

# Perceived Barriers of Communication between Nurses and Patients in a Tertiary Care Hospital

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## Abstract

**Background:** Communication is a key element in providing high quality health care services, leading to patient satisfaction and better health. Patient- centered communication is a basic component of nursing and facilitates development of positive nurse-patient relationship. **Objectives:** 1) To determine barriers of communication between nurses and patients 2) To provide evidence based recommendations. **Materials and Methods:** A descriptive cross sectional study was conducted among 100 nurses & 50 patients during May to July 2019. Separate questionnaires were used for nurses and patients containing socio-demographic details and barriers of communication along with open ended questions. **Results:** All the nurses were females. 85% were in the age group of 21-30 years. Majority of patients were either 21-30 years (36%) or >40 years (36%). 52% of the patients were females. Unpleasant experience in past with patients (mean score-4.11) and use of technical terms by the nurses (mean score-3.28) were main perceived barriers to effective communication among Nurses and patients respectively. Thematic analysis of open ended questions revealed some important barriers and ways to overcome it, such as more staff recruitment, provision of enough time to know the patient, patient's sensitization with their assigned nurses and hospital environment, regular training in communication skills. **Conclusion:** Unpleasant experiences in past and use of medical jargons were the important one among many as perceived by nurses and patients respectively, which can be tackled by effective communication training of nurses, sensitization programme for patients and increasing the nurses: patient ratio as suggested by the participants.

**Key words:** communication, barriers, nurses, patients, environment, thematic map

## Introduction

Communication is a multidimensional, complex and dynamic process.<sup>1</sup> Lack of effective communication is a major obstacle to render standard services in health care. This can result in patient becoming anxious, misunderstanding between nurse and patient, incorrect diagnosis and treatment, financial burden on patient due

to increased hospital stay leading to dissatisfaction<sup>2</sup>

Appropriate nurse patient communication results in standard care which promotes health and satisfies the patient.<sup>3</sup> Irrespective of their specialty every nurse needs to communicate with patients.<sup>4</sup> Ill health and hospitalization place stress on patients and their families and are unpleasant. Nurses play a important role through proper communication in decreasing their unpleasant experiences.<sup>1</sup>

Limited training in using correct strategies such as listening to patients is one of most common barriers in health communication. Furthermore language type and technical terms also hinder effective communication.<sup>5</sup> .<sup>6, 7</sup> According to previous studies, work overload , no proper facilities for nurses are also barriers for nurses<sup>8</sup>

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Cultural variations, literacy status, health beliefs, signs and symptoms of disease, language misunderstanding are some of the barriers encountered in patients. Needs of the patient especially sensory, physical and physiological also negatively affect communication<sup>7,9</sup> All disabilities hinder patient–nurse communication. Some factors like religion and ethnicity contribute unconstructively to effective communication<sup>5,7,10</sup>

In this study we aimed to determine the barriers to nurse –patient relationship from perspective of nurses and patients and to provide recommendations to improve the quality of services leading to better health care and satisfaction of patients and their relatives.

### Materials & Methods

A cross sectional study was conducted among nurses and patients attended by them during May 2019 to July 2019

Inclusion criteria:

- Qualified nurses (Qualification of BSc or GNM) and patients who are looked after by them at least for 3 days
- Nurses and patients who were willing to take part in the study

Exclusion criteria:

- Nurses and patients suffering from chronic/severe illness
- Incomplete/partially answered questionnaire form

Sampling technique and sample: Participants were selected pertaining to inclusion and exclusion criteria through complete enumeration. 100 nurses and 50 patients available at the various in-patient departments who consented were enrolled in the study.

### Methodology

Data was collected by self-administered questionnaires from nurses and a questionnaire based interview from patients. The questionnaire was divided into 2 subsections which included demographic characteristics of participants, nurse-related barriers

for nurses and patient -related barriers for patients on a Likert scale of 1 to 5 (where 1= strongly disagree 2=Disagree 3=Don't know 4=Agree 5=Strongly agree) along with few open ended questions on nurse-patient relationship and suggestions to overcome barriers. The responses were analysed using descriptive statistics such as frequency, percentage, proportion & mean. The entire questionnaires were checked to ensure that they have been answered completely. Data was analyzed using Epi info. After approval from Institutional Ethics Committee, permissions were sought from Medical Superintendent, RMO and Nursing Superintendent. The participation of each patient was voluntary and written consent was obtained from them. To ensure validity the study tool (questionnaire) were given to nursing educators, administrators & subject experts for their input. The designed questionnaires were further pretested on 40 participants, Reliability using Cronbach's alpha correlation coefficient was 0.87 which is an accepted value.

