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Navigating communication in clinical practice: a phenomenological study of international nursing students in Türkiye

Merve Bat Tonkuş · Melek Karatuzla · Mahshad Sakhaei

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Abstract

Background Effective communication is essential for safe, high-quality nursing care, yet international nursing students may experience language and cultural barriers that complicate communication during clinical practice and hinder their clinical learning and professional adaptation. This study aimed to explore the communication experiences of international nursing students during clinical practice in Türkiye.

Methods A qualitative study using a phenomenological approach was conducted with 21 international nursing students enrolled in the nursing program of a foundation university in Istanbul, Türkiye, during the 2025–2026 academic year. Participants were recruited using criterion sampling. Data were collected through semi-structured, face-to-face interviews and analyzed using reflexive thematic analysis with the support of MAXQDA 20. The study adhered to the Consolidated Criteria for Reporting Qualitative Research (COREQ).

Findings Six main themes were identified: language barriers; patient communication; communication with the healthcare team; cultural adaptation; coping strategies and emotions; professional development and institutional support. Participants reported that language barriers, particularly difficulties with professional Turkish and medical terminology, negatively affected communication and clinical learning. Challenges in establishing trust with patients and interacting with healthcare professionals, together with cultural differences, influenced their adaptation to the clinical environment. Nevertheless, students described developing effective coping strategies, improving their communication skills and professional confidence over time, and emphasized the importance of supportive educators, clinical staff, mentorship, and institutional support in facilitating successful clinical adaptation.

Conclusion International nursing students experience multidimensional communication challenges during clinical practice that extend beyond language proficiency and involve cultural adaptation and the clinical learning environment. Strengthening professional Turkish language education, implementing structured orientation and mentorship programs, and fostering culturally sensitive clinical learning environments may enhance students' communication experiences and facilitate successful clinical integration.

Implications for the profession and/or patient care Educational institutions and healthcare organizations should collaborate to provide language support, culturally responsive supervision, and structured mentoring to improve international nursing students' clinical learning experiences and ultimately contribute to safer, more effective patient care.

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Impact This study provides qualitative evidence on the communication experiences of international nursing students in Türkiye and identifies practical strategies to support their clinical adaptation. The findings may inform nursing educators, clinical mentors, and policymakers in developing inclusive and culturally responsive clinical education practices.

Patient or Public Contribution No patient or public contribution.

Keywords Students · Nursing · Communication · Cultural competency · Qualitative research · International nursing students

Introduction

Effective communication is a fundamental component of nursing care and plays a critical role in providing safe, high-quality, patient-centered healthcare services [1]. The communication that nurses establish with patients, their relatives, and the multidisciplinary healthcare team is crucial for identifying correct care needs, developing therapeutic relationships, ensuring continuity of care, and protecting patient safety [2]. Communication deficiencies can lead to various negative consequences, such as misinformation, care errors, lack of intra-team coordination, and threats to patient safety [3]. Therefore, developing communication skills is considered one of the fundamental goals of nursing education.

Clinical practice is the most important learning environment where nursing students transform theoretical knowledge into practice, develop their professional roles, and acquire professional communication skills [4]. In this process, students are in constant interaction not only with patients and their relatives but also with clinical nurses, faculty members, and other healthcare professionals. Therefore, the quality of the clinical learning experience is closely related to students' ability to communicate effectively [5]. Deficiencies in communication skills can reduce students' active participation in the learning process, increase their anxiety about making mistakes, and prevent them from adequately benefiting from clinical learning opportunities [6].

In recent years, with the increase in international student mobility in higher education, the participation of students from different cultural and linguistic backgrounds in nursing education has also risen significantly [7]. However, international nursing students are not only trying to improve their professional skills during clinical practice but also to adapt to a new language, a different health system, and different cultural norms. This situation can make the clinical learning process more complex than it is for local students [8]. Insufficient mastery of professional terminology, particularly in healthcare settings, along with differences in communication styles, cultural expectations, and healthcare system structures, can make it difficult for students to adapt to the clinical environment [9, 10].

Language barriers are among the most common difficulties reported by international nursing students in the literature [10, 11]. Having sufficient language skills for daily communication is often not enough to use professional terminology effectively in clinical practice. Students may encounter various difficulties during processes such as taking patient histories, assessing care needs, following clinical records, and establishing professional communication with the healthcare team [11, 12]. In addition, fear of making communication errors can reduce students' participation in the clinical environment, negatively affect their self-confidence, and limit their learning processes [13].

In addition to language proficiency, cultural differences are important factors affecting the clinical communication experiences of international students. Cultural values shape how individuals express themselves, understand privacy, relate to authority, and what they expect from patient care [14]. Therefore, students from different cultural backgrounds may have difficulty understanding and adapting to the communication norms of the clinical environment [8]. Furthermore, some students may face exclusion, prejudice, or discriminatory attitudes due to their foreign identity; this can negatively affect their sense of belonging, participation in the clinical environment, and professional self-confidence [9, 15, 16].

However, research shows that supportive clinical learning environments, as well as positive attitudes from mentor nurses and clinical educators, improve international students' communication skills, increase their self-confidence, and facilitate their adaptation to the clinical environment [17, 18]. Structured mentoring practices, professional language training, culturally sensitive clinical environments, and effective feedback mechanisms are among the key elements that strengthen students' communication experiences [19, 20].

Although studies on the clinical experiences of international nursing students have increased in recent years, most current research focuses on students' academic adaptation processes or general educational experiences. In the Turkish context, qualitative research that closely examines the communication experiences of international nursing students in clinical practice, the meanings they attribute to these experiences, and the individual and environmental factors shaping the communication process is quite limited [9, 21]. Addressing this knowledge gap is crucial both for improving the clinical learning processes of international students and for developing culturally inclusive nursing education programs.

