

Nursing Students' Understanding and Experiences of Student-Patient Relationships: A Thematic Analysis

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ABSTRACT

Background: A good student-patient relationship influences the quality of patient care and promotes student learning opportunities. There are only a few recent studies related to the student-patient relationship, and most of them were conducted in quantitative studies. This study aimed to explore Bruneian nursing students' perspectives on nursing student-patient relationships during their clinical placement. Furthermore, the factors influencing these relationships and reflected on the changes students undergo were examined.

Methods: The study adopted a qualitative descriptive approach. Seventeen students from the second, third, and fourth years participated in online interviews, which were transcribed verbatim and analyzed using thematic analysis. Purposive sampling was employed.

Results: This study identified three broad themes regarding students' perceptions, understanding, and experiences of student-patient relationships: (1) navigating professional boundaries in student-patient interactions, 2) mentorship and relationship building with patients, and (3) barriers to effective student-patient interaction

Conclusion: This study highlights the relationships that nursing students have with patients. Students first find it difficult to maintain professional boundaries with patients but become better through mentorship and clinical experiences. Nurses' roles, clinical experiences and positive patient attitudes are significant factors. Nevertheless, language barriers, patient health conditions, and time constraints present challenges. Nursing education programs should continue to provide continuous support to students to help them establish professional and therapeutic relationships with patients, as well as to support their emotional resilience. This support should be provided through encouragement and guidance.

Keywords: Student-patient; Nursing; Students; Clinical placement; Relationships; Brunei

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INTRODUCTION

Courses in communication skills are typically integrated early into nursing education programmes to equip students with the abilities required for effective interactions between healthcare professionals and patients. Proficient patient communication is critical for student nurses to provide holistic healthcare (1). Effective communication has increased patient satisfaction (2), patient adherence to treatment (3), and the patient's quality of life. There are also positive correlations between effective communication and the formation of healthy relationships; for instance, during clinical placements, student nurses interact with patients under the supervision of qualified personnel. These interactions cultivate critical student-patient rapport essential for the student's academic development (4).

However, students voiced apprehension concerning the dynamics of engagement between nursing students and patients (5). Interacting with patients presents students with several obstacles, such as anxiety, fear of making errors and poor judgements, inadequate clinical knowledge and skills, and self-doubt (6). Simultaneously, student nurses experience tension due to the unfavourable conduct displayed by patients, the unsupportive environment of the clinical setting, and the unfavourable demeanour of the staff towards them (7).

Meanwhile, the rapport established between a nursing student and a patient is complex due to the multitude of factors that exert an influence. This may account for the fact that the majority of studies into the manner in which students establish rapport with patients employ quantitative research designs (4). In light of this scarcity, it is important to conduct further research, particularly in order to obtain more profound, contextualised insights that quantitative methods may overlook.

Previous scholarly inquiry has also focused on how students engage in conversation with each other rather than examining the complexity of the entire relationship (8). The processes through which nursing students develop relationships with patients, the variables that influence these relationships, and the changes that students undergo concurrently with these relationships merit additional research. This study is thus concerned with how nursing

students in Brunei establish rapport with patients and how this affects the quality of care provided to patients.

METHODS

The research utilised a qualitative descriptive methodology deemed appropriate for clarifying and understanding nursing students' perspectives concerning the dynamics of student-patient relationships. The students for this research were selected using purposive sampling from a singular higher learning institution in Brunei. The gatekeeper facilitated student recruitment by ensuring access to study environments and establishing communication channels between the researcher and potential students. Seventeen students from the second, third, and fourth years participated in online interviews, meeting the inclusion criteria of having completed at least one rotation of clinical placements. The literature review served as the foundation for the interview questions, which are composed of six open-ended queries that are intended to elicit the students' comprehensive perspectives on the subject matter. The questions were (1) What is the most important aspect of your relationship with the patients, and why? (2) What motivates you to engage in patient interaction? (3) What are the obstacles that impede your ability to engage with patients? (4) How do you ensure that your interactions with patients are both professional and respectful? (5) How can the patient assist you and inspire you to establish a positive relationship with them? (6) What is the function of nurse educators and nurses in assisting students in the development of a positive and effective relationship with patients? The majority of participants spent less than 43 minutes on average answering questions.

