

Original Article

Effect of Internship Program on the Caring Nurse-Patient Interaction

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Abstract

Background: Nursing-patient interaction, which has a significant effect on the healthy/ill individual, is not a simple relationship process, but it is an interpersonal process which is planned and developed in line with the objectives of nursing care.

Objective: This study was conducted to determine the effect of internship training on the nurse-patient interaction.

Methodology: A semi-experimental design with pre- and post-test and no control group was used in the study. The data were collected before and at the end of the 15-weeks long internship program. The data was analyzed with Wilcoxon signed ranks test, Mann-Whitney U Test, Kruskal-Wallis H Test and Spearman's rho Correlation Coefficient, when the variables distribution was not normally. McNemar's test was used on paired nominal data. Significance level was accepted as $p < 0.05$.

Results: There was a significant difference between the students' pre- and post-test mean scores on the dimensions of importance, competence and feasibility after the internship program ($p \leq 0.05$).

Conclusions: It was found that the care-focused nurse-patient interaction levels of intern nursing students who provided cared for their patients during clinical practices got positively affected. The study contributes to establishing clinical environments that support practice areas and provide integration with education.

Key Words: internship program, nurse interns, nursing education, nurse-patient interaction.

Introduction

Nurses provide holistic care actions by valuing human relationships and in communication and interaction based on mutual trust (Blasdell, 2017; Eskimez & Acaroglu, 2019). The nurse-patient interaction is a central part of clinical nursing practice (Arnold & Boggs, 2019). While Sheppard stated that the nurse-patient relationship includes more than just information transfer, Peplau and Thorsteinsson expressed that positive relationships established between the nurse and the patient increase the quality of care (McCabe and Timmins, 2014). It was determined that the quality of care, satisfaction with nursing services and compliance with the disease and treatment increase, and the rates of pain, depression and anxiety decrease since care-

focused communication enable the patient to participate in the care to be provided and in the decisions to be made (Eklund et al., 2019).

The nurse-patient interaction, which has a significant effect on the healthy/ill individual, is not a simple relationship process, but it is an interpersonal process which is planned and developed in line with the objectives of nursing care (Arnold & Boggs, 2019). This professional relationship between the nurse and the patient develops during nursing education (Labrague et al., 2015; Letourneau et al., 2017).

This relationship enables nursing students to understand the patient's emotions, share the patient's experiences and help the patient cope with the difficulties that are experienced. Thus,

nursing students try to understand patients' reactions to different situations and notice their competences and deficiencies (Compton et al., 2019; Pajnikihar et al., 2017).

Students carry out practices for patient care in addition to practices such as theoretical and applied courses, research activities and teamwork and communication with patients during their undergraduate education. However, numerous factors such as the content of the education the student receives at the university, the characteristics of the patient they communicate with, expectations from the student, the attitude of nurses at the clinic, the nursing student's insecurity and students' inability to use effective communication techniques may negatively affect the caregiving process (Shorey et al., 2018; Grilo et al., 2014). Therefore, it has become important that current nursing education should be based on real experiences instead of perceptions about the complexity of nursing practices, should include didactic information and non-traditional clinical experiences and be regulated by developing innovative strategies (Ayaz-Alkaya et al., 2018; Shorey et al., 2018). Nurses should learn theoretical and scientific information, develop specific psychomotor and technical skills and gain competence about communication, cultural competence, professional values and ethical behavior to face the complexity of the real clinical environment (Lechleitner, 2019; Labrague et al., 2015).

The nursing internship program, which has recently been included in the nursing curriculum in Turkey, is implemented to enable students to gain competence in cognitive, emotional and behavioral skills. The goal of the program is to enable students to acquire knowledge and skills about competencies and procedures related to different practice environments, apply basic nursing skills, cooperate with healthcare staff, act in line with professional ethics, principles and values, and improve their clinical decision making, communication, critical thinking and problem-solving skills (Hotun-Şahin et al., 2016). There are limited numbers of studies that have evaluated the effectiveness of the internship program developed to enable nursing students to gain more competence. Thus, it is important to determine the effect of internship training on the ability of nursing students, as future members of the profession, to create and maintain a desired level of nurse-patient interaction in the process of providing care and develop attitudes and

behaviors towards a care-focused nurse-patient interaction (Bayraktar & Eşer, 2017). This study is the first study which examined the correlation between internship training and the nurse-patient interaction and was conducted in Turkey with a pretest and posttest design. This study aimed to determine the effect of internship training on attitudes and behaviors related to the nurse-patient interaction.