In this context, this research aims to examine the communication experiences of international nursing students studying in Türkiye during their clinical practice, using a phenomenological approach. The findings of this research are expected to contribute to a better understanding of the difficulties international students face in their clinical learning processes, the development of educational programs to support their communication skills, and the creation of culturally sensitive clinical learning environments.

Method

Study design

In this study, a phenomenological design, a type of qualitative research, was adopted to examine in depth the communication experiences of international nursing students in clinical practice and the meanings they attribute to these experiences [22]. Phenomenological research focuses on individuals' experiences of a specific event and how they make sense of these experiences. Therefore, this design was deemed suitable for understanding the clinical communication experiences of international students – which include linguistic, cultural, interpersonal, and emotional dimensions – within their own context.

The reflexive thematic analysis approach developed by Braun and Clarke (2019) was used to analyze the data. This approach aligns with the phenomenological tradition, which seeks to understand individuals' experiences, by placing the researcher's interaction with the data and their interpretive role at the center of the process. Accordingly, the research design and analysis method are united in the common goal of understanding the participants' experiences in depth and within their context [23].

Study population

The study population consisted of 2nd-, 3rd-, and 4th-year international students ($N = 138$) enrolled in the Nursing Department of a foundation university in Istanbul during the 2025–2026 academic year. First-year students were excluded because they did not yet have clinical practice experience.

Criterion sampling, a frequently preferred method in qualitative research, was used to determine the study group [22]. This technique allows the selection of participants who have experience related to the research case and can provide rich information [24].

The inclusion criteria were: (1) being an international student enrolled in an undergraduate nursing program, (2) studying in the 2nd, 3rd, or 4th year, (3) having at least one semester of clinical practice experience, and (4) voluntarily agreeing to participate in the study. The data collection process continued until the saturation point was reached. Data saturation was defined as the point at which new interviews did not make a meaningful contribution to existing codes and themes, and no new themes or concepts emerged [25]. Saturation was monitored

by conducting data collection and analysis simultaneously. After each interview, the recordings were reviewed, and the resulting codes were compared with those from previous interviews. The emergence of new patterns of meaning was evaluated. After the twenty-first interview, data saturation was considered to have been reached, and data collection was terminated.

Data collection

In this study, a Personal Information Form and a Semi-Structured Interview Form, both developed by the researchers, were used as data collection tools.

The Personal Information Form was created by the researchers in line with the literature and consists of questions aimed at determining participants' demographic characteristics, such as nationality, length of stay in Turkey, class level, gender, and clinical practice experience.

The Semi-Structured Interview Form was prepared by the researchers in line with the national and international literature on clinical communication, cultural competence, and the clinical learning experiences of international students [26, 27], and consists of 12 open-ended questions. The interview questions address the difficulties encountered in the communication process, the reasons for these difficulties, students' coping strategies, their communication experiences with patients and healthcare professionals, and their perceptions of the clinical learning process.

For the content validity of the form, expert academics in the field were consulted, and necessary adjustments were made based on their feedback. A pilot interview was conducted to evaluate the comprehensibility of the questions, and the form was then finalized (Appendix 1).

Data were collected through face-to-face, in-depth interviews. These interviews were conducted at a time and date preferred by the participants, in a quiet environment that ensured privacy. Each interview lasted approximately 30–45 minutes and was audio-recorded with the participants' permission. All interviews were conducted by the researcher, and data collection took place between January and June 2026.

Researcher characteristics and reflexivity

The research team consisted of two assistant professors (MBT and MK) from the Department of Nursing at Istanbul Yeni Yuzyil University and one graduate nurse (MS). MBT had prior experience in qualitative research and provided methodological guidance to the team. The other researchers had training in research methodology and received guidance on the principles and procedures of qualitative interviewing.

All interviews were conducted by MS, who had no teaching or grading responsibilities for any of the participants. During the first interview, MBT was present in a supervisory capacity; however, MBT had no teaching or grading relationship with the student participating in that interview. The remaining 20 interviews were conducted independently by MS.

Although MBT and MK were faculty members in the same nursing department and had teaching responsibilities in the undergraduate program, they did not teach or assess all participating students. The research team acknowledged that institutional affiliation and potential academic power dynamics could influence participants' willingness to share sensitive experiences. Conducting the interviews primarily through a researcher without teaching or grading authority was intended to reduce potential evaluative pressure.

The researchers also acknowledged that their academic and professional backgrounds, as well as their prior perspectives on nursing education, could influence data interpretation. During the analytical process, evolving codes and themes were critically examined, and alternative interpretations were considered to support a reflexive, contextually grounded understanding of participants' experiences.

Data analysis

Qualitative data obtained from the research were analyzed using the MAXQDA 20 program (VERBI Software, 2020). The reflexive thematic analysis approach proposed by Braun and Clarke (2006, 2019) was adopted in the data analysis process [23]. The analysis was conducted using an inductive, interpretive approach aligned with the research questions, without a predetermined coding framework, and a total of 285 meaningful statements were coded.

The study was conducted by three researchers. The first researcher conducted the interviews, and the second and third researchers performed the data analysis. The analysis process followed the six stages proposed by Braun and Clarke:

1. Familiarization with the data: Interview recordings were transcribed, and the texts were carefully read to gain a holistic understanding of the data and to identify initial patterns of meaning.
2. Creation of initial codes: The texts were examined in the MAXQDA 20 environment, and meaningful statements were coded inductively. The codes were developed to capture not only the explicit content of the participants' statements but also their contextual and implicit meanings.
3. Searching for themes: Codes with similar meanings were grouped to form potential subthemes.
4. Reviewing themes: The generated subthemes were re-evaluated for consistency with the codes and with the dataset as a whole.
5. Defining and naming themes: Sub-themes were organized based on their conceptual similarities, and the main themes that form the basic structure of the research were identified.
6. Reporting: Themes were reported and supported by direct quotations from participant statements.

