Patients' perspectives on factors affecting student-patient relationship: a descriptive-analytical study

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Abstract

Background and Aim: Relationship is an essential aspect of human life. During the course of illnesses and hospitalization, student-patient relationship significantly contributes to patient satisfaction and nursing care quality. The objective of the present study was to identify the factors affecting student-patient relationship from the perspectives of patients.

Methods: This descriptive-analytical study was conducted in 2013 on 100 patients hospitalized in Imam Reza (PBUH) and Valiasr (PBUH) teaching hospitals, Birjand, Iran. Data collection was done by using a researcher-made instrument on patients' perspectives on factors affecting student-patient relationship which included the four subscales of personal, social, environmental, and clinical factors. Data analysis was performed by using the SPSS software (v. 16.0), the measures of descriptive statistics, and the inferential statistics tests such as the independent-samples t, the one-way analysis of variance, the Mann-Whitney U, and the Kruskal-Wallis. The level of significance was set at below 0.05.

Results: The most and the least significant factors affecting student-patient relationship were respectively environmental factors (with a mean of 3.74±0.98) and personal factors (with a mean of 3.22±0.71). There was a significant correlation between social factors and participants' gender and history of hospitalization as well as between environmental factors and participants' marital status ($P<0.05$).

Conclusion: Study findings suggest that the main factors affecting student-patient relationship are environmental factors, particularly poor environmental condition. Therefore, the effects of these factors should be moderated in order to enhance patients' satisfaction with nursing services.

Key Words: Professional-Patient Relations; Students; Patients

Received: January 20, 2015 ***Accepted: July 21, 2015***

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Introduction

Relationship is the inseparable part of daily life and is a matter of life-and-death in healthcare systems (1). It can minimize the stress and the negative experiences of illnesses and hospitalization (2).

Patients' relationship with healthcare team is a principal aspect of care which is mediated by healthcare professionals, particularly nurses (3). Through relationship, nurses identify patients' needs and shape their caring behaviors and thus, it is the cornerstone of quality nursing care (4). Besides being a need of patients, relationship is a prerequisite to nurses' practice. Nurses can change patients' attitude towards illnesses and self care through establishing relationship with them (5). An effective nurse-patient relationship can improve patients' physiological and functional status, magnify the effects of educations provided to them, help them accept and cope with their problems, and bring them greater satisfaction (5, 6). On the other hand, ineffective relationship is a potential barrier to care delivery in clinical settings (2), can cause establishing a wrong diagnosis, restrict patients' participation in care-related activities, and interfere with information provision to patients (7).

Besides staff nurses, students, particularly nursing students, also have direct and long-term working relationships with patients. They are often in the frontline of care delivery and hence, most patients share their own experiences with them. They provide valuable care services through listening to patients and alleviating their concerns (8). Suikkala and Leino-Kipli (2005) quoted Twinn as saying that patients' relationship with students is calmer than their relationship with nurses. Moreover, patients and students have a different supportive relationship with each other. Student-patient relationship can be affected by the beliefs of the both sides and necessitates equity, respect, and confidence (9). This relationship seems to be also affected by patients and students' preconceptions and stereotypical images about each other, their needs and desires, as well as students' personality characteristics and professional conduct (8).

Student-patient relationship offers valuable care experiences to both sides, particularly when both of them need to participate in resolving patient's problems (8). This relationship helps students acquire nursing skills and get ready for assuming professional roles. In other words, it is a significant factor behind their learning, personal and professional development, professional competence, self-confidence, and motivation (8, 9). Moreover, patients play a substantial role in encouraging students and giving constructive feedbacks to them which are considered by students as rewards from patients and can enhance the quality of care (8). On the other hand, students' supportive relationship with patients enhances patients' independence and problem-solving skills and increases their participation in the process of care delivery (9, 10).

Previous studies dealt mainly with nurse-patient relationship and barely covered student-patient relationship (8, 9). On the other hand, understanding clients and identifying their needs are the absolute prerequisites to quality care delivery (11). Accordingly, students can establish more effective relationship with patients through studying and understanding patients' perspectives. The objective of the present study was to identify the factors affecting student-patient relationship from the perspectives of patients hospitalized in the teaching hospitals of Birjand University of Medical Sciences, Birjand, Iran.