Data patterns were discerned and examined using a six-phase thematic analysis procedure (9). The first phase entailed the research team engaging in preparatory analysis by perusing, becoming acquainted with, and comprehending the gathered data. On the contrary, during the second phase, the researcher transformed the data into a coherent and comprehensible format using Microsoft Word and tabulating the results correspondingly. The researcher performed open manual coding and produced preliminary codes. The research team sought themes within the codes during the third phase. A verification

process was conducted in the fourth phase to establish that the codes faithfully reflected the initial intent by comparing the themes to the data sets. This is followed by addressing the research questions and establishing connections during the fifth phase, with descriptions beneath each theme to enlighten the audience. The research team generated a report following the data analysis in the sixth phase.

Trustworthiness and Rigour

Peer debriefing enhanced the credibility of the study. To ensure the validity and reliability of the interview questions, the research team deliberated on them, considering previous literature reviews. Based on prior experiences, they then examined the responses of individuals for patterns, themes, and contradictions. Analyse the responses of the participants to identify commonalities and distinctions. The investigator would then conduct follow-up interviews with subjects to validate their statements and clarify concepts.

Maintaining consistency and posing the same questions during each interview is essential.

Incorporating recently identified and validated data themes into the data analysis process enhances confidence in the results. These measures were implemented to ascertain the dependability of the results. The act of validating emergent themes enhances the credibility and verification of research. Before consulting with her supervisor, the principal investigator independently analysed the data to eliminate personal bias and inconsistency. A consensus was achieved after meticulous deliberation and comparison, thereby validating the conclusions. The researchers describe their methodology, data collection, and analytical techniques to ensure transferability. This facilitates readers' understanding of the research methodologies and establishes connections between the findings and their circumstances.

RESULTS

Throughout data collection, seventeen students agreed to be interviewed. The background information about the students is summarised in **Table 1**.

Table 1: Demographic of participants

Students' code	Gender	Age (Years)	The current education level	Clinical experience	Previous education level
P1	Female	27	Fourth Year	More than 1 month	Diploma in health science (Nursing)
P2	Female	22	Fourth Year	48 months	A-level
P3	Female	22	Third Year	3 months	A-level
P4	Female	22	Third Year	10 months	A-level
P5	Female	24	Fourth Year	More than 36 months	Diploma in health science (Nursing)
P6	Female	26	Third Year	2 months	Diploma in health science (Midwifery)
P7	Female	21	Fourth Year	2 months	Diploma in health science (Nursing)
P8	Female	23	Fifth Year	More than 8 months	A-level
P9	Male	21	Fourth Year	More than 1 months	A-level
P10	Male	19	Third Year	5 months	A-level
P11	Female	20	Second Year	3 months	A-level
P12	Female	22	Fourth Year	3 months	A-level
P13	Male	23	Fourth Year	More than 1 month	A-level
P14	Female	23	Fourth Year	21 months	A-level
P15	Female	24	Fourth Year	More than 5 months	Diploma in health science (Midwifery)
P16	Female	26	Fourth Year	More than 12 months	Diploma in health science (Nursing)
P17	Female	22	Fourth Year	More than 5 months	A-level

Theme 1: Navigating Professional Boundaries in Student-Patient Interactions

Initially, the students were asked about the changes in the dynamics between them and the patients during their clinical experience. Most students who reflected on their initial interactions with patients cited apprehensions, reticence, social awkwardness, communication reluctance, and difficulties. There are many contributing factors to the negative emotions that some students experience. As stated by one of the students:

"When I started working as a student nurse, I was shy, making it hard to talk to patients and making them less likely to open up to me. Because of this, it was hard for me to become a nurse. I turned to doing the nursing work given to me instead of making personal connections. This made it hard for the student and the patient to talk to each other. Some patients thought we were not as good as the paid nurses. So, sometimes, they would fire us, putting us in a tough spot where we had to choose whether to keep working on the task or tell the staff nurse that the patient did not want us to do the therapy."
(P 12)

Students understand professionalism's significance in the student-patient relationship as they progress through clinical internships and academic curricula. Constantly, students emphasise the importance of maintaining professional boundaries and adhering to nursing standards when interacting with patients. This echo is supported by the evaluations of patient connections made by students.