Hypotheses of the Study

H0. There is no significant difference in the attitudes and behaviors of students who have received internship education about the nurse-patient interaction.

H1. There is a significant difference in the attitudes and behaviors of students who have received internship education about the nurse-patient interaction.

Methodology

Study Design, Participants and Method: This study was designed as a pretest and posttest study without a control group. The data were collected from February 2019 to June 2019. The population of the study consisted of the senior nursing students of the Department of Nursing at the School of Health Sciences at a university (n=160). The inclusion criteria were taking the internship course, not having worked previously as a nurse and volunteering to participate in the study. 142 students who met the inclusion criteria were included in the study. Among these students, 16 were excluded from the study because they participated in the pre-application (n=5) or answered the questions incompletely (n=11). The sample of the study included 126 students. The participation rate was 88.75% in the study (Table 1).

Instruments: The data were collected using a Personal Information Form (10 questions), which was developed by the researchers and aimed to collect the socio-demographic information of the students, and the 70-item "Caring Nurse-Patient Interaction Scale" (CNPIS). Before carrying out the ethics committee application procedures of the study, necessary permissions were obtained for the use of the scales.

Personal Information Form: The form included question about the students' demographic characteristics (age, gender, etc.) and variables that could affect the nurse-patient interaction (being in the hospital as patient or personnel,

providing or receiving care, having difficulties in relationships with the ill person, etc.).

The Caring Nurse-Patient Interaction Scale:

The Caring Nurse-Patient Interaction Scale (CNPIS) was developed by Cossette et al. (2005) based on Watson's Theory of Caring to evaluate nurses' attitudes and behaviors related to care and patient outcomes. The Turkish validity and reliability study of the scale was conducted by Yalcin-Atar and Atabek-Aştı (2012). This scale, which underlines the nursing practices defined by Watson, includes 70 items, 3 dimensions (importance, competence and feasibility) and 10 subdimensions (1. Humanism, 2. Hope, 3. Sensibility, 4. Helping relationship, 5. Expression of emotions, 6. Problem-solving, 7. Teaching, 8. Environment, 9. Needs and 10. Spirituality). The statements in the scale are evaluated in terms of variables such as frequency, importance, satisfaction, feasibility and competence, and attitudes and behaviors that can be encountered in clinical practice are defined. Higher scores obtained from the scale indicate higher levels of positive attitudes and behaviors related to care-focused nurse-patient interaction. In the study by Yalçın-Atar and Atabek-Aştı (2012), the Cronbach's alpha coefficient was 0.99 in the dimension of importance, 0.98 in the dimension of competence and 0.99 in the dimension of feasibility. The pretest and posttest Cronbach's alpha values of the importance, competence and feasibility dimensions of CNPIS ranged from 0.91 to 0.98 in this study.

Nursing Internship Program: The internship course is in the last semester of the undergraduate nursing curriculum. The course consists of 4 hours of theoretical and 20 hours of applied training. Students are trained as intern nurses in six departments of nursing practice (internal medicine, general surgery, obstetrics and gynecology, pediatrics, psychiatry and public health nursing) in the internship program. At this stage, senior nursing students continue their care responsibility of patients under the guidance of clinical nurses. Additionally, there is one teaching assistant responsible for the students at the relevant clinics. Teaching assistants conduct bedside discussions with the students at the clinics, support the development of their knowledge and skills and evaluate them in terms of certain criteria. The nursing internship program is carried out four days a week for 15 weeks.

Data Collection: The data were obtained in two phases. The personal information form and

CNPIS were applied on the students before the internship program, and CNPIS was reapplied after the internship program. At both stages where the data were collected, the students were informed about the aim of the study and data collection process in the classroom environment. The students who gave their consent to participate in the study were given the questionnaires, and the forms which were filled were collected by the researchers. The questionnaires were filled approximately in 40-45 minutes.