### Results

#### Nurses demographic characteristics:

A total of 100 nurses took part in the study. All the nurses were females. More than half (85%) of the nurses were in the age group of 21-30 years, followed by <20 years (14%), 31-40 years (1%). Most of them were Hindus (87%), followed by Christians (13%).Majority belonged to either Scheduled Caste (34%) or Scheduled tribes (34%). Rest were others (22%), OBC (8%) and General (5%) category.

Similarly most of them were graduates (92%), having the designation of staff nurse (86%), working either in IPD (45%) or ICU (39%) with >2 year of working experience (72%).

#### Nurse related communication barriers:

Most common barrier to effective communication was unpleasant experiences in past with patients with 84% either strongly agree or agree to the statement and highest mean score of 4.11 followed by lack of time (59%, 3.29), age difference (44%, 2.24), gender difference (28%, 2.27), unable to answer queries (24%, 2.20), noncompliance of patients (19%, 2.21), lack of interest (17%, 1.89). (Fig 1)

67% nurses stated they were overworked. 60% of them had good, 39% had very good and 1% had poor relationship with their colleagues. 60% stated about the existence of some sort of health problems and 13% about family problems.

**Patient demographic & clinical characteristics:**

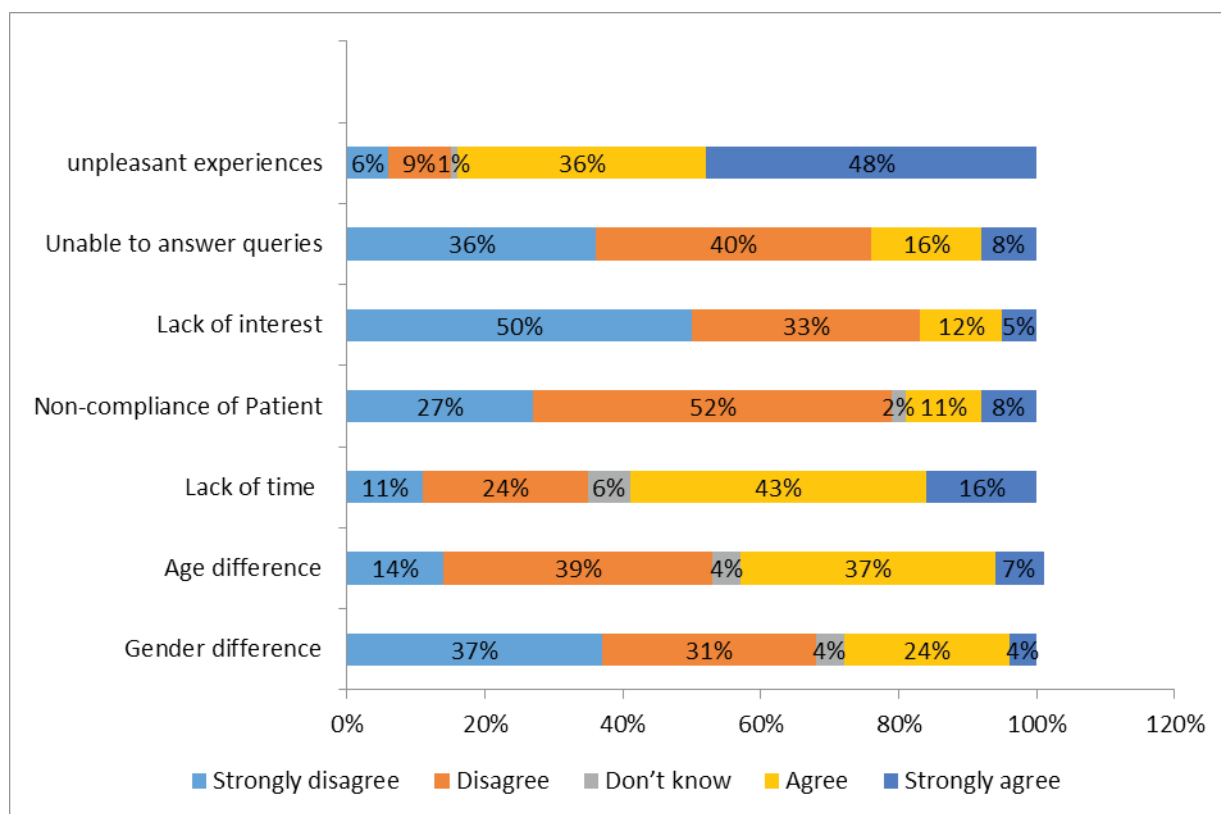
Out of 50 patients, most of them were either in age group of 21-30 years (36%) or >40 years (36%), followed by 31-40 years (16%) and <20 years (12%). More than half (52%) were females and majority were Hindus (72%), followed by Muslims (22%), Christians (4%), and others (2%). 20% belonged to OBC, 18% General, 12% SC, 4% ST and 46% other category. Only 58% of them were literate. Likewise 62% were employed, 74% were married, admitted into medicine (20%), O&G (16%), ICU (10%) and stayed 3-5 days in the hospital (40%).