The Code Matrix Browser, MAXMaps, and Word Cloud tools of the MAXQDA 20 program were used during the analysis and visualization process.

Trustworthiness

To ensure the reliability of the research, the criteria proposed by Lincoln and Guba (1985) were applied [28]. For credibility, the themes were presented for member checking, and the findings were supported by direct quotations. To assess the consistency of the interpretations with participant experiences, the overall structure of the findings was examined using participant feedback.

For transferability, the research process, participant profiles, and analytic steps were described in detail.

For consistency, the researcher recorded the decisions made during the analysis process, how the codes were developed, and how the themes changed. Codes, sub-themes, and themes were discussed in analytical interviews with an academic advisor experienced in qualitative research and a field expert. These interviews were not used to measure coding consistency, but to question the researcher's interpretations, evaluate alternative explanations, and deepen the analytical structure of the themes.

Findıngs

The study was conducted with 21 international nursing students. Examination of the participants' sociodemographic characteristics showed that 71.4% were female and 47.6% were in their second year of study. The participants represented various nationalities, including Iran, Afghanistan, Turkmenistan, Azerbaijan, Iraq, Saudi Arabia, Palestine, Uzbekistan, and Egypt, with 61.9% holding Iranian nationality. Their length of stay in Turkey ranged from 2 to 13 years (Table 1). This diversity is thought to support the evaluation of communication experiences in clinical practice across different linguistic and cultural contexts.

Table 1 Demographic and educational characteristics of the participants

Participant	Nationality / Country of Origin	Gender	Year of Study	Length of Stay in Türkiye (years)
P1	Egypt	Female	2	3
P2	Afghanistan	Male	3	12–13
P3	Iran	Male	2	4
P4	Iran (Turkmen ethnicity)	Female	4	10
P5	Turkmenistan	Female	3	3.5
P6	Iran	Male	2	5
P7	Iran (Azeri ethnicity)	Female	2	2
P8	Azerbaijan	Female	3	3
P9	Iraq	Male	2	5
P10	Saudi Arabia	Male	2	4
P11	Iran	Female	2	4
P12	Iran	Female	3	4
P13	Iran	Female	3	6
P14	Iran	Female	4	5
P15	Palestine	Male	4	5
P16	Iran	Female	4	7
P17	Iran	Female	2	4
P18	Iran	Female	4	5
P19	Uzbekistan	Female	3	4
P20	Iran	Female	2	2
P21	Iran	Female	2	6

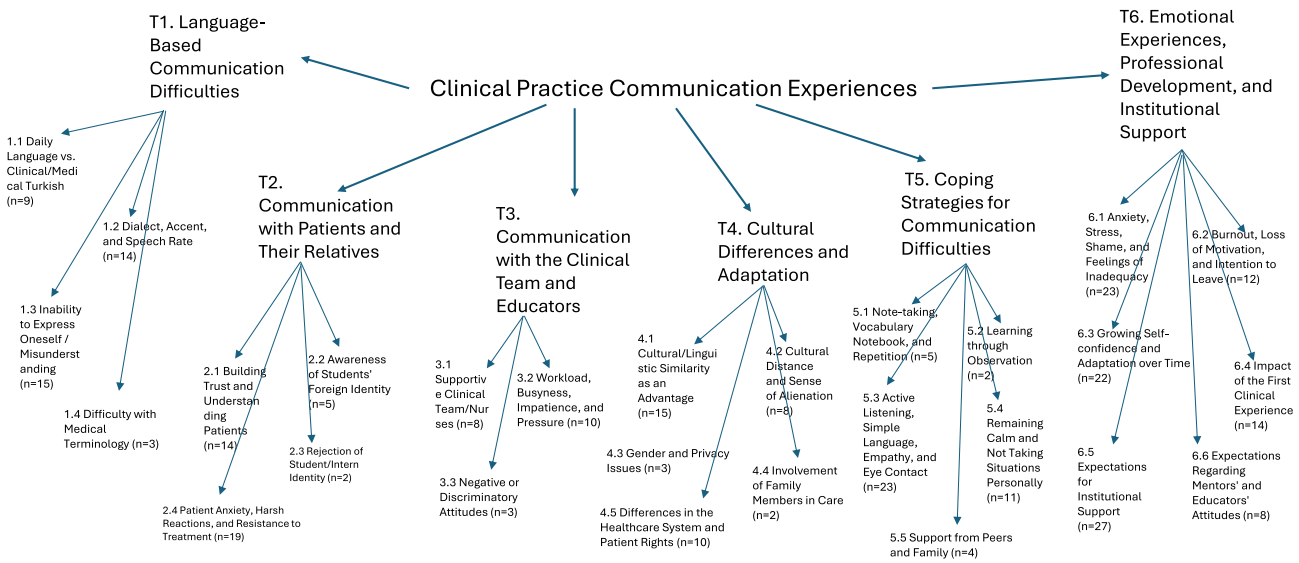

Fig. 1 Thematic coding tree and conceptual model of the study. Note: Developed by the researchers using Powerpoint Version 16.111.1 (26071913)

As a result of the reflective thematic analysis, 6 main themes and 27 subthemes explaining the communication experiences of international nursing students in clinical practice were identified (Fig. 1). The identified themes appeared in most participants; in particular, the themes of emotional experiences, professional development, institutional support, and coping strategies were represented in all participants. The theme of language-related difficulties was more prevalent among participants with relatively limited language proficiency. It was also noted that the theme of cultural adaptation was more prominent among participants who were culturally closer to Turkey (Table 2).