Statistical Analysis: The data were analyzed on the Statistical Package for the Social Sciences (SPSS) 22 program. Frequency and percentages were calculated for the categorical variables on the descriptive characteristics of the students. Scale points were calculated as pretest and posttest mean points. Skewness and kurtosis tests were used to test whether the age values, GPA values and scale scores were normally distributed. The data were analyzed with Wilcoxon signed-rank test, Mann-Whitney U test, Kruskal-Wallis H test and Spearman's rho Correlation Coefficient, when the distribution of the variables was not normal. McNemar's test was used on the paired nominal data. The significance level was accepted as $p < 0.05$.

Ethical Considerations: To conduct the study, ethics committee approval (protocol no: 2020/243), official written permission from the school where the study was conducted, written informed consent from the participants and written permission from the author of the scale that was used in the study were obtained. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committees and with the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards.

Results

The mean age of the students was 22.1 ± 1.8 years, and 81.7% of them were female. 10.3% of the participants had a chronic disease, and 21.4% of them had history of previous hospitalization. 21.4% of the students completed their internship in the field of psychiatric nursing (Table 1).

The senior nursing students frequently stated about interaction with patients at the pretest and posttest stages that they had partly adequate information on the holistic approach (82.5%, 51.6%), considered patients' needs for

psychosocial care (86.5%, 94.4%) and did not have a need for information on psychosocial care (73.8%, 58.7%). Additionally, the students determined some troubles in interacting with the patient, and their responses were altered at the pretest and posttest stages on these troubles such as feeling inadequate, having no time to spend with patients due to workload, inability to set boundaries with the patient and being unwilling to interact with the patient (Table 2). Some of these differences in the students' characteristics about interaction with patients at the pretest and posttest stages were statistically significant ($p < 0.05$) (Table 3). The students' pretest and posttest mean scores in CNPIS were 282.9 ± 40.4 and 333.6 ± 25.1 , respectively. A significant difference was found between these scores. Moreover, when the importance, competence and feasibility dimensions' pretest

and posttest mean scores and sub-scale scores were compared, it could be stated that there was generally a significant difference. However, when each dimension was separately examined, only the competence dimension showed a statistically significant difference between the pretest and posttest mean scores and all sub-scales ($p < 0.05$) (Table 4.) The correlations between pretest and posttest scale scores were examined, and a moderate, positive and linear relationship was clearly observed between the pretest and posttest mean scores of the dimensions ($r = 0.30-0.50$, $p < 0.05$). However, the correlation of the dimensions compared to prior to the internship, after the internship, importance, competence and feasibility mean scores were related to each other on a higher level ($r > 0.50$, $p < 0.05$) (Table 5).

Table 1. Descriptive characteristics of the students

Descriptive characteristics	$\bar{x} \pm SD$	Min-Max
Age	22.4 \pm 1.8	20-33
Gender	n	%
Female	103	81.7
Male	23	18.3
To have a chronic disease		
Yes	13	10.3
No	113	89.7
Hospitalization history		
Yes	27	21.4
No	99	78.6
Department of internship		
Psychiatric nursing	27	21.4
Medical internal nursing	26	20.6
Surgical nursing	26	20.6
Obstetrics and gynecological nursing	20	15.9
Pediatric nursing	15	11.9
Public health nursing	12	9.6

Table 2. The students' some characteristics about interaction with patients

Opinions		Pre-test		Post-test	
		n	%	n	%
To have information on the holistic approach	Partly adequate	104	82.5	65	51.6
	Adequate	22	17.5	61	48.4
To consider patients' need for psychosocial care	Yes	109	86.5	119	94.4
	No	17	13.5	7	5.6
A need for information on psychosocial care	Yes	33	26.2	52	41.3
	No	93	73.8	74	58.7
Troubles in interacting with the patient					

Feeling oneself inadequate	Yes	42	66.7	21	83.3
	No	84	33.3	105	16.7
Have no time to spend with the patients due to workload	Yes	36	71.4	46	63.5
	No	90	28.6	80	36.5
Inability to set boundaries with the patient	Yes	25	80.2	18	85.7
	No	101	19.8	108	14.3
Being unwilling interacting with the patient	Yes	2	1.6	1	0.8
	No	124	98.4	125	99.2
Other	Yes	9	7.1	22	17.5
	No	117	92.9	104	82.5