Methods

This descriptive-analytical study was conducted in 2013 in Imam Reza (PBUH) and Valiasr (PBUH) teaching hospitals, Birjand, Iran. Study participants were 100 patients hospitalized in different wards of these two hospitals which were recruited to the study through multistage sampling. Initially, a quota was allocated to each hospital which was proportionate to the number of beds in that hospital. Then, the simple

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random sampling technique was used to recruit patients from every ward in the hospitals. The numbers of wards and beds in Imam Reza hospital were eight and 132 while these values in Valiasr hospital were equal to thirteen and 224, respectively. Accordingly, 42 patients were randomly recruited from Imam Reza Hospital (five patients from each ward on average) and 67 patients from Valiasr Hospital (six patients from each ward on average). Based on the results of our pilot study and a standard deviation of 0.68, the study sample size was determined to be 98 patients. However, given the probability of attrition, 110 patients were recruited. Nine patients (five from Imam Reza and four from Valiasr hospitals) were excluded because they had filled out the study instrument incompletely. Patients were recruited if they were completely conscious, had no mental disability, were able to reply to the instrument, and agreed to participate in the study.

Study data were gathered by using a researcher-made instrument. The first part of the instrument contained nine items on patients' demographic characteristics such as age, gender, marital and educational status, employment, place of residence, previous history of having difficulty in establishing relationship with students, ward of hospitalization, and previous history of hospitalization. The second part of the instrument included 23 five-point likert-type items which assessed patients' perspectives on factors affecting student-patient relationship. The five possible answers to each item of the perspective questionnaire were 'Greatly', 'A lot', 'Moderately', 'Slightly', and 'Barely' which were scored from 5 to 1, respectively. Factors in the perspective questionnaire were allocated into four subscales including personal, social, environmental, and clinical. These subscales contained respectively seven, five, four, and seven items. The total score of each subscale was divided by the number of items in that subscale and hence, a total score of 1–5 was reported for each subscale. We employed the content validity assessment method for determining the validity of this questionnaire. The questionnaire was developed through performing a literature review and then was evaluated for its content validity by eight faculty members of Birjand Faulty of Nursing and Midwifery. Moreover, a Cronbach's alpha of 0.82 confirmed that the questionnaire was reliable. After explaining the aim of the study to the participants and obtaining their consent, the questionnaires were filled out through interviewing them.

We used the SPSS software (v. 16.0), the measures of descriptive statistics, and inferential statistics tests for data analysis. For variables with normal distribution, the independent-samples t test and the one-way analysis of variance (ANOVA) were used. On the other hand, variables which were distributed non-normally were analyzed through conducting the non-parametric tests of Mann-Whitney U and Kruskal-Wallis (for comparing means based on demographic characteristics). The level of significance was set at below 0.05.

Results

On average, participants' age was 35.79±16.20 years. Most of the participants were male (57%), married (63%), resided in urban areas (71%), and held diploma or lower degrees (42%). Fifty two percent of them had previous history of hospitalization while only seven percent of them reported a history of having difficulty in establishing relationship with students.

The most and the least significant factors affecting student-patient relationship were environmental factors and personal factors with a mean of 3.74±0.98 and 3.22±0.71, respectively. The highest scored factors in each of the four subscales of the perspective questionnaire were 'Familiarity with hospital environment' and 'Student's surface appearance' in the personal subscale, 'Student's initial encounter with patient' and 'Student's mood' in the social subscale, 'Student's clinical competence' in the clinical subscale, and 'Poor environmental condition (inadequate

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ventilation, extreme temperatures, and unpleasant smells) in the environmental subscale (Table 1).

