

Determinants of Nurse Patients Communication Barrier as Perceived by Patients :A Case of Chitwan Medical College Teaching Hospital, Chitwan

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Abstract

The quantitative descriptive cross sectional design was employed to find out nurse- patient communication barriers as perceived by patients. The Pretested semi-structure interview schedule along with likert rating scale ranging from five to one was used. Total patients (201) admitted in general wards at least three days of hospital stay were selected. Chi square test was used bivariate analysis to find association of nurse patient communication barrier with their socio-economic, demographic factors as perceived by patient. Common factors, nurse related, patients related, and environment related factors were major factor under study. During research, 78.10 % of patients perceived most barriers during nurse-patient communication. There was statistical association between common factors with age($p=0.004$), marital status ($p=0.025$), education status ($p=0.049$), and types of family ($p=0.022$). Likewise, association also evident between nurse-related factors, types of family ($p=0.02$), and occupation ($p=0.01$). Similarly, regarding the environment-related factors, age ($p=0.041$), education status ($p=0.05$), and religion ($p=0.009$) had statistical association. The Result found that there was positive correlation among all factors. Among them, nurse-related factors and patient-related factors ($r=0.54$) have shown moderately positive correlation. It is concluded that majority of patients had perceived level of barriers in over all as most barriers.

Keywords: Barriers, communication, nurse and patient.

Introduction

Communication is the pillar of all human relationships and the means to develop and expand our horizon of knowledge, promote technological dimensions and our culture. In another way, it is the hub for human existence and a basic self-tool for survival¹. Communication is a two-way process, which primarily involves both sending information and receiving messages through a variety of means. Effective communication

in the field of nursing is a skill that can be learned and continually improved². Communication has its barriers as well. In the context, nursing communication may occur at three levels: personal, professional and organizational level. Personal barriers are those resulting from the personality of the nurse these personal barriers involve gender, psychological status, age and language of nurses during communication with patients. Individuals differ significantly in terms of values, expectation and even how they interpret information, thus the variances in the nursing workplace³. The results of previous studies have shown that nurses have been trained to establish an effective communication; however, they do not use these skills to interact with their patients in clinical environments⁴. Communication frequently present barriers between nurses and clients, especially when nurses and clients are from different cultural background if the nurse and the client do not speak the same

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language or if communication styles and patterns differ, both nurse and client can feel alienated and helpless⁵. Norouzinia, Aghabarari, Shiri, Karimi and Elham⁶ descriptive analytic study revealed that perception of patient the most and least important barriers were nurse related factors (mean score 2.15) and patient related factors (mean score 1.97) between nurse and patient. Aghabarari, Mohammadi, and Varvani⁷ revealed that effective communication skills of health professionals are vital to effective health care provision, and can have positive outcomes including decreased anxiety, guilt, pain, and disease symptoms. Also in the study of nurse and patient barriers were more important than environmental barriers, in terms of common factors between nurse-patient, language, culture and gender difference were high important factors for communication factors⁸. Many challenges remain to effective communication among health personals. Members of the health care system need to investigate these challenges and implement solutions that fit particular work areas and requirements. All caregivers have responsibilities to improve communication as a vital component of health professional practice⁹. The impact of gender differences on communication is mostly emphasized by the patients. Patients' perception showed that among nurse-related barriers, the nurses' unwillingness to communicate, and lack of understanding of patients' needs were the most important barriers. Shortage of nurses increases the work load, and therefore, there is not enough time to establish a good therapeutic relationship¹⁰; also, nurses' low income has been mentioned as barrier to nurse-patient interaction^{8,11}. Stress, being overworked, and lack of welfare facilities could decrease nurses' satisfaction and quality of health care provision¹². Based on the results of the study by Park and Song, being overworked is a nurse-related communication barrier, which affects the quality and quantity of the relationship between nurses and patients¹⁰.

The effective communication play important role for improving nursing care and quality service. For this we should identify what and how the communication barrier perceived by patient. Understanding patient perception of barriers should be considered the first step to solving communication problems, as satisfactory communication is impossible without an adequate understanding of the perceptions of the patients¹³. Likewise in our context there are many factors are affect the nurse-patient communication therefore the study methodology approach in order to find-out nurse-patient

communication barriers as perceived by patient. These factors are lacking and then there may be high perceived barriers. As they might have significant influences in nurse patients relations, treatments, and also the barriers to communication. The objective of the study is to find out the determinants of nurse pateint communication barrier from pateint aspect.