Table 3. The comparisons of the students' some characteristics about interaction with patients between pre-test and post-test

Pre-test		Post-test		p
		Adequate n	Partly adequate n	
To have information on the holistic approach	Partly adequate	48	56	0.000*
	Adequate	13	9	
To consider patients' need for psychosocial care	Yes	105	4	0.031*
	No	14	3	
To need for information on psychosocial care	Yes	18	15	0.010*
	No	34	59	
Troubles in interacting with the patient*				
Feeling inadequate	Yes	0	2	N.A.
	No	1	123	
Have no time to spend with the patients due to workload	Yes	32	58	0.221
	No	14	22	
Inability to set boundaries with the patient	Yes	10	15	0.210
	No	8	93	
Being unwilling interacting with the patient	Yes	15	27	0.000*
	No	6	78	

* McNemar test and p value; p<0.05 N.A.=Not analyzed

Tabl 4. The comparison of students' the mean score of Caring Nurse-Patient Interaction Scale

CNPIS	Pre-test		Post-test		P
Problem solving	27.8±2.7	18-30	28.4±2.7	18-30	0.008*
Teaching	42.3±4.2	27-45	43.1±3.5	27-45	0.035*
Environment	33.0±3.0	21-35	33.4±2.8	21-35	0.197*
Needs	47.9±3.9	30-50	48.1±4.1	30-50	0.344*
Spirituality	28.2±2.6	18-30	28.3±2.8	18-30	0.343*
Total point	327.4±26.8	210-350	333.6±25.1	210-350	0.000*
Competence					
Humanism	24.2±3.6	13-30	25.7±4.0	10-30	0.000**
Hope	27.8±4.7	17-35	29.8±4.5	17-35	0.000**
Sensibility	22.3±4.4	10-30	24.8±4.1	12-30	0.000**
Helping relationship	30.1±4.6	16-35	32.0±3.7	21-35	0.000**
Expression of emotions	23.5±4.1	13-30	25.6±3.8	15-30	0.000**
Problem solving	23.0±5.0	12-30	25.0±4.3	14-30	0.000**
Teaching	37.1±6.3	22-45	40.0±5.2	26-45	0.000**
Environment	30.1±4.4	21-35	31.2±3.9	19-35	0.008**
Needs	40.7±7.0	22-50	44.4±5.6	30-50	0.000**
Spirituality	24.0±4.6	11-30	26.1±4.0	16-30	0.000**
Total point	282.9±40.4	189-350	304.5±36.4	210-350	0.000**
Feasibility					
Humanism	24.7±4.5	12-30	25.5±4.8	14-30	0.101**
Hope	28.8±5.4	14-35	30.0±5.4	15-35	0.025**
Sensibility	24.1±4.4	13-30	25.0±5.0	9-30	0.035**
Helping relationship	31.1±4.3	18-35	31.5±4.9	16-35	-0.469**
Expression of emotions	24.7±4.5	13-30	25.7±4.6	10-30	0.028**
Problem solving	24.8±4.7	13-30	26.0±4.4	12-30	0.010**
Teaching	39.1±6.3	19-45	39.9±5.9	23-45	0.195**
Environment	30.9±4.5	16-35	31.2±4.8	17-35	0.514**
Needs	44.5±6.4	27-50	45.5±6.1	28-50	0.170**
Spirituality	25.6±4.8	8-30	26.5±4.6	14-30	0.071**
Total point	298.4±41.4	192-350	306.9±44.6	193-350	0.041**

Table 5. The correlations between pre-test and post-test scale points

Items		Importance		Competence		Feasibility		
		Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test	
Importance	Pre-test	r	1.000	0.484*	0.435*	0.238*	0.516*	0.256*
		p		0.000	0.000	0.007	0.000	0.004
Competence	Post-test	r	0.484*	1.000	0.364*	0.576*	0.315*	0.548*
		p	0.000		0.000	0.000	0.000	0.000
Feasibility	Pre-test	r	0.435*	0.364*	1.000	0.400**	0.476**	0.250**
		p	0.000	0.000		0.000	0.000	0.005
Importance	Post-test	r	0.238*	0.576*	0.400**	1.000	0.356**	0.647**
		p	0.007	0.000	0.000		0.000	0.000
Competence	Pre-test	r	0.516*	0.315*	0.476**	0.356**	1.000	0.431**
		p	0.000	0.000	0.000	0.000		0.000
Feasibility	Post-test	r	0.256*	0.548*	0.250**	0.647**	0.431**	1.000
		p	0.004	0.000	0.005	0.000	0.000	