**Patient related communication barriers:**

Use of technical terms by the nurse was the

major patient related barrier with 62% either agree or strongly agree with the statement and mean score of 3.28 followed by lack of privacy (56%, 3.2), anxiety, pain, physical discomfort (48%, 2.86), misinterpretation of communication by the nurse (32%, 2.34), age and gender difference (28%, 2.06). lack of confidence in the nurse (26%, 2.32), reluctance to communicate (26%, 2.22), negative attitude of nurse (24%, 2.08), language (22%, 2.18) (Fig-2)

There are few open ended questions on their personal opinion on existing barriers and how to overcome the barriers of communication, which led to qualitative data which was analyzed by thematic analysis. The additional factors related to environment were unveiled through the open ended questions. The themes emerged to overcome the barriers were more staff recruitment, hiring male nurses, provision of enough time to know the patient, patient’s sensitization with their assigned nurses and orientation to hospital environment, regular training of nurses in communication skills. (Fig-3)



**Fig 1 Nurse related communication barriers (N=100)**

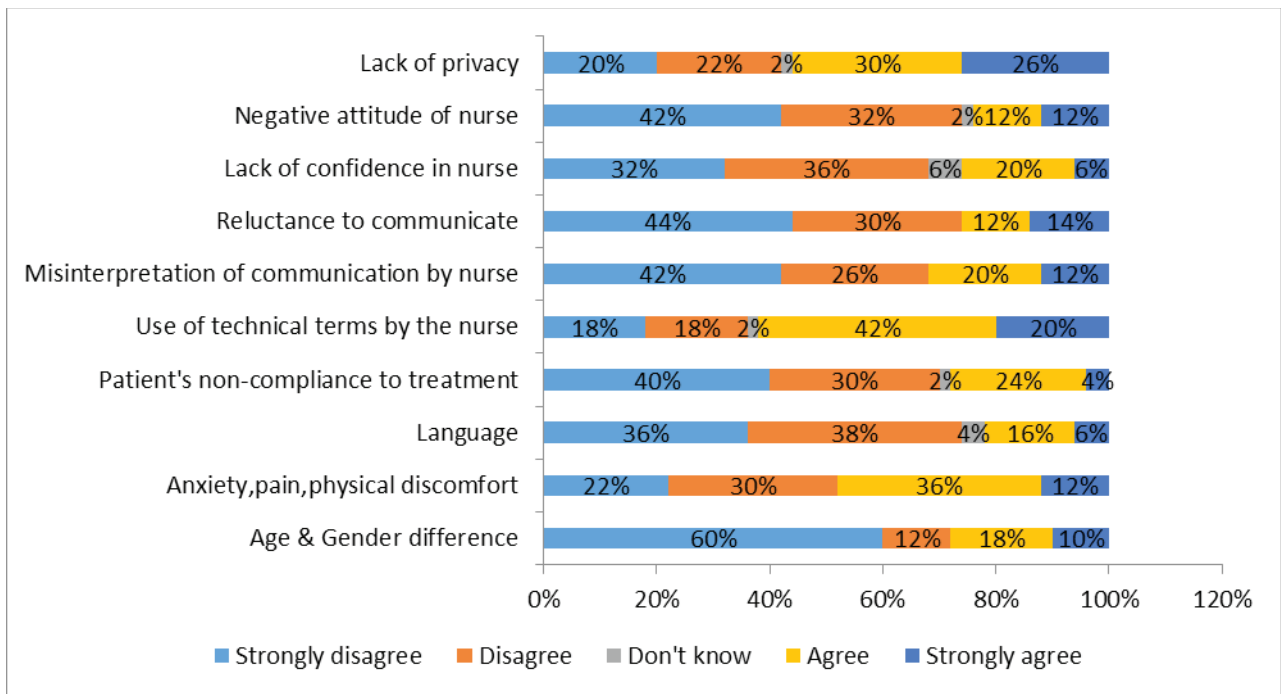
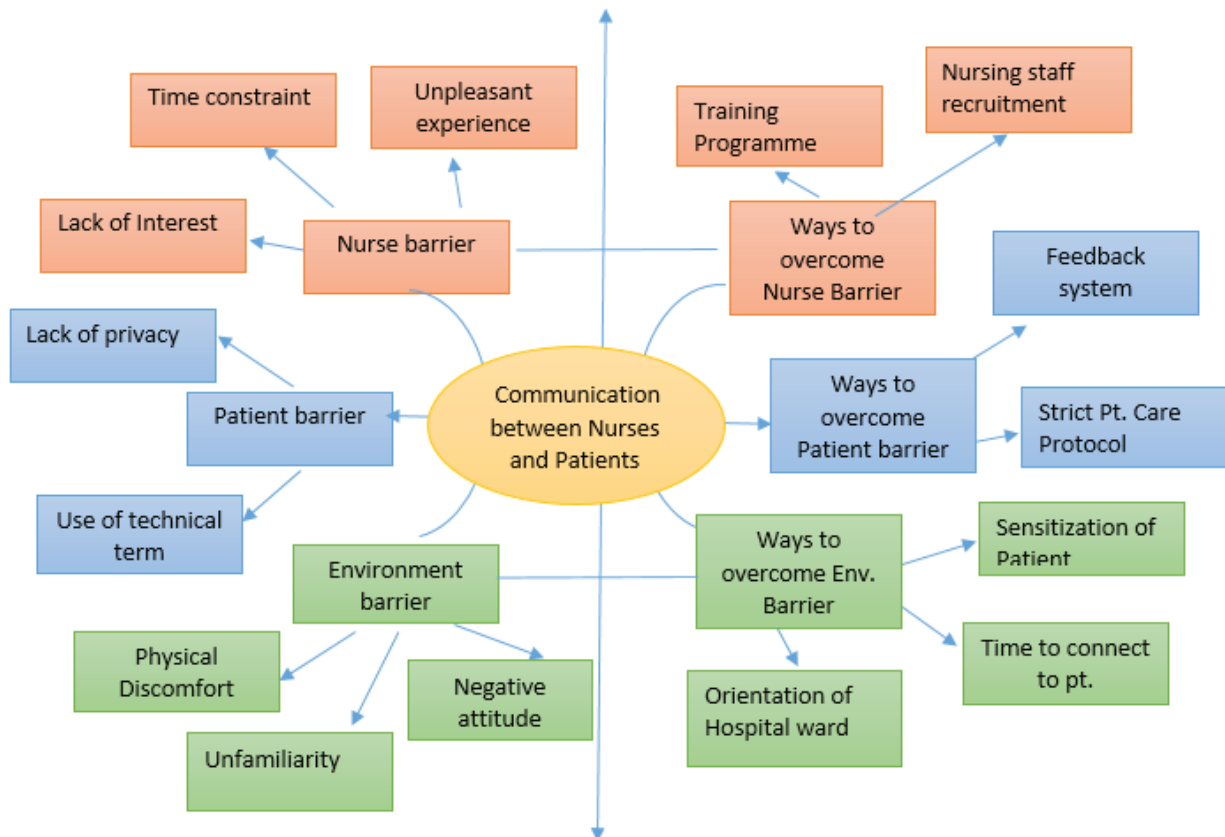


Fig 2: Patient related communication barriers (N=50)

Fig 3: Thematic Map on Barriers of Communication and Ways to overcome it:



## Discussion

Effective communication between nurse and patient demands a multi-dimensional approach for a message to go from sender to receiver. Where nurse should be knowledgeable, empathetic, able to connect with the patient and address the need, similarly patient should be co-operative, able to trust the care provider and express the need. At the same time it demands a healthy and friendly environment to support the transfer of message properly. Any imbalance from any dimension may result in poor communication hampering health care outcomes in terms of patient's health and satisfaction. In the study we found many prevalent barriers of communication between nurses and patients resulting strained nurse – patient relationship. Unpleasant experiences of nurses in past with patients was a major barrier for effective communication. Similarly, Decreased satisfaction of nurses as well as provision of quality health care was attributed due to stress, overwork, and lack of welfare activities<sup>11</sup>. Health problems and family problems faced by the nurse also hinder effective communication.