Research Methodology

A descriptive cross-sectional research design based on quantitative approach was used. The Chitwan Medical College teaching hospital was selected purposively. The occupancy rates were more than 70 percentages as per hospital record book. Therefore, the researcher was selected this setting. Patients admitted in general wards (Medical, tropical, surgical, and orthopediatric) and two hundred one admitted patients were enumerated for the study. The inclusive criteria were patients admitted in general wards for at least 3 days, above 18 years old, oriented, alert and able to communicate verbally. Pretested Semi-structured interview schedule based on different literature reviews was developed to find out nurse-patient communication barriers as perceived by the patients. Perception was measured in four major factors of nurse-patient communication barriers. Five points likert scale was used to measure the level of perceived barriers. The content validity of the instrument was ensured by seeking opinion of the subject- matter specialist, research advisor, and faculty. For internal consistency, instrument was measured by Cronbach's alpha test which was 0.767 among 36 items which showed a high degree of internal consistency. Data were checked, reviewed and organized for its completeness, consistency and accuracy. The data were analyzed and calculated according to the nature of variables in terms of descriptive and inferential statistics. The level of perceived barriers which is categorized into two level with mean score >3 as most barrier and ≤ 3 least barriers. Chi square test was done for bivariate analysis, which is to examine the association of nurse pateint communication barrier with their socio-economic, demographic factors as perceived by pateint.

Result

The study revealed that the average patient age 40.64 ± 14.75 . More than 50% of respondent were male. Similarly, 87.1% were got married, 57.2% respondents were from nuclear family. Nearly equal percentage (40%) of respondent were belong to Brahmin/Chhetri

and Janajati. Most of the respondents were Hindu (71.6%). It revealed that out of 201 respondents' 86.4% were literate. Among them 41.5% of were attained basic education and only 4% were attained higher education. Out of study sample, 51.8% were agriculture as main occupation where service was 23.9% of respondents. The mean score of nurse-patients communication barriers as perceived by patients. Among four factors patient related factors (3.77±0.55), nurse related barrier (3.29±0.59), environmental barrier (3.12±0.23) and common barrier (2.73±0.79) were the most and least important factors respectively. The study revealed that barriers as perceived by patients were catagoried into four factors. i.e. common factor, nurse related barrier, patient related barrier and environmental barrier. The result found that common factors (20.4%) were least barred percieved by patients. Among the four subscale, patient realted factors (88.6%) were percieved by patient themselves which was followed by enviromental factors(76.6). Nurse related factors were also contributed more than 2/3rd as most barrier during communication between

nurse and patients. Overall nurse patient communication barriers (NPCB), about 3/4th of patient were perceived most barrier .

Table 1 shows that there were statistically significant association between level of perception by patient regarding common factor of nurse patient communication barriers and age group (p=0.004). Marital status (p=0.025) and education (p=0.049). whereas sex of patient had no significant association with level of perception as perceived by patient regarding common factors of nurse patient communication barrier.

Table 2 shows that there were statistically significant association between level of perception by patient regarding common factor of nurse patient communication barriers and type of family (p=0.022) whereas occupation, ethnicity, and religion of patient had no significant association with level of perception as perceived by patient regarding common factors of nurse patient communication barrier.

Table 1: Association between Levels of Perception regarding common factor with age group; sex;,marital status and education

Variables	Categories	Least barrier	Most barrier	χ^2
Age Group	19 -39 years	92(88.46)	12(11.54)	10.82*
	40-64 years	55(71.43)	22(28.57)	
	>64 years	13(65.00)	7(35.00)	
Sex	Female	72(78.27)	20(21.73)	0.18
	Male	88(80.73)	21(19.27)	
Marital status	Married	135(77.00)	40(23.00)	5.039*
	Unmarried	25(96.20)	1(3.80)	
Education	Illiterate	17(63.00)	10(37.00)	7.838*
	Adult education	27(87.00)	4(13.00)	
	Basic education	64(77.00)	19(23.00)	
	Secondary and above	52(86.66)	8(13.30)	

Source: Field 2017; Parenthesis indicate percentatge

Table 2: Association between levels of perception regarding common factor with type of family; occupation; ethnicity religions

Variables	Categories	Least barrier	Most barrier	χ^2
Type of Family	Nuclear	98(85.00)	17(15.00)	5.220*
	Joint	62(73.00)	24(27.00)	

Variables	Categories	Least barrier	Most barrier	χ^2
Occupation	Agriculture	79(75.9)	25(24.1)	2.386
	Business	30(81.8)	7(18.2)	
	Service	40(25.0)	8(16.6)	
	Abroad service	11(91.8)	1(8.2)	
Religion	Hindu	115(79.8)	29(20.2)	0.507
	Buddhist	31(81.5)	7(18.5)	
	Others	14(73.6)	5(26.34)	
Ethnicity	Brahmin/ Chhetri	67(86.0)	11(14.0)	7.629
	Janajati	65(81.0)	15(19.0)	
	Dalit	10(67.0)	5(33.0)	
	Madeshi/ Muslim	18(64.0)	10(36.0)	

Source: Field 2017; Parenthesis indicate percentatge

In table 3, socio-demographic variables like, sex, age group, marital status and education had no significant association with level of perceived barriers by patient regarding nurse related factors. That mean whatever

the pateint sex, age, marital status and education there is no effect on barrier between nurse and pateint communication.