*Spearman's rho Correlation Coefficient; ** Pearson Correlation Coefficient

	$\bar{x} \pm SD$	min-max	$\bar{x} \pm SD$	min-max	
Importance					
Humanism	27.7±2.9	18-30	28.5±2.5	16-30	0.005*
Hope	32.8±3.0	21-35	33.6±2.9	19-35	0.002*
Sensibility	26.5±3.2	15-30	27.7±3.0	18-30	0.000**
Helping relationship	33.1±2.9	21-35	33.7±3.0	21-35	0.011*

Discussion

Nursing students try to gain competence and decision-making skills in competencies, knowledge and ethical values specific to the profession of nursing in the clinical practice process, which constitutes the main component of nursing education (Lechleitner, 2019; Labrague et al., 2015).

Communication and information, which are understandable and provide continuity and predictability about care, are essential for intern nursing students in providing holistic care and thus, they are defined among beneficial factors (Labrague et al., 2015; Létourneau et al., 2017). This study found that the students' knowledge about holistic care and state of considering the psycho-social care needs of patients significantly increased. Accordingly, it may be stated that the students' needs for information about psycho-social care increased.

This difference might have been due to the interactions they had with the patients they provide care for during the internship training. Considering their interaction with patients, the senior nursing students stated that they had partly adequate information on the holistic approach, considered patients' needs for psychosocial care and did not need information on psychosocial care at the pretest and posttest stages. Additionally, the students faced some difficulties in interacting with the patient, and the frequencies of their responses changed regarding these difficulties such as feeling inadequate, having no time to spend with patients due to workload, inability to set boundaries with the patient and being unwilling to interact with the patient at the pretest and posttest stages. Foronda et al. (2016) examined the perspectives of nurses and found that overrun, lack of number of nurses and lack of time were among the most significant obstacles related to nurses in the nurse-patient interaction for the nurse group. Additionally, nurses' reluctance about communication and inability to understand patients' needs form the most significant obstacle according to patients'

perspectives. Therefore, it was found that there is not enough time to establish a good therapeutic relationship between the patient and the nurse. Poor communication has also been associated with poor patient outcomes such as medical error, lower adherence to treatment plans and lower satisfaction levels with care (Foronda et al., 2016). Some of these differences on the students' characteristics about their interaction with patients at the pretest and posttest stages were found to be statistically significant ($p < 0.05$). Learning about the nurse-patient interaction takes place primarily through the education process (Pajnikihar et al., 2017; Compton et al., 2019). Therefore, it is important for nursing students, who have received the internship training, to have the ability to communicate effectively in clinical practices. This study determined that the students' interactions with the patients positively changed after the internship training. The reason for this might have been that they interacted with patients face-to-face, nurses mentored them, and their communication skills improved during the internship training.

This study found a significant difference in the intern students' posttest mean scores on the importance dimension (humanism, hope, sensitivity, helping relationship, expression of emotions, problem-solving, teaching), competence dimension (all items) and feasibility dimension (hope, sensitivity, helping relationship, expression of emotions, problem-solving) of the scale in comparison to their pretest scores ($p < 0.05$). Similar to the present study, Yalcin-Atar and Asti (2020) found that students with no communication difficulties considered numerous subdimensions such as hope, sensitivity, expression of feelings, teaching, environment, requirements and spirituality more important ($p < 0.05$), felt more competent in some subdimensions such as humanism, sensitivity, problem-solving, environment, requirements, spirituality and hope ($p < 0.05$) and considered numerous subdimensions such as humanism, hope, helping relationship, teaching, spirituality, sensitivity, expression of feelings and