There is lack of enough time for effective communication for nurses in this study. Regarding nurses who overworked, the main reasons were shortage of staff and increased case load. This support a study which revealed that shortage of nurses increases work load and there is lack of time for effective communication.<sup>12</sup>

Gender and age difference between nurse and patient were perceived as a less important in the list. Similar results were found in a study where nurses were less affected by patients' gender while performing their duties and age differences did not hinder nurse-patient relationship<sup>13</sup>

While looking at the other end of the communication process, use of technical terms by the nurse was the most common barrier to effective communication as perceived by patients in this study. Similar findings were observed in another study where health care personnel often distance themselves from patients using technical terms which also scares the patient. It was commended that nurses should use language which is easily understood by layman.<sup>14</sup> Another study stated that health information must be of good clarity, attractive, based on patients' need and to the point. Information must be prepared by nurses with simplicity and credibility.<sup>13, 15, 16</sup>

Lack of privacy was another important barrier faced by patients. In previous study, unsuitable environmental conditions are also one of main barriers to effective communication.<sup>10</sup> Mendes et al revealed that lack of respect for privacy is one of the factors disturbing the communication process<sup>17</sup>

The study also revealed that anxiety, pain and physical discomfort of patient were some of the patient barriers to effective communication. Aghabarari et al clarified that complaints of patients like pain, fatigue, anxiety, stress are some factors which hinder health care communication.<sup>8</sup> However nurse should consider the suffering of patients in an empathetic way and all the needs of patient must be managed.<sup>8, 18</sup> Therefore it can be deduced from research that when the patients are suffering from pain, they do not feel comfortable to communicate.

One of the barrier perceived by patients was misinterpretation of words by nurse. This could be due to unfamiliarity with patient's colloquial language of nurse.<sup>19</sup> The patients also had few problems with confidence in nurse. According to previous study, patients may not make most informed decisions in the care including refusal to some procedures or treatment if they cannot trust people providing care to them.<sup>20</sup>

Other barriers which perceived relatively less troublesome in the list were reluctance to communicate, non-compliance to treatment, negative attitude of nurse and age and gender difference between patient and nurse.

Qualitative data analysis revealed some common environmental barriers to communication between nurse and patients.. such as unfamiliarity to hospital ward and staff, negative attitude of other patients, physical discomfort due to lack of proper facilities like lighting, ventilation, food etc. The thematic data analysis showed the ways to overcome the barriers of communication between nurse and patient and vice versa like more staff recruitment, hiring male nurses, provision of enough time to know the patient, patient's sensitization, orientation towards hospital environment, regular training of nurses on communication skills, strict protocol for patient care and effective feedback system for ensuring accountability etc depicted in the thematic Map. (Fig-3)

Based on the results and evidences the present study recommends few strategies to improve nurse-patient relationship through effective communication leading to better health outcome and patient satisfaction.

-Training program on communication skills for nurses.

-Decreasing nurses' workload through hiring more staff

-Provision of safe and comfortable environment though hospital administrative support.

-Dedicated hrs for patient sensitization, orientation to hospital environment also for nurses to know their patient & understand the disease.

- Patient centered approach and strict protocol for patient care

-Effective feedback system and accountability

-The target of training programs should be teaching the nurses to find enough time for explanation and proper persuasion of their patients. Finally cooperation must be taken from both sides: nurses and patients particularly to overcome misunderstanding<sup>7,12,21</sup>

### Conclusion

Among many prevalent barriers of communication, unpleasant experiences in past and use of medical jargons were the important one as perceived by nurses and patients respectively. Other perceived barriers were lack of time to communicate with patient, gender differences, lack of privacy of patients, anxiety, pain and physical discomfort of patients etc. These can be tackled by effective communication training of nurses, sensitization program for patients and increasing the nurses: patient ratio as suggested by the participants.

**Limitations:** Availability of only female nurses, small sample size of Patient

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**Conflict of Interest:** Nil

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