Table 2 Distribution of themes across participants

Participant	Language Barriers	Patient Communication	Communication with the Healthcare Team	Cultural Adaptation	Coping Strategies	Emotions, Personal Growth, and Support
P1	4	0	2	1	2	8
P2	0	2	0	3	2	3
P3	0	4	0	2	1	3
P4	1	3	2	2	2	3
P5	3	2	2	2	2	6
P6	4	1	3	1	2	7
P7	3	2	0	4	2	4
P8	2	1	1	4	2	2
P9	4	0	1	1	2	5
P10	4	0	1	1	1	7
P11	1	2	0	0	2	4
P12	1	3	0	1	3	5
P13	1	1	1	1	4	4
P14	1	2	1	3	1	2
P15	1	1	1	0	3	5
P16	2	1	2	2	3	5
P17	0	0	2	2	2	4
P18	2	2	1	2	1	8
P19	4	2	1	1	3	7
P20	3	1	1	2	2	8
P21	0	1	1	3	4	6

Note: Prepared by the researchers using data analyzed with MAXQDA 20

The code distributions related to the themes and sub-themes are shown in Fig. 2. The size of the squares in the code distribution matrix represents the intensity with which the relevant code was expressed by the participants. When the code matrix is examined, it shows that expressions related to expectations of institutional support, feelings of anxiety and inadequacy, active listening, and self-confidence development stand out for the vast majority of participants. In contrast, the codes regarding the use of translation tools and being sidelined in the clinical team were expressed by a limited number of participants (Fig. 2).

Theme 1: Language-related communication difficulties

Participants stated that language is one of the key factors affecting communication experiences in clinical practice. Language-related difficulties were not limited to speaking Turkish, but encompassed multifaceted experiences such as clinic-specific terminology, different accents, rapid speech, and difficulty expressing oneself accurately. This theme was examined under four subthemes: (1) The Difference Between Everyday Language and Professional/Clinical Turkish, (2) Dialect, Accent, and Speech Speed, (3) Inability to Express Oneself and Misunderstanding, and (4) Difficulty with Medical Terminology.

Sub-Theme 1: The difference between everyday language and Professional/Clinical Turkish

A significant number of participants stated that although they could use Turkish in daily life, the professional language used in the clinic posed a major communication barrier for them. They particularly emphasized that medical expressions, clinical terms, and the professional language used among healthcare professionals differed markedly from everyday spoken language.

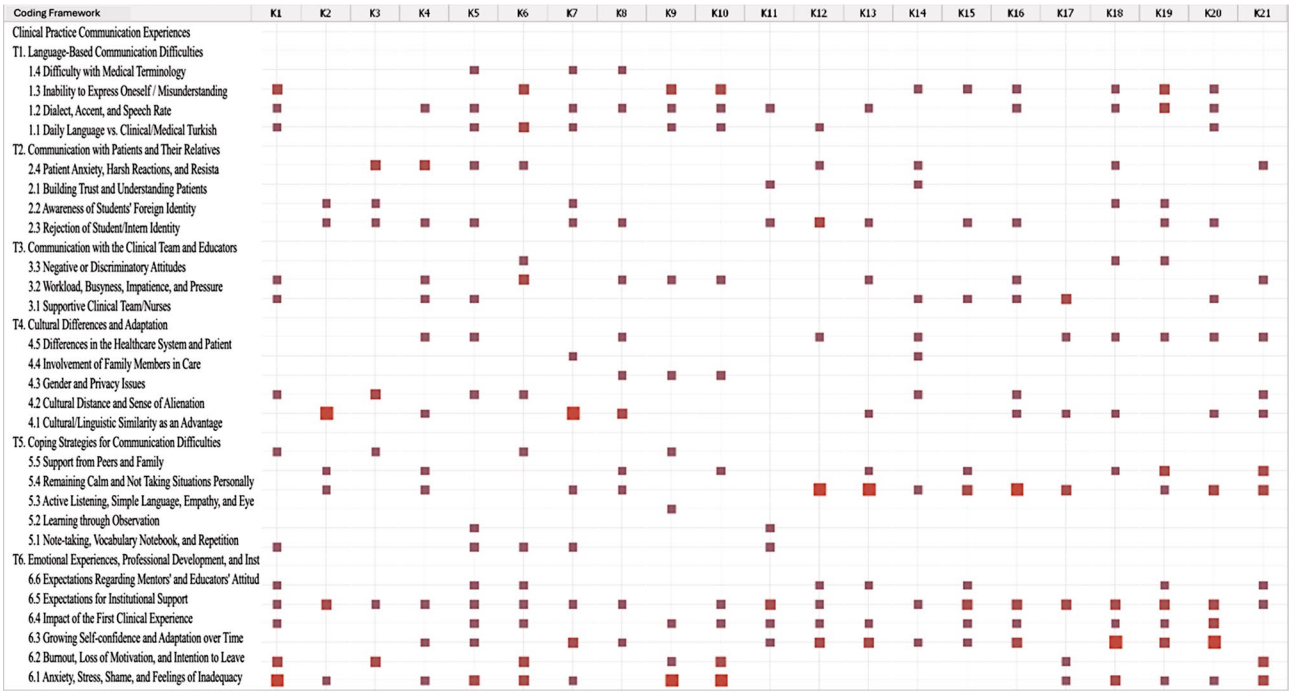

Fig. 2 Code distribution matrix derived from participants' statements. Note: Prepared by the authors using MAXQDA 20

… I can handle daily conversation, but the words used in the clinic are very different. (P1, second-year student, Egyptian, 3 years in Türkiye)
… Everyday Turkish and the Turkish used in the clinic are very different. Understanding medical terms was especially difficult at first. (P5, third-year student, Turkmenistani, 3.5 years in Türkiye)
… Everyday Turkish is one thing; the Turkish used in the hospital is quite another. (P6, second-year student, Iranian, 5 years in Türkiye)

Sub-Theme 2: Dialect, accent, and speech speed

More than half of the participants stated that although they had learned standard Turkish, they had difficulty communicating because of patients' and healthcare workers' dialect differences and fast speech. This difficulty was particularly evident in communication with elderly patients.