problem-solving more feasible ($p < 0.05$) (Yalcin-Atar & Asti, 2020). This study found that, as the score in the importance dimension increased, the scores in the feasibility and competence dimensions also increased. The study also found that there was a significant difference between the pretest and posttest scores. Zehr and Korte (2020) stated that undergraduates may gain a perspective on their future career through internships. Additionally, studies have shown that internships have positive effects on students' personal and interpersonal skills such as self-confidence, professional self-concept, career awareness, autonomy and positive citizenship (Cook, Stokes & Parker, 2015). Therefore, it is essential to include the internship process as an element of students' education and experiences. Keshk et al. (2018) showed that the improvement in the level of knowledge of intern nursing students regarding the steps of nursing processes after the implementation of a training program was statistically significant in comparison to their insufficient level of knowledge before the implementation of the training program. While an improvement was observed in the nursing processes of the intern nursing students after the implementation of the training program, the mean total knowledge scores before the program showed a statistically significant difference in comparison to the scores obtained after the program. A strong positive correlation was found between leadership and management skills, learning and training, communication, safety and security, other skills and different stages of nursing processes with a highly statistically significant difference after the implementation of the educational program in comparison to before the program. The following may be stated in line with the literature: theoretical education based on humanistic philosophy may be effective on the importance levels; failure to transfer theoretical knowledge into practice may be effective on the competence level, and the differences in clinical practice because of nursing shortage and workloads may be effective on the feasibility level (Cossette et al., 2005; Felsmann et al., 2015). This result may be interpreted in a way that the nursing students' attitudes about care-focused nurse-patient interactions were more positive in terms of the importance dimension. Additionally, this study found a significant increase between the pretest and posttest scores in the hope, sensibility, helping relationship, expression of emotions and problem-solving subdimensions of the importance, competence

and feasibility dimensions. These results showed that the internship training was an effective program on the nursing students' care-focused nurse-patient interaction. Including these topics in nursing education and philosophy enables reinforcement with clinical practice and experiential learning. This study found no significant difference between the pretest and posttest scores in the environment, needs and spirituality subdimensions of the importance and feasibility dimensions. The reason for this might have been that the topics related to the environment, needs and spirituality are sufficient in the undergraduate curriculum, and hospitals include related practices.

The level of competence of the students about implementing the attitudes and behaviors related to care was found to be more positive in comparison to their state of considering these behaviors as important and feasible in this study. The study found a moderate positive correlation between the pretest and posttest total scores in the dimensions of the scale. However, it was found that the importance, competence and feasibility dimensions of the scale were correlated on a higher level after the internship program. Tural-Buyuk et al. (2014) found that nursing internship increased knowledge and skills and improved students' self-confidence and communication skills. Among the students, 59.9% stated that the internship increased their knowledge and skills, and 56.2% stated that it improved their communication skills. Ayaz-Alkaya et al. found that the professional commitments of students who did internship increased; thus, nursing internship contributes to development of students' knowledge and skills and enables them to perceive themselves as more competent (Ayaz-Alkaya et al., 2018). Alnajjar et al. (2019) stated that interns' perceived level of competence was evaluated as good or very good in their study. This could mean that the interns were motivated, positive and confident in the perceived competence aspect at the end of the internship program (Alnajjar et al., 2019). According to Khan et al. (2012), internship programs are a transition period in which nursing interns deal with clinical practice, and thus, they increase their competence. Malouf and West (2011) emphasized that interns are more likely to show qualification at the end of the internship program. These results may be a consequence of more emphasis on the therapeutic relationship,

philosophical and professional values of nursing during undergraduate nursing education.

Conclusion: In conclusion, the internship program increases students' professional competences and enables students to feel more competent and ready for their work with a higher self-esteem. Development of knowledge and competence related to care, which is the essence of nursing, and especially development of care and guiding patient outcomes will direct the necessary adjustments in clinical and theoretical practices. In light of these results, the nurse-patient interaction, which has a significant effect on the healthy/ill individual, is not a simple relationship process, but it is an interpersonal process which is planned and developed in line with the objectives of nursing care. It was found that the care-focused nurse-patient interaction levels of the intern nursing students who provided care for their patients during clinical practices were positively affected. This study contributes to establishing clinical environments that support practice areas and provide integration with education, raising awareness about the internship training within in-service training before and after graduation, and developing nursing practices by forming a common language. It is thought that this will increase student confidence while dealing with the nursing care of patients in their future nursing practices.

Limitations of the Study: The results of the study are limited to the student group from which the study data were obtained.

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