Table 1: The mean and the standard deviation of patients' perspectives of factors affecting student-patient relationship

	Factors affecting student-patient relationship	Mean±Standard deviation
Personal factors	1. Your age difference from nursing student	3.20±1.29
	2. Your gender difference from nursing student	2.93±1.24
	3. Your and nursing student's religious beliefs	2.92±1.39
	4. Student's surface appearance	3.44±1.23
	5. Your unfamiliarity with student's accent	3.23±1.24
	6. Your unfamiliarity with nursing students' job description	3.41±1.23
	7. Your familiarity with hospital environment	3.46±1.20
	Total mean	3.22±0.71
Social factors	1. Your and student's socioeconomic status	2.78±1.30
	2. Your relationship and contact with different students and nurses	3.23±1.14
	3. The duration of relationship	3.34±1.13
	4. Student's mood	4.21±1
	5. Student's initial encounter with patient	4.22±0.93
	Total mean	3.55±0.72
Environmental factors	1. Recreational facilities (lack of recreational facilities for patients and family members)	3.69±1.35
	2. Medical facilities (lack of medical facilities for patient)	3.71±1.22
	3. Poor environmental condition (inadequate ventilation, extreme temperatures, and unpleasant smells	3.85±1.25
	4. Multiplicity of patients, family members, and students in each hospital room	3.74±1.16
	Total mean	3.74±0.98
Clinical factors	1. Your previous experiences of establishing relationship with student	3.45±1.23
	2. The presence of your family members once establishing relationship with student	3.39±1.23
	3. Your physical and psychological problems (such as pain and anxiety)	3.45±1.14
	4. Student's limited understanding of your needs and status	3.44±1.04
	5. Your unpleasant experiences of establishing relationship with nursing student	3.22±1.32
	6. Student's clinical competence	3.95±1.13
	7. Student's inadequate time allocation to you	3.43±1.17
	Total mean	3.47±0.74

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The independent-samples t test showed a significant difference between male and female patients regarding their perspectives on social factors as well as between married and single patients concerning their perspectives on environmental factors (P<0.05). Moreover, the Mann-Whitney U test revealed a significant correlation between previous history of hospitalization and social factors. However, the independent-samples t, the Mann-Whitney U, and the Kruskal-Wallis tests indicated that none of the other correlations of subscales with demographic characteristics were statistically significant (Table 2 and 3).

Table 2: Comparing patients' perspectives on personal and social factors based on their demographic characteristics

Demographic characteristics		N	Factors affecting student-patient relationship			
			Personal factors		Social factors	
			Mean±Standard deviation	Test results	Mean±Standard deviation	Test results
Gender	Male	57	3.19±0.71	Independent-samples t test	3.4±0.73	Independent-samples t test
	Female	43	3.27±0.7	P=0.58	3.76±0.66	P=0.01
Marital status	Married	63	3.3±0.7	Independent-samples t test	3.61±0.7	Independent-samples t test
	Single	37	3.09±0.7	p=0.14	3.45±0.75	P=0.30
Previous history of hospitalization	Yes	26	3.35±0.66	Independent-samples t test	3.81±0.53	Mann-Whitney U test
	No	74	3.18±0.72	P=0.3	3.46±0.76	P=0.050

Table 3: Comparing patients' perspectives on environmental and clinical factors based on their demographic characteristics

Demographic characteristics		Factors affecting student-patient relationship				
		Environmental factors			Clinical factors	
		N	Mean±Standard deviation	Test results	Mean±Standard deviation	Test results
Gender	Male	57	3.68±1.01	Independent-samples t test	3.40±0.76	Independent-samples t test
	Female	43	3.83±0.94	P=0.46	3.57±0.71	P=0.25
Marital status	Married	63	3.91±0.94	Independent-samples t test	3.58±0.7	Independent-samples t test
	Single	37	3.46±1	P=0.02	3.29±0.8	P=0.06
Previous history of hospitalization	Yes	26	3.88±0.89	Independent-samples t test	3.71±0.58	Mann-Whitney U test
	No	74	3.69±1.02	P=0.41	3.39±0.78	P=0.06

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Discussion

Study findings revealed that from the perspectives of patients, environmental factors, particularly poor environmental condition (inadequate ventilation, extreme temperatures, and unpleasant smells), had the strongest effect on their relationship with nursing students. Aghabarary et al. (2009) and Park and Song (2005), who studied perceived relationship barriers between nurses and old patients, also reported a similar finding (5, 12). According to Potter and Perry (2003), the environment surrounding nurses and patients dramatically affects the quantity and the quality of their relationships in that in comfortable environments, they establish relationships more effectively (13).

