percent of the students talk to others, May pay attention to the cultivation of positive personality of nursing interns, good psychological quality and stable mood, So when nursing interns encounter negative experiences of communication, Will take the initiative to ask others for help and talk to it, To release emotions and relieve stress, In summary, The ability to handle negative experiences is crucial, Schools and hospitals should continue to conduct regular research on the communication status of nursing interns. For the existing problems, analyze the specific causes and the corresponding countermeasures [13], give psychological counseling, timely help students to improve, relieve the emotional burden,

as soon as possible to adapt to the internship work, improve the internship effect. Implemented through collaborative university-clinical institution partnerships, the “dual-mentorship system” assigns academic instructors to focus on cognitive reconstruction while clinical mentors provide communication skills coaching, forming a closed-loop support system integrating theoretical and practical dimensions [14].

#### **4.4. The Negative Experience of Nursing and Patient Communication among Nursing Interns Is Influenced by Many Factors**

This study found that nursing interns with young age and low education are more likely to have negative communication experience, a pattern consistent with the developmental stage characteristics outlined in Benner’s Novice to Expert Theory [15], which may be due to their relative lack of life and social experience, which reduces communication efficiency; nursing interns with low education are usually weak in nursing theory and related medical knowledge, making them difficult to accurately answer patients; weak ability in emotional management and stress response, and are likely to feel overwhelmed by their anxiety or dissatisfaction. Results show that voluntary choice of nursing professional, like nursing professionals are more likely to negative experience. This phenomenon may be attributed to cognitive dissonance stemming from the discrepancy between idealized expectations and actual realities [16]. This part of the nursing profession and their ability have high expectations, in more emotional, but challenges in the process of practice, such as high intensity of work pressure, complex emotions, etc., lead to their disappointed and frustrated, work enthusiasm. This study also found that nursing interns with short clinical practice time are more likely to have negative experience. Because they enter the clinic, they need to face complex and changeable environment, gap between theory and practice, unskilled in nursing operation, and lack of clinical experience and interpersonal communication skills, so poor clinical adaptation will occur [17], Lack of confidence when faced with patients, thus increasing the possibility of misunderstanding and conflict. Therefore, in the internship, educator-level managers should pay attention to the characteristics of nursing interns of different ages and different degrees, drawing on Duchscher’s Transition Shock Theory [18], realistic job previews conducted prior to clinical internships enhance situational foresight and mitigate reality shock among interns through improved anticipation of workplace scenarios. Provide targeted support and guidance, enhance self-confidence, strengthen professional ideological education, emotional management and mental health training, and help nursing interns understand the challenges and coping strategies in practical work.

### **5. Summary**

Nursing interns are one of the important providers of nursing services, and the cultivation of their nursing communication ability is related to the quality of clin-

ical nursing. Schools and practice hospitals should strengthen the training of communication ability, pay attention to the communication experience of nursing interns during clinical practice, and formulate corresponding support and intervention measures to reduce the occurrence of negative experiences, improve the harmony of nurse-patient relationship, so as to promote the improvement of nursing quality and patient satisfaction.

## Funding

Students Innovation and Entrepreneurship Training Program Project of Yangtze University (fund number: Yz2023326).

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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