… I have the most difficulty with elderly patients because they speak very fast. (P1)
… Once, a patient got angry with me because I misunderstood what they said. (P5)
… We speak Istanbul Turkish, but not all patients are from Istanbul, and they have accents from different cities. This makes it difficult for me to understand the patient. (P11, second-year student, Iranian, 4 years in Türkiye)

Sub-Theme 3: Inability to express oneself and misunderstanding

In approximately half of the participants, difficulties related to language proficiency not only created communication problems but also led to emotional experiences such as fear of being misunderstood and feelings of inadequacy. Participants stated that their inability to express themselves correctly negatively affected their self-confidence in the clinical setting.

… I can't express myself because I can't form complete sentences. (P1)
… You can't explain yourself. Then you really feel inadequate. (P6)
… It was very difficult. I couldn't speak at all. I was always afraid that I would say something wrong. (P9, second-year student, Iraqi, 5 years in Türkiye)

Sub-Theme 4: Difficulty with medical Terminology

Some participants specifically emphasized that they had difficulty understanding medical terminology despite the similarities between their native languages and Turkish. This indicates that language proximity is insufficient in clinical communication.

… Medical terms and some everyday expressions seemed different. (P7, second-year student, Iranian, 2 years in Türkiye)
… Our languages are similar, yet I struggled with some medical terms. (P8, third-year student, Azerbaijani, 3 years in Türkiye)

Theme 2: Communication with patients

Participants described communication with patients in clinical practice as a fundamental component of their professional experience. Their communication experiences encompassed not only the delivery of care but also establishing a trusting relationship, the patient's perception of the provider's foreign identity, acceptance of the student role, and the impact of patients' emotional states on communication. This theme was examined under four subthemes: (1) Establishing a Trusting Relationship and Understanding the Patient, (2) Recognizing the Foreign Identity, (3) Rejection of the Trainee/Student Identity, and (4) Patient Anxiety, Rigidity, and Resistance to Treatment.

Sub-Theme 1: Building trust and understanding the patient

Many participants defined communication as a way to build trust with the patient. They stated that trust-based communication allows patients to express themselves more comfortably and positively influences the care process.

… It's not just about talking; it's about building trust with the patient. Sometimes the patient just wants someone to listen to them. (P2)
… Communication means building trust with the patient. If the patient doesn't trust you, they won't tell you anything. (P8)
… Establishing a trusting relationship with the patient also positively affects the care process. (P12, third-year student, Iranian, 4 years in Türkiye)

Sub-Theme 2: Recognizing foreign identity

Some participants stated that being a foreign national affected communication with patients. They reported that patients were surprised, or their attitudes toward them changed, after their nationality was revealed.

… They are surprised when they learn where I'm from; they don't realize I'm a foreigner because I don't have an accent. They have asked me a few times, "Are you really Afghan?" (P2)
… Some patients seem to change their attitude when they learn where I'm from. (P3, second-year student, Iranian, 4 years in Türkiye)

Sub-Theme 3: Rejection of Intern/Student identity

Some participants reported that, despite being foreign students, they had difficulty being accepted by patients because of their student or intern status. Participants stated that some patients preferred to receive care from experienced nurses.

> … Most patients did not want to receive care from interns; the patient did not even allow my head nurse to intervene. (P11)
> … I observed in some individuals in the 2nd and 3rd years that they did not attach much importance to interns. (P14, fourth-year student, Iranian, 5 years in Türkiye)

Sub-Theme 4: Patient anxiety, negative attitudes, and treatment resistance

Some participants stated that patients' attitudes such as fear, anxiety, anger, or refusal of treatment made communication difficult. They noted that interactions with patients who had difficulty communicating, or who were in specialized units such as intensive care, required more effort.

> … Patients may not want to take their medication and may refuse treatment because they are experiencing fear. (P12)
> … There was an elderly patient in intensive care who was conscious, constantly talking and explaining things, but was not understandable at all; I had some difficulty there. (P14)

Theme 3: communication with clinical team and educators

Participants identified communication with the clinical team and educators as a significant component of their clinical learning experiences. These communication experiences included supportive approaches as well as intense work environments, time pressure, and some negative attitudes. This theme was addressed under three sub-themes: (1) Supportive Team/Nurses, (2) Intensity, Impatience, and Pressure, and (3) Discriminatory Attitudes and Discourses.

Sub-Theme 1: Supportive Team/Nurses

Many participants stated that they were supported by clinical nurses and educators, that this support facilitated their learning processes, and that it increased their adaptation to the clinical environment.

> … One nurse was very helpful to me, explaining things I didn't understand again. (P5)
> … I'm on good terms with the nurses and doctors; they taught me a lot. (P14)

Sub-Theme 2: Intensity, impatience, and pressure

Many participants stated that the intense work pace in the clinical environment can negatively affect communication. In particular, the rapid communication of healthcare professionals due to time constraints led to experiences such as avoiding asking questions and feeling left behind.

> … In a busy environment, people speak faster and I feel like I'm falling behind. (P1)
> … In busy clinics, nobody wants to explain things to you again. So sometimes I prefer not to ask questions; I withdraw. (P6)

… Nurses can be a little harsh in their responses due to the heavy workload, but I try not to take it personally. (P13, third-year student, Iranian, 6 years in Türkiye)

In addition, as a rare experience, one participant (P5) shared the feeling that they were sometimes left "in the background" because they were foreigners.