The most significant personal factor affecting student-patient relationship was familiarity with hospital environment. The structure of hospital environment is different from home environment, is stressful, and exacerbates patients' anxiety and thus, it is considered as a barrier to relationship and quality care delivery. The results of a study conducted by Aghabarary et al. (2009) on 90 nurses and 45 patients for identifying the barriers to application of communicative skills by nurses also demonstrated that patients consider presence in the unfamiliar environment of hospital as a barrier to relationship (5). The second most significant personal factor affecting student-patient relationship was student's surface appearance. Undoubtedly, nurses' clothing and tidiness influence patients' attitudes towards nurses as well as their tendency for establishing relationship (13).

Although previous studies reported student-patient gender difference as a barrier to student-patient relationship (5, 14, 15), our findings revealed that the mean score of this item was low. This factor can be affected by the immediate religious and cultural context. Accordingly, the effect of gender difference on relationship can vary in different cultures and communities (15). On the other hand, women and men behave differently in establishing relationship and also interpret the process of relationship differently (5). Once patients need intimacy or want to speak about their personal thoughts and feelings, they prefer to communicate with same-gender nurses. This preference is stronger among women, particularly young ones. However, once they need nurses' clinical expertise, patients feel less concerned over gender difference from nurses (16).

The results of the present study also illustrated that the most determining social factors affecting student-patient relationship were student's mood and student's initial encounter with patient. Can et al. (2008) also did a study to evaluate patients' satisfaction with care services provided by students and found that patients were more satisfied with students who allocate adequate time to them, answer their questions, and treat them with respect (10). These findings confirm that patients attach paramount importance to students' appropriate relationship with them. The findings of a study undertaken by Finch (2006) also demonstrated that patients expect nurses to be attentive, professional, and respectful (17). According to Chiovitti (2008), nursing care from the perspective of patients is characterized by respecting them, ensuring their safety, encouraging them for health promotion, and providing them with interactive education (18). Thorne et al. (2004) also explored communication in healthcare settings and reported that patients define communication in three levels of humility, respect, and commitment (19). Sadeghi et al. (2011) assessed nurses and adolescents' views on relationship and found nurses' respectful tone, affability, and attentive listening to patients as the most important characteristics of relationship from the perspectives of adolescents (20). In another study for exploring nurse-patient communication strategies, Fakhr-Movahedi et al. (2012) noted that nurses' intimate and respectful behaviors enhance patients' satisfaction with nurse-patient communication and bring them calmness and confidence (21). Baraz-Pordanjani et al. (2010) also reported that patients view nurses' aggressive manner as a barrier to relationship. They also noted that hard

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and tiring work as well as lack of sincere appreciation for their work are the factors behind nurses' aggressive manner (14).

Our findings also showed that student's clinical competence was the biggest clinical factor affecting student-patient relationship. Azarbayjani et al. (2012) also evaluated the expectations of 110 hospitalized patients from nursing services and found that patients' greatest expectation was nurses' competence and precise care delivery (22). The amount of credit which patients give nurses depends on nurses' proficiency, self-confidence, and expertise. In other words, patients' recognition of nurses as professionals is affected by nurses' professional conduct and the way they show their professional competence (5).

We also found that among demographic characteristics, only patients' marital status was significantly correlated with environmental factors. Mogharrab et al. (2010) assessed the satisfaction of 300 patients with nurses' five main responsibilities (including communication skills) and found no significant correlation between satisfaction and patients' place of residence, educational status, and history of hospitalization while the correlation of satisfaction with gender, marital status, and employment was statistically significant (23).

Conclusion

Study findings suggest that the main factors affecting student-patient relationship are environmental factors. Therefore, educational and healthcare authorities and managers need to adopt strategies for moderating the effects of these factors and improving student-patient relationship. Moreover, given the significant role of relationship in developing students' clinical expertise, alleviating patients' problems, and enhancing their satisfaction, it is necessary to evaluate patients' perceptions of the factors affecting their relationship with students.

Acknowledgement

This research project was approved and funded by the Research Council of Birjand University of Medical Sciences, Birjand, Iran, with an approval code of 68.91. Hereby, we thank the financial support of the Council as well as the patients who participated in this study

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