"When being polite and respectful, you should think about the gender of the person you are talking to and act appropriately. Professionally, you are playing. Once you and the patient can keep the conversation and actions within a reasonable range. Professional behaviour is interrupted when a talk or action causes discomfort, invades someone's privacy without reason, or does not accomplish anything."
(P 17)

The students elaborated on their approach to delivering exceptional patient care while maintaining a professional demeanour. A student explained:

"It is essential not to give them too much information. I know what things I can discuss with my patients, anything related to their health,

without going into too much detail. Additionally, the student should show patients care and communicate with them in a polite way."
(P 15)

Other students further considered maintaining a professional demeanour in a challenging situation.

"We should not let our emotions get in the way. For example, we should not let our feelings get the best of us when dealing with a patient who is upset and rude to them because of it. To get the patient to cooperate, you should focus on listening, validating their feelings, and suggesting an answer."
(P 14)

As clarified in the subsequent theme, the students also recognised the value of developing a rapport with the patient.

Theme 2: Mentorship and Relationship Building with Patients

All students in the study seek the guidance and support of nurses to cultivate positive relationships with patients. A student elaborated on the reasons why nurses would be the most appropriate examples for their fellow students to emulate:

"The knowledge, practical skills, and soft skills that nurses need to give excellent care to patients are all readily available to them. Some of these skills are being able to listen, being flexible, and communicating clearly and actively. They inspire the next generation of nurses to have great relationships with patients by showing them how to use these skills in the modern healthcare system."
(P 1)

Furthermore, the students highlighted the mentors' crucial role in fostering constructive conversations between students and patients and offering valuable feedback to enhance interpersonal abilities. Most students say regular patient interaction helps them hone their skills and analyse their errors. These critical experiences are instrumental in enhancing students' personal and professional growth. It facilitates therapeutic relationship formation and communication between patients and students. Students were also able to execute clinical duties with greater efficiency and confidence. The student provides support for this reflection with the quotes listed below:

"Now that I have more experience, talking to people is getting easier. It makes me feel confident that I can do health assessments and make individualised nursing care plans for each patient based on their situation. They said doing something repeatedly will make it perfect."

(P 8)

Several students, however, have observed that their interactions with patients are invariably not positive. Misunderstandings resulting from ineffectual communication, inexperience managing challenging patients, and a lack of confidence are cited by students as contributing elements. Nevertheless, a single student articulated:

"After being a student nurse for a while, I have become more emotionally intense and can now handle how I feel. For example, there was an event the last time a patient got angry because of the slow service, and I was able to hold back tears in front of the patient. With my advisor, I could stay calm and control the situation. I feel like I have met a primary goal with this."

(P 4)

On the other hand, most students responded positively and cordially to complex and reticent patients, whom they described as impolite, recalcitrant, and demanding. Furthermore, students consider trust and regard essential elements that comprise fruitful student-patient relationships.

"Respect for the patient makes connecting with and getting to know them easier. Also, it makes it easier to understand the situation they are in, of course. I also appreciate it when people trust me to give them the proper medical care, even though I am still a student."

(P 17)

More details about the minimal student-patient interaction that transpired were provided in the subsequent theme.

Theme 3: Barriers To Effective Student-Patient Interaction

Several students have documented difficulties they encountered while attempting to communicate with patients who were not proficient in English and Malay. Due to the patient's inability to effectively communicate their concerns, one student elaborated on the challenges of fulfilling their needs.