Sub-Theme 3: Discriminatory attitudes and discourses

Some participants stated that they encountered negative and discriminatory discourses during clinical practice because of their origin or because they were foreign nationals.

… Why are you here if you don't speak Turkish? (P6)
… I hate Persians (physician). (P18, fourth-year student, Iranian, 5 years in Türkiye)

Theme 4: Cultural differences and adaptation

Participants stated that cultural factors affected their clinical communication experiences in various ways. While cultural and linguistic similarities facilitated communication, different cultural norms, gender roles, the roles of patient relatives in the care process, and practices related to the health system stood out as other elements shaping communication experiences. This theme was addressed under five sub-themes: (1) Cultural/Linguistic Proximity Advantage, (2) Cultural Distance/Foreignness, (3) Gender and Privacy, (4) Involvement of the Patient's Relative in the Process, and (5) Differences in the Health System and Patient Rights.

Sub-Theme 1: Cultural/Linguistic proximity advantage

Some participants stated that having a strong background in Turkish language and culture made it easier for them to adapt to the clinical environment and communicate.

… I feel like I belong to both cultures; since I came at a young age, I did not experience much cultural alienation. (P2)
… Because we are Turkmen, some aspects of us are similar. (P4, fourth-year student, Iranian, 10 years in Türkiye)
… Since our culture is close to Turkish culture, I never experienced any cultural difficulties. (P18)

Sub-Theme 2: Cultural distance and alienation

Some participants stated that cultural differences made them feel alienated and that this affected their communication experiences.

… Even when I am in the same environment, I feel like a stranger. (P1)
… Sometimes one feels like they do not quite belong anywhere. (P3)
… Constantly feeling like a stranger is exhausting. (P6)

Sub-Theme 3: Gender and privacy

Participants stated that cultural norms regarding gender roles and privacy are factors they need to consider when communicating with certain patient groups.

… Culturally, some things are different; for example, the issue of physical distance with the patient. (P8)
… The culture is also different; I pay particular attention when talking to female patients. (P10, second-year student, Saudi Arabian, 4 years in Türkiye)

Sub-Theme 4: Involvement of family members in the care process

Participants stated that the active participation of family members in the care process in Turkey differs from practices in their own countries.

… In Turkey, family members are very involved in the care process. In our country, in general, whatever the doctor and nurse say is followed. (P7)
… In my own country, communication is more formal; in Turkey, it is more informal, and it is the same for family members. (P14)

Sub-Theme 5: Differences in the health system and patient rights

Participants discussed differences between the health system and patient rights practices in Türkiye and their own countries.

… I think greater importance is placed on patient rights. (P4)
… In Turkey, the system is more organized and patient rights are stronger. (P8)
… The communication style in Saudi Arabia seemed a bit more formal; I think communication between doctors and nurses in Turkey is more intimate. (P19, third-year student, Uzbekistani, 4 years in Türkiye)

Theme 5: Strategies for coping with communication difficulties

All participants stated that they developed various strategies to cope with communication difficulties experienced during clinical practice, drawing on both individual and social resources. These strategies included personal efforts to improve communication skills, as well as the use of observation, social support, and emotion regulation approaches. This theme was examined under five sub-themes: (1) Note-Taking, Vocabulary Notebooks, and Translation Tools; (2) Learning Through Observation; (3) Active Listening, Simple Language, Empathy, and Eye Contact; (4) Staying Calm and Not Taking Things Personally; and (5) Peer and Family Support.

Sub-Theme 1: Note-taking, vocabulary notebooks, and translation tools

Some participants said they used strategies such as note-taking, recording new words, and using translation tools when necessary to reduce language-related difficulties.

… I used to write down words I didn't know in a small notebook. (P5)
… I write down new words I hear, and I try to speak more in a clinical setting because I feel I'm improving as I practice. (P7)
… I sometimes use Google Translate. (P9)

Sub-theme 2: learning through observation

Some participants stated that they improved their communication skills by observing nurses and other healthcare professionals in clinical settings.

… I learned a lot by observing. (P5)
… I pay attention to the work processes and movements of nurses and try to learn from them. (P11)

Sub-Theme 3: Active listening, simple language, empathy, and eye contact

Participants stated that they consciously use communication skills such as active listening, clear language, empathy, and eye contact to communicate effectively.

… I try to stay calm, I try to speak clearly, and I think making eye contact facilitates communication. (P2)
… I use simple words, I ask again, I smile, and I try to be patient. (P15, fourth-year student, Palestinian, 5 years in Türkiye)
… Using simple and clear language, using body language, asking again when necessary, and empathizing are the methods I use most; I also make eye contact with the patient. (P16, fourth-year student, Iranian, 7 years in Türkiye)

Sub-Theme 4: Staying calm and not taking it personally

Participants stated that they adopted the practice of staying calm in negative situations encountered during communication, trying to understand the other party's circumstances, and not taking things personally.

… I used to get very upset, but now I try to understand people's stress in that moment. (P4)
… Some people speak harshly because of the intensity, but I try not to take it personally. (P8)
… I try not to take things personally, and I avoid unnecessary arguments; staying calm and having a positive approach facilitates communication. (P19)

Sub-Theme 5: Peer and family support

Some participants stated that they benefited from peer and family support in coping with the communication difficulties they experienced.