Table 3: Association between Levels of Perception regarding Nurse related factor with age group; sex;,marital status and education

Variables	Categories	Least barrier	Most barrier	χ^2
Age Group	19 -39 years	38(36.5)	66(49.3)	0.996
	40-64 years	23(29.8)	54(51.2)	
	>64 years	6(30.0)	14(70.0)	
Sex	Female	32(33.60)	60(66.40)	0.160
	Male	35(32.10)	74(67.90)	
Marital status	Married	58(33.10)	117(69.90)	0.022
	Unmarried	9(36.30)	17(65.70)	
Education	Illiterate	7(25.90)	20(74.10)	1.101
	Adult education	11(34.50)	20(65.50)	
	Basic education	30(36.10)	53(63.90)	
	Secondary and above	19(31.70)	41(68.30)	

Source: Field Survey 2017; Parenthesis indicate percentatge

Table 4 depicts association of perception on nurse related barrier with type of family, occupation, religion and ethnicity. The study found that type of family ($p=0.02$) and main occupation of patient ($p=0.01$) were significantly associated with level of perception as

perceived by patient regarding nurse related factors. Others variable such as, religion and ethnicity were no significantly associated with nurse related barrier as perceived by patient.

Table 4: Association between levels of perception regarding nurse related factor with type of family; occupation and ethnicity religions

Variables	Categories	Least barrier	Most barrier	χ^2
Type of family	Nuclear	46(40.070)	69(60.00)	5.376*
	Joint	21(24.00)	65(86.00)	
Occupation	Agriculture	32(30.70)	72(69.30)	11.267*
	Business	7(19.00)	30(81.00)	
	Service	20(81.00)	28(19.00)	
	Abroad service	8(67.00)	4(33.00)	
Religion	Hindu	49(34.00)	95(66.00)	1.531
	Buddhist	14(37.00)	24(63.00)	
	Others	4(22.00)	15(78.00)	
Ethnicity	Brahmin/ Chhetri	26(33.30)	52(66.70)	1.275
	Janajati	28(35.00)	52(65.00)	
	Dalit	6(40.00)	9(60.00)	
	Madeshi/ Muslim	7(25.00)	21(75.00)	

Soruce: Field Survey 2017; Parenthesis indicate percentatge

None of variable viz. sex, age group marital status and type of family had significance association with level of barrier as perceived by patient regarding patient related factors.

Table 5 depicts association between level of perceived barrier according to environmental related

barriers with sex, age group, education and marital status. Data obtained from study, age group ($p=0.041$) and education status ($p=0.05$) were significantly associated with level of barrier as perceived by patient regarding to environmental factors. Rest of variable had no association with level of perception as perceived by patient regarding to environmental factors.

Table 5: Association between Levels of Perception regarding Enviroment related factors with age group; sex;,marital status and education

Variables	Categories	Least barrier	Most barrier	χ^2
Age group	19-39 years	24(23.0)	80(77.0)	6.385*
	40-64 years	14(18.2)	63(81.8)	
	>64 years	9(45.0)	11(55.0)	
Sex	Female	22(23.9)	70(76.1)	0.027
	Male	25(22.9)	84(77.1)	
Marital Status	Married	42(24.0)	133(76.0)	0.287
	Unmarried	5(19.2)	21(80.8)	
Education	Illiterate	8(29.60)	19(70.40)	7.803*
	Adult education	5(16.20)	26(83.80)	
	Basic education	26(31.40)	57(68.60)	
	Secondary and above level	8(13.30)	52(89.70)	

Soruce: Field Survey 2017; Parenthesis indicate percentatge

From table 6, there were association between level of barrier regarding environmental factors, with type of family; occupation; religion and ethnicity. Among them religion ($p=0.009$) were significantly associate with barrier between nurse patient communication as perspective of patient.

Table 6: Association between Levels of perception regarding Enviroment related factors with type of family; occupation; religion and ethnicity

Variables	Categories	Least barrier	Most barrier	χ^2
Type of family	Nuclear	28(24.3)	87(75.7)	0.140
	Joint	19(22.1)	67(77.9)	
Occupation	Agriculture	26(25.00)	78(75.00)	0.524
	Business	8(21.60)	29(78.40)	
	Service	11(22.20)	37(77.80)	
	Abroad service	2(16.60)	10(83.40)	
Religion	Hindu	42(29.20)	102(70.80)	9.53**
	Buddhist	3(7.80)	35(92.20)	
	Others	2(10.60)	17(89.40)	
Ethnicity	Brahmin/Chhetri	21(21.40)	57(89.60)	1.964
	Janajati	18(22.50)	62(77.50)	
	Dalit	4(26.60)	11(73.40)	
	Madeshi/ Muslim	4(14.30)	24(85.70)	