"This patient is trying to talk to me, but I cannot understand what he is saying, even though he keeps clarifying it. When I said something, he said, "Not about that," to make it sound like it was not about the problem I was trying to bring up. The patient was mad, so I told him to take a break, and he did."

(P 2)

Further, students described the challenges they encountered when attempting to communicate with patients who suffered from speech-impairing medical conditions, including stroke and auditory impairments. This student further elaborated:

"I learned that people with physical conditions that make it hard to communicate, like speech problems or paralysis from a stroke, get angry and do not want to talk to students. It is hard to talk to these people because they cannot explain what they want and need."

(P 1)

Due to time constraints, a few students noted they could not cultivate close relationships with their patients. The primary reason for their frequent absences is a heavy workload within the ward. Below, students' accounts provide commentary on this matter.

"After the doctor's rounds, several things happen at the same time. For example, some carers need help giving and cleaning patients baths."

(P 4)

A student stated they must assist other nurses in accomplishing nursing procedures due to a labour shortage. Furthermore, a limited number of students indicated that the duration of their clinical rotation is inadequate to cultivate meaningful relationships with patients.

"Even though the clinical placement lasts at least a month, it is not long enough for me to give "my all." Just to be clear, there is not enough time to provide the best service."

(P 15)

DISCUSSION

Our study indicates that as students developed a deeper understanding of their patients, they encountered a range of emotions during their initial interactions. The students who participated in our study experienced anxiety as they adapted to their new roles and

struggled to set and uphold personal boundaries. Students naturally experienced anxiety as they adapted to new roles, struggled with setting boundaries, and built emotional rapport with patients. Students often struggled with emotional regulation during their initial clinical practice. They make concerted efforts to actively participate in the management of their healthcare (10). This point elucidated the rationale behind the students' sentimental attachment to their patients. Students developed interpersonal connections with terminally ill and ailing patients rather than sticking to diagnostic roles when confronted with challenging circumstances (11). Students gain a more comprehensive comprehension of the multifaceted aspects that constitute professionalism due to their academic advancement and clinical rotations. Students in our study consistently emphasise the significance of complying with regulations governing registered nurses and maintaining professional boundaries.

Additional inquiry unveiled that nursing students employed diverse strategies to regulate their emotions throughout patient interactions (10). One method used at times was to preserve one's emotional composure. Emotionally excessive involvement or exposure to profoundly negative emotions may lead to irrationality, exhaustion from helping others, and unhappiness (12). Ethics exercises, debriefing, and reflection assist students in understanding moral and legal issues and problems (13). One viable way to enhance students' understanding of the ethical dilemmas that may arise during their clinical practicum is by integrating this component into the current curriculum.

According to a previous study, self-reflection has been associated with increased competency levels in nursing students (14). Reflecting on past occurrences and deriving lessons from errors positively impacted the present conduct of the students in this research. Reflection is essential to nursing education (15) because it requires considering the advantages and disadvantages of a particular experience or event and devising strategies to rectify or enhance them permanently. Despite initially encountering challenges with patients and distressing situations, this did not diminish the students' motivation. However, it strives to enhance their skill development and performance. Their speaking abilities and

clinical knowledge have improved due to self-reflection and diligence. They have a more positive self-perception and are more adept at starting fruitful conversations with others. According to the study, students have become more emotionally resilient and adept at handling demanding situations due to their clinical experiences. The gradual development of greater resilience in students can be linked to the inherent difficulties associated with patient care. Exceptionally resilient nursing students are also more adept at employing healthful coping mechanisms for stress (16).

Singaporean nursing students, for instance, use "constructive reframing" to adopt a more optimistic perspective when confronted with challenging situations that arise during their clinical rotations. The students perceived their experiences as opportunities to grow in their capacity as learners (17). However, the collaboration of nurses in the clinical environment, where they provide patient care, also impacted the students' progress and maturation. Nursing students require guidance and assistance from more experienced practitioners as they pursue their licenses. Scholars discovered that mentors supported students by offering constructive criticism and facilitating positive patient interactions. It is acknowledged that students believe mentors assist them in developing their social skills. The students held the mentors in the highest regard, mainly due to their willingness to instruct and elucidate their approaches' rationale and consistent encouragement, support, and direction (18). Mentorship is essential for the professional development of nursing students during their clinical internships, and students can develop a much stronger interest in becoming nurses through positive mentorship relationships (19).