… I get help from my friends, I research things I don't understand later. (P1)
… My sibling and I try to support each other. (P3)
… I generally get help from my friends in the clinic. (P6)

Theme 6: Emotional experiences, professional development, and institutional support

This theme, mentioned by all participants, shows that the clinical communication process has strong emotional dimensions, follows a developmental trajectory over time, and is the most comprehensively addressed theme in the research. Participants also stated that they needed institutional support and guidance to cope with communication difficulties they experienced in clinical practice. This theme was examined under six sub-themes: (1) Anxiety, Stress, Shame, and Inadequacy, (2) Burnout, Loss of Motivation, and Department Dropout, (3) Self-Confidence Development and Adaptation Over Time, (4) Impact of First Clinical Experience, (5) Expectation of Institutional Support, and (6) Expectations from Mentor Nurses and Educators.

Sub-Theme 1: Anxiety, stress, shame, and Inadequacy

Participants stated that they experienced intense anxiety, stress, shame, and feelings of inadequacy, especially when communicating during initial practice.

… I get very stressed when communicating in the clinic; I'm especially afraid that I'll say something wrong. (P1)
… When a patient's relative asked me a question, I was so stressed that I even mixed up something I knew. (P4)
… I was very embarrassed; I remember crying when I left the room because I felt inadequate. (P5)

Sub-Theme 2: Burnout, loss of motivation, and dropping out

Some participants said that communication difficulties led to emotional consequences over time, ranging from burnout and loss of motivation to considering changing majors.

… I'm probably thinking about changing majors this year; my stress increased after clinical practice started. (P1)
… School and work together are really tiring; I feel very exhausted psychologically. (P3)
… I have even considered dropping out because I feel like I'm constantly falling behind. (P6)

Sub-theme 3: self-confidence development and adaptation over time

Participants emphasized that as their clinical experience increased, their communication skills improved, which positively affected their self-confidence.

… I can now communicate more confidently; my initial shyness is gone. (P4)
… Seeing that I could communicate with people increased my self-confidence. (P13)
… As I practiced, my self-confidence increased, and I started to communicate more fluently. (P16)

Sub-Theme 4: The impact of first clinical experience

More than half of the participants stated that their first clinical experience was decisive in shaping their perception of communication.

On the first day, a patient asked me a question, but I was so nervous that I could not fully understand what they were saying; I felt terrible at that moment. (P1)

My first clinical experience was generally good; seeing that I could help people made me happy and proud of myself. (P12)

Sub-Theme 5: Expectation of institutional support

Participants emphasized the need for institutional support to address communication-related challenges during clinical practice. Specifically, they expected professional Turkish language training before clinical placements, structured mentorship and guidance from experienced healthcare professionals, and accessible psychological and academic support. These forms of support were perceived as important for facilitating communication, reducing uncertainty, and promoting adaptation to the clinical learning environment.

… More psychological and academic support could be provided for international students. (P1)

… A short medical Turkish training before starting clinical practice would be very helpful. (P5)
… I need more Turkish practice and a mentor to guide me in the clinic. (P15)
… Training in professional Turkish and clinical communication would be beneficial for me; I would also like to receive mentorship from experienced healthcare professionals. (P16)

Sub-Theme 6: Expectations from mentor nurses and educators

Participants stated that a more patient, understanding, and supportive approach from mentor nurses and educators would facilitate their adaptation to the clinical environment.

… Nurses sometimes don't realize that international students are quiet because they don't really understand; a more supportive approach would be helpful. (P5)
… If mentor nurses were more patient and instructive with international students, it could facilitate their adaptation to the clinical environment. (P12)
… Being friendlier and more supportive toward international students could facilitate communication. (P13)

Discussıon

This study was conducted to examine in depth the communication experiences of international nursing students studying in Turkey during clinical practice. The findings revealed that international students encountered various communication difficulties stemming from language and cultural differences, developed different strategies to cope with these challenges, and emphasized the importance of professional development and institutional support throughout the process. The main themes identified in the study were language-related communication difficulties; communication with patients; communication with the clinical team and educators; cultural differences and adaptation; strategies for coping with communication difficulties and emotional experiences; professional development; and institutional support.

Another finding of the study was that students experienced various difficulties in communicating with patients. In particular, the patients' awareness of the students' foreign nationality, some patients' distant behavior toward them, insufficient acceptance of their student identity, and difficulties in establishing trusting relationships were frequently mentioned by the participants. However, the students stated that they were able to build stronger relationships with patients through the empathy, active listening, and patient-centered communication skills they developed over time. Similarly, the literature indicates that international nursing students face obstacles in forming trusting relationships with patients due to language and cultural differences [27, 29]. This finding demonstrates that effective nursing communication depends not only on language proficiency but also on empathy, cultural sensitivity, respect, and the ability to build trusting relationships.

Participants stated that their communication with clinical team members and educators directly affected their clinical learning experiences. Students who worked with supportive nurses and educators reported adapting more easily to the clinical environment, feeling safer, and being more willing to learn. In contrast, heavy workloads, impatient communication styles, and discriminatory attitudes reduced students' desire to ask questions and negatively influenced their clinical learning processes. Similarly, previous studies show that culturally sensitive and supportive clinical learning environments facilitate the adaptation of international students to the clinical setting and increase their participation in clinical learning processes [30, 31].

One notable finding of the study is that international students develop various individual strategies to cope with communication difficulties. Participants reported that strategies such as taking notes, recording new words, observing the clinical environment, actively listening, using simple and clear language, empathizing, remaining calm, and drawing on peer support facilitated communication. This suggests that, rather than remaining passive

when faced with communication challenges, students gradually develop self-regulation skills and actively strive to adapt to the clinical environment. Furthermore, reinforcing individual coping strategies with institutional support mechanisms can further enhance students' clinical learning experiences.