Source: Field Survey 2017; Parenthesis indicate percentatge

Conclusion

It is concluded that the patients perceived level of barriers as most barriers during nurse–patient communication. Among four factors, the patient related factors as most barriers which regarding nurse-patient communication. There was statistical association between the level of perception of common factors with age ($p=0.004$), marital status ($p=0.025$), education status ($p=0.049$), and types of family ($p=0.022$). In nurse related factors, types of family ($p=0.02$), and occupation ($p=0.01$) had statistical association. Similarly in environment related factors, age ($p=0.041$), education status ($p=0.05$), and religion ($p=0.009$) had statistical association. Communication is essential in order to provide quality health care, promote patient satisfactions and nurse should therefore understand perception differences between nurse and patient, and practices strategies to reduce the associated communication barriers. Accordingly, health planner and staff nurse should first try to remove these barriers and emphasize those specific factors expressed as most perceived barriers for patient.

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Ethical Considerations: The investigator obtained clearance from Chitwan Medical College Institutional Review Committee (CMC-IRC) for giving ethical clearance to conduct this study and has taken informed written consent from each participant. Participant information sheet was also shared which assured privacy and confidentiality of data.

Reference

1. Singh I. Leading and Managing in Health. Kathmandu: J.B Singh. (2013).
2. Gilton K, Robinson H, Boscart V, Spanjevic L. Communication enhancement: nurse and patient satisfaction outcomes in a complex continuing care facility. Journal of Advanced Nursing. 2006;54(1):35–44. doi: 10.1111/j.1365-

- 2648.2006.03787.x. [PubMed] [Cross Ref] doi:10.1016/j.ijnurstu.2004.10.004
3. Finke E, Light J, Kitko L. A systematic review of the effectiveness of nurse communication with patients with complex communication needs with a focus on the use of augmentative and alternative communication. *Journal of clinical Nursing*; 2008.17(16):2102-15. doi: 10.1111/j.1365-2702.2008.02373.
 4. Heaven C, Clegg J, Maguire P. Transfer of communication skills training from workshop to workplace: impact of clinical supervision. *Patient Educational and Counseling*, 2006. 60(3). doi:10.1016/j.pec.2005.08.008
 5. Bridges J, Nicholson C, Maben J, Pope C, Flatley M, Wilkinson C, Tziggili M. Capacity for care: Meta-ethnography of acute care nurses' experiences of the nurse-patient relationship. *Journal of Communication: A systematic literature review*, 2013.17(5), 339-353. Retrieved from www.ncbi.nlm.nih.gov/pubmed/23163719.
 6. Norouzinia R, Aghabarari M, Shiri M, Karimi M, Elham Samami E. Communication barriers perceived by nurses and patients. *Global Journal Health Science*, 2015. 8 (6), 65–74. doi:10.5539.
 7. Aghabarari M, Mohammadi I, Varvani FA. Barriers to application of communication skills by nurses in nurse-patient interaction. Nurses and patients' perspective. *Iranian Journal of Nursing*, 2009. 22(16), 19-31. Retrieved from www.ijn.iuims.ac.ir
 8. Aghamolaei T, Hasani L. Communication barriers among nurses and elderly patients. *Bimonthly Journal of Harmozgan University of Medical Sciences*, 2011. 14(4), 312-318. Retrieved from www.ncbi.nlm.nih.gov > NCBI > Literature > PubMed Central (PMC).
 9. Nazdam Q. Nurses role in communication and Patient safety. *Journal Nurse Care Quality*, 2009.24(3), 184–188. Retrieved from http://medprolifeline.com/docs/David/Nurses_Role_in_Communication_and_Patient_Safety3.pdf.
 10. Park EK, Song M. Communication barriers perceived by older patients and nurses. *International Journal of Nursing Studies*, 2005. doi:10.1016/j.ijnurstu.2004.06.006.
 11. Baraz PS, Shariati AA, Alijani RH, Moein MS. Assessing barriers of nurse-patients effective communication in educational hospital of Ahwaz. *Irian Journal of Nursing Research*, 2010. 5(16).45-52. Retrieved from www.en.jpurnals.sid.ir/ViewPaper.aspx.
 12. Nayeri ND, Nazari AA, Salsali M, Ahmadi F. Iranian staff nurses' views of their productivity and human recourse factors improving and impending it: A qualitative study. *Human Resources for Health*, 2005.3(1), 9. doi 10.1186 /1478-4491-3-9
 13. Shukla AK, Yadav VS, Kastury N. Health care provider communication: An important but often ignored aspect in clinical medicine. *Journal Indian Academy Clinical Medicine*, 2010. 11, 13.