On the contrary, a qualitative investigation in Mauritius concerning nurses' experiences with mentorship programmes unveiled that inadequate mentoring results in students being provided with substandard support, supervision, and guidance (20). Students observed and emulated the behaviours exhibited during nurse-patient interactions in the practises that comprised the present study. This demonstrated that students were readily influenced by the nurses' practises and regarded their conduct as exemplary to emulate. This, however, contradicts the findings, which revealed that students were

exposed to negative role models, which had a negative impact on their learning and fostered a negative attitude towards nursing (21). This indicates that those responsible for appointing nurses as mentors for undergraduates ought to be aware of the individuals who are most likely to be suitable role models. Furthermore, opportunities for nurses to participate in practical mentorship courses should have been made available.

Students in the current study appeared to have incredible success communicating with and caring for patients amenable to cooperation and cooperation with the researchers despite having acquired health communication skills and information in their foundational nursing course. On the contrary, obstinate and reticent patients were perceived as impolite, uncooperative, and demanding. Students were permitted to socialise with patients with low blood pressure, and their responsibility was to administer medical care when they were with other patients (1). In developing a healthy relationship, respect and mutual trust are essential for students and patients. Respect fosters emotions of confidence, security, and welfare. Enhancing students' academic achievements signifies an increase in their self-esteem and sense of personal growth. Moreover, students are more engaged, motivated, and capable of learning when they study in a supportive environment (22).

Patient-centred care requires that healthcare professionals and patients engage in effective communication. Healthcare professionals should acquire knowledge of their patient's needs and develop strategies to assist them through dialogue. This finding is consistent with previous research that identified language barriers, speech and hearing difficulties, and speech disabilities as significant obstacles to communication (23). According to a Canadian study, patients' frustration and the provision of substandard care result from language barriers that impede plain communication between them and healthcare professionals (24). Moreover, this discovery indicates that students lacked communication expertise and knowledge assurance. Upon receiving instruction on effective communication with individuals who have difficulties with language at the educational institution, they realised that their comprehension of the topic was rudimentary.

According to the current study, students reported that they could not spend time with patients in clinical wards due to a lack of nurses and heavy workload. Students from South Korea said that repetitive administrative work and other responsibilities added to an already hectic schedule (25). Due to the inadequate staff-to-patient ratio, the nurses are also burdened with critical time constraints and are expected to complete their duties during shifts. One potential factor contributing to a student's impaired communication skills with patients is an overwhelming academic burden that induces feelings of anxiety, exhaustion, and burnout. Determining the obstacles that impede student-patient relationships could facilitate the collaboration of nursing educators and other stakeholders in developing potential solutions that could assist students in overcoming these challenges.

The current research had some limitations. This study was performed at a single institution. This result does not reflect the experiences of Brunei nursing students attending other postsecondary institutions. Significant numbers of students are senior-level nursing candidates. Furthermore, the exclusive reliance on student viewpoints demonstrated a lack of understanding of the student-patient relationship. Thus, patients and staff nurses should be included in future research. This may result in a better understanding that enhances nursing education and care provision.

CONCLUSION

This study sheds light on the patient relationships of nursing students. This study revealed that students initially found it difficult to form emotional connections with patients and establish professional student-patient relationships. However, nursing education and clinical practice assist students in developing professional-patient relationships characterised by maintaining boundaries, respect, and empathy. This study demonstrates how the duties of nurses, positive patient attitudes, and clinical experiences all contribute to the formation of facilitative relationships. Time constraints, language barriers, and medical issues with patients impede student-patient interactions. The significance of clinical experience, mentoring, and effective communication in forming positive student-patient relationships and surmounting obstacles is underscored by these results.