Another aspect of clinical communication that warrants consideration is the role of silence. In the present study, participants' accounts suggested that remaining quiet during clinical interactions could sometimes reflect difficulties in understanding spoken Turkish or uncertainty about how to respond, rather than a lack of interest or engagement. This observation should be distinguished from therapeutic silence, which may serve an intentional communicative purpose in nurse–patient interactions. Soner and Tunç (2025) examined nursing students' use of silence in clinical practice, highlighting its relevance as a dimension of clinical communication [32]. Although the present study did not specifically investigate therapeutic silence, its findings suggest that educators and clinical mentors should be attentive to the different meanings of students' silence, particularly in linguistically diverse clinical environments. Future research could explore how international nursing students experience and interpret silence in interactions with patients and healthcare professionals.

Another prominent finding of the study is the need for institutional support during clinical practice among international nursing students. Participants stated that overcoming communication difficulties through individual efforts alone is not always possible and that supportive practices offered by universities and healthcare institutions would facilitate this process. In particular, orientation programs before clinical practice, professional Turkish language training, mentor nurse support, and counseling services were among the needs most frequently mentioned by the students. Research shows that institutional support has a critical impact on overcoming challenges encountered in clinical practice and that supportive learning conditions enhance students' clinical success [29, 33]. Similarly, studies by Gao et al. (2025) and Andreassen et al. (2025) indicate that students who receive appropriate guidance and institutional support adapt more easily to clinical learning processes and feel better [13, 20]. In this study, students expressed a desire to be guided and supported in clinical practice. In particular, the availability of accessible guidance mechanisms for students with communication difficulties appears to have a positive effect on learning. Lim et al. (2023) stated that the supportive attitudes of clinical educators and mentor nurses increase students' self-confidence, strengthen their communication skills, and facilitate their participation in clinical learning [31]. These findings demonstrate that institutional support contributes not only to academic success but also to students' psychological well-being and professional development.

One important finding of the research is that international nursing students need professional-level Turkish proficiency during clinical practice. Participants reported that although they could use Turkish in daily life, they had difficulty understanding medical terminology in clinical settings, communicating effectively with healthcare professionals, and following clinical record-keeping processes. This finding is consistent with the results of similar studies conducted in Turkey [9, 10, 16] The findings indicate that general language proficiency alone is not sufficient for clinical practice and that professional communication skills must also be systematically developed.

However, participants also stated that cultural differences affected their communication experiences. Students from countries with less cultural similarity to Turkey, in particular, reported greater difficulty adapting to the clinical environment. Nevertheless, the research findings show that although cultural differences initially complicate the communication process, they eventually become a significant learning experience that enhances students' cultural competence. Working with individuals from diverse cultural backgrounds increases students' cultural sensitivity, improves their communication skills, and raises their awareness of multicultural healthcare delivery. Overall, the clinical communication experiences of international nursing students are influenced not only by their individual language proficiency but also by the clinical learning environment, cultural adaptation processes, and institutional support mechanisms. The findings indicate that students can improve their communication skills and self-confidence over time, but that this development can be strengthened by supportive learning environments, culturally sensitive clinical practices, and structured mentoring systems. In this regard, expanding Turkish language training in nursing education programs, developing cultural adaptation programs, and supporting mentoring practices for international students can help improve clinical learning experiences.

Limitations

This research was conducted with international nursing students studying at a single university in Turkey. Therefore, the findings cannot be directly generalized to international nursing students at other universities or in different cultural settings. In addition, participants came from diverse national and cultural backgrounds, which, while increasing data diversity, may have contributed to differing experiences. Further research is recommended to comparatively examine the clinical communication experiences of international nursing students studying at different universities and in different regions. Studies conducted within various educational and healthcare system contexts will also contribute to a more comprehensive understanding of the communication difficulties and support needs of international students.

Conclusıon

This research has shown that international nursing students in Turkey experience various difficulties during clinical practice, particularly related to language barriers, cultural differences, communication with patients and the clinical team, and adapting to the clinical environment. However, students improve their communication skills, gain self-confidence, and adapt to the clinical environment over time. The findings indicate that the clinical adaptation processes of international students depend not only on individual language proficiency but also on supportive clinical learning environments and institutional support.

In this context, it is recommended to strengthen Turkish language training in nursing education programs, implement structured orientation and mentoring programs, and develop culturally sensitive clinical learning environments. Strengthening cooperation between universities and healthcare institutions can contribute to improving the clinical practice experiences and learning processes of international students.

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Data availability The datasets generated and/or analyzed during the current study are not publicly available due to the sensitive and potentially identifiable nature of the qualitative interview data but are available from the corresponding author on reasonable request, subject to ethical and confidentiality considerations.

Declarations

Ethics approval and consent to participate Prior to the research, the necessary approval (No: 2026/01–1793, Date: 13.01.2026) and institutional permission were obtained from the Istanbul Yeni Yuzyil University Non-Medical Health Sciences Research Ethics Committee. The study was conducted in accordance with the Declaration of Helsinki. Participants were informed about the purpose, method, and voluntary nature of the research, and written informed consent forms were obtained from all participants. Participation was voluntary, and it was stated that participants could withdraw from the research at any time without giving a reason. Data confidentiality was guaranteed in accordance with Law No. 6698 on the Protection of Personal Data and related legislation, and the data were used only for scientific purposes. To protect participants' privacy, real names were not used, and each participant was coded as P1-P21.

Consent for publication Not applicable.

Competing interests The authors declare no competing interests.

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Authors and Affiliations

Merve Bat Tonkuş[1] · Melek Karatuzla[1] · Mahshad Sakhaei[1]

✉ Melek Karatuzla
melek.karatuzla@yeniyuzyil.edu.tr

[1] Faculty of Health Sciences, Department of Nursing, Istanbul Yeni Yuzyil University, Istanbul, Türkiye