Courses in nursing must provide the tools and knowledge required to establish and maintain professional and therapeutic relationships with patients. This can elevate students' clinical performance and improve patient outcomes.

ETHICAL CONSIDERATIONS

The research protocol obtained approval from the university's ethical review committee (No. UBD/PAPRSBIHSREC/2022/03). Before data collection, each student obtained written consent, ensuring voluntary participation.

CONFLICT OF INTEREST

The authors have declared no conflict of interest.

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AUTHOR CONTRIBUTIONS

These authors contributed equally to this work.

REFERENCES

1. Abdolrahimi M, Ghiyasvandian S, Zakerimoghadam M, Ebadi A. Therapeutic communication in nursing students: A Walker & Avant concept analysis. *Electron Physician* [Internet]. 2017;9(8):4968-77. Available from: <http://dx.doi.org/10.19082/4968>
2. Sharkiya SH. Quality communication can improve patient-centred health outcomes among older patients: a rapid review. *BMC Health Serv Res* [Internet]. 2023;23(1):886. Available from: <http://dx.doi.org/10.1186/s12913-023-09869-8>
3. Gessesse AG, Mohammed Haile J, Woldearegay AG. The nexus between physician-patient communication and health outcomes: Level of patient communication satisfaction and its impact on adherence in Ethiopian comprehensive specialised hospitals. *Patient Prefer Adherence* [Internet]. 2022;16:2509-19. Available from: <http://dx.doi.org/10.2147/PPA.S381937>
4. Suikkala A, Koskinen S, Katajisto J, Leino-Kilpi H. Congruence between nursing students' and patients' views of student-patient relationships. *Adv Health Sci Educ Theory Pract* [Internet]. 2021;26(1):79-115. Available from: <http://dx.doi.org/10.1007/s10459-020-09972-z>
5. 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* [Internet]. 2021;20(1):158. Available from: <http://dx.doi.org/10.1186/s12912-021-00684-2>
6. Cruz Araújo AA, de Godoy S, Arena Ventura CA, Rodolfo Silva I, Santos de Almeida EW, Costa Mendes IA. Reflections on nursing students' fear and anxiety arising from clinical practicums. *Invest Educ Enferm* [Internet]. 2022;40(3). Available from: <http://dx.doi.org/10.17533/udea.iee.v40n3e13>
7. Stubin C. Clinical stress among undergraduate nursing students: perceptions of clinical nursing faculty. *Int J Nurs Educ Scholarsh* [Internet]. 2020;17(1). Available from: <http://dx.doi.org/10.1515/ijnes-2019-0111>
8. Lotfi M, Zamanzadeh V, Valizadeh L, Khajehgoodari M. Assessment of nurse-patient communication and patient satisfaction from nursing care. *Nurs Open* [Internet]. 2019;6(3):1189-96. Available from: <http://dx.doi.org/10.1002/nop2.316>
9. Braun V, Clarke V. *Thematic analysis: A practical guide*. London, England: SAGE Publications; 2021.
10. Heggstad AKT, Konow-Lund A-S, Christiansen B, Nortvedt P. A vulnerable journey towards professional empathy and moral courage. *Nurs Ethics* [Internet]. 2022;29(4):927-37. Available from: <http://dx.doi.org/10.1177/09697330221074013>
11. Weurlander M, Lönn A, Seeberger A, Broberger E, Hult H, Wernerson A.

- How do medical and nursing students experience emotional challenges during clinical placements? *Int J Med Educ* [Internet]. 2018;9:74–82. Available from: <http://dx.doi.org/10.5116/ijme.5a88.1f80>
12. Weilenmann S, Schnyder U, Parkinson B, Corda C, von Känel R, Pfaltz MC. Emotion transfer, emotion regulation, and empathy-related processes in physician-patient interactions and their association with physician well-being: A theoretical model. *Front Psychiatry* [Internet]. 2018;9:389. Available from: <http://dx.doi.org/10.3389/fpsy.2018.0389>
 13. Honkavuo L. Ethics simulation in nursing education: Nursing students' experiences. *Nurs Ethics* [Internet]. 2021;28(7–8):1269–81. Available from: <http://dx.doi.org/10.1177/0969733021994188>
 14. Alsalamah Y, Albagawi B, Babkair L, Alsalamah F, Itani MS, Tassi A, et al. Perspectives of nursing students on promoting reflection in the clinical setting: A qualitative study. *Nurs Rep* [Internet]. 2022;12(3):545–55. Available from: <http://dx.doi.org/10.3390/nursrep12030053>
 15. Price B. Improving nursing students' experience of clinical placements. *Nurs Stand* [Internet]. 2019;34(9):43–9. Available from: <http://dx.doi.org/10.7748/ns.2019.e11328>
 16. Aryuwat P, Asp M, Lövenmark A, Radabutr M, Holmgren J. An integrative review of resilience among nursing students in the context of nursing education. *Nurs Open* [Internet]. 2023;10(5):2793–818. Available from: <http://dx.doi.org/10.1002/nop2.1559>
 17. Lopez V, Yobas P, Chow YL, Shorey S. Does building resilience in undergraduate nursing students happen through clinical placements? A qualitative study. *Nurse Educ Today* [Internet]. 2018;67:1–5. Available from: <http://dx.doi.org/10.1016/j.nedt.2018.04.020>
 18. Mikkonen K, Tomietto M, Tuomikoski A-M, Miha Kaučič B, Riklikiene O, Vizcaya-Moreno F, et al. Mentors' competence in mentoring nursing students in clinical practice: Detecting profiles to enhance mentoring practices. *Nurs Open* [Internet]. 2022;9(1):593–603. Available from: <http://dx.doi.org/10.1002/nop2.1103>
 19. Kung P-C, Huang H-L, Che H-L, Chou Y-F, Chi S-F, Tseng S-M. Effectiveness of clinical mentorship program for students of long-term aged care: A mixed-methods study. *Nurse Educ Today* [Internet]. 2023;125(105781):105781. Available from: <http://dx.doi.org/10.1016/j.nedt.2023.105781>
 20. Foolchand D, Maritz JE. Experience of nurses regarding the clinical mentoring of student nurses in resource-limited settings. *Health SA Gesondheid* [Internet]. 2020;25:1434. Available from: <http://dx.doi.org/10.4102/hsag.v25i0.1434>
 21. Mpangane EA, Makhene A, Ally H. Experiences of student nurses on role modelling of a therapeutic approach by registered nurses: Recommendations for improvement. *Curatoris* [Internet]. 2021;44(1):e1–7. Available from: <http://dx.doi.org/10.4102/curatoris.v44i1.2168>
 22. Rusticus SA, Pashootan T, Mah A. What are the key elements of a positive learning environment? Perspectives from students and faculty. *Learn Environ Res* [Internet]. 2023;26(1):161–75. Available from: <http://dx.doi.org/10.1007/s10984-022-09410-4>
 23. Stransky ML, Morris MA. Adults with Communication Disabilities Face Health Care Obstacles: Adults with communication disabilities struggle to access quality health care-significantly more than typical peers. How can we get them needed health information and services? *ASHA Lead* [Internet]. 2019;24(3):46–55. Available from: <http://dx.doi.org/10.1044/leader.ftr1.24032019.46>
 24. Pandey M, Maina RG, Amoyaw J, Li Y, Kamrul R, Michaels CR, et al. Impacts of English language proficiency on healthcare access, use, and outcomes among immigrants: a qualitative study. *BMC Health Serv Res* [Internet]. 2021;21(1):741. Available from: <http://dx.doi.org/10.1186/s12913-021-06750-4>

25. Kim S, Kim M. Nursing students' experiences and perceptions of barriers to the implementation of person-centred care in clinical settings: A qualitative study. *Nurs Open* [Internet]. 2023;10(3):1889-99. Available from: <http://dx.doi.org/10.1002/nop2.1514>