Research Article

Perception of Patient Regarding Nurse Patient Communication Barrier: A Case of Chitwan Medical College, Chitwan

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ABSTRACT

Aim and Objective: Nurse patient communication is one of the important factors in providing an effective and quality nursing care and services. The objective of the study was to assess the level of nurse-patient communication barriers as perceived by patient at teaching hospital. **Methods:** The study has followed the quantitative descriptive cross-sectional design and has used the – semi structured interview schedule along with Likert rating scale ranging from five to one. Complete enumeration technique was used. Total patients 201 were selected from general wards having at least 3 days hospital stay. The study has utilized the data analysis tools such as EpiData, SPSS version 21 to analyze the information using descriptive and inferential statistics. They are common factors, nurse related factors, patients related factors, and environment-related factors. **Results:** The study revealed that more than 50% of patients were male with the average 40.64 ± 14.75. About 78.10% of patients told that most barriers during nurse-patients communication. 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. Language difference (mean score 3.38), inadequate explanation about procedure or treatment by nurse (mean score 4.07), and among them hearing problems (mean score 4.81), noisy environment (mean score 4.09) were major barrier subfactors while communication between patient and nurse. **Conclusion:** It is concluded that the majority of patients had perceived level of barriers in overall as most barriers. Finally, the study has recommended that in-service education, effective supervision and reinforcement scheme, development, and utilization of guidelines for nurse-patients communication.

Keywords: Barriers, Communication, Nurse, Patient

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Introduction

Communication is a multi-dimensional and multi-factorial phenomenon. It is a dynamic, complex process, closely

related to the environment in which an individual's experiences, knowledge, and information are shared. Since the time of Florence Nightingale in 19th century until today, specialists and nurses have paid a great deal of attention to communication and interaction in nursing.[1] Effective communication is an important aspect of patient care, which improves nurse-patient relationship and has a profound effect on the patient's perceptions toward the quality of their health care, and treatment outcomes.[2] Therapeutic communication in nursing is a process in which the nurse consciously influences a patient or helps them for, better understanding of their patients through verbal and/or nonverbal communication. The non-verbal communication includes such as body language, facial expression and

active listening. More importantly, the communication is a dynamic process which is regarded as the means of passing information from one person to another; in communication both sender and receiver must be remained in a close proximity. The information receivers might also be in a distance; thus, information sender should understand the nature of receiver properly. This process of communication involves three entities the sender, information, and the receiver. 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 workplace.[3] Professional barriers are those that arise from the nursing profession practice in hospital. Professional barriers are nurses' educational background, responsibilities, and leadership effects on nurse-patient communication. This is due to the fact that health-care quality is strongly affected by nurse-patient relationship, and lack of communication skills (or not using them) has a negative impact on services provided for the patients. 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 environments.[4] Similarly, the results of other studies show that nurses and nursing professionals in general have not made a lot of effort for establishing positive interactions with the patients. Many reported problems are related to the decreased sense of altruism among hospital staff including nurses. 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 language or if communication styles and patterns differ, both nurse and client can feel alienated and helpless.[5]

Communication is a critical skill in nursing profession and is considered one of the main parts of nursing tasks it is a dynamic process used to gather assessment data, teach, persuade, and express caring and comfort from clients. It is an integral part of the nurse–patient relationship. As the largest group of health-care professionals, nurses face a great challenge on how to generate estimates of quality nursing care.[6] Communication assists in the performance of accurate, consistent and easy nursing work, and ensuring both the satisfaction of the patient and the protection of the health professional. When health professional is not trained in communication skills, they face more difficulties separating work from their personal life, rending to transfer problems from one side to the other.[7] Effective communication is the key elements in providing high-quality nursing care and leads to patient satisfaction and health. Effective communication requires an understanding

of the patient and the experiences they express. It requires skills and simultaneously the sincere intention of the nurse to understand what concerns the patients. To understand the patient only is not sufficient but the nurse must also convey the message that he/she is understandable and acceptable. It is a reflection of the knowledge of the participants, the way they think and feel and their capabilities (Papagiannis, 2010).[8] Communication is so important that it can be considered the primary medium of care delivery.[9] Health-care professionals can provide an appropriate setting for optimal communication to support patients' sense that they are being listened to and cared about. This setting includes an appropriate environment (e.g., private and comfortable), allocation of enough time to process information and emotions, and inclusion of the patient's identified support system.[10] Communicating with patients and their families occupies a major portion of the nurses' duty. Nurses teach patients and their families about medications and the patient's condition, clarify the treatment plan, and explain procedures. To do this effectively, nurses need to use communication skills and recognize the barriers to communication.[11]

The major factors or dimensions associated with communication and its barriers might be competencies of the nurse that affected the nurse-patient communication; nurse's confidence in discussing issues; characteristics of the patients, lack of interest in communication; lack of trust/respect in the nurse's skills and expert knowledge; and the level of education of the patients, the language differences, cultural differences, care providing settings (environment). As, they might have significant influences in nurse patients relations, treatments, and also the barriers to communication. By realizing these facts and the reality of the absence of study in this field, to initiate this academic research topic for the study with the objective; to assess the level of nurse-patient communication barriers as perceived by patient

Research Methodology

A descriptive cross-sectional research design based on quantitative approach was used to find out nurse-patient communication barriers as perceived by patients. The teaching hospital was selected purposively. Patients admitted in general wards (medical, tropical, surgical, and orthopediatric) were enumerated at Chitwan Medical College. The occupancy rates were more than 70 percentages as per hospital record book and the general ward was often very busy. Therefore, the researcher was selected this setting. Complete enumeration technique was used. As research inclusive criteria during data collection, 201 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. 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. They are common factors between nurse and patient, nurse related, patient-related, and environment related. 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. Pretesting was done in College of Medical Sciences, Teaching Hospital, Bharatpur. 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 collected after getting approval from the research committee, School of Nursing and ethical clearance from institutional review board, Chitwan Medical College, Teaching Hospital, Bharatpur, Chitwan. Data were collected from June 23 to July 24, 2017. Verbal and written informed consent was obtained after explaining the purposes of the study. The confidentiality of the participants was assured by emphasizing that the information provided would not be disclosed to others and solely used for this study. 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 statistics. The level of perceived barriers was categorized as most barrier (mean score >3) and least barriers (mean score ≤3).

Results

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 was belonging 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. Similarly, in regard to duration of hospitalization near 90% of patients' were stay up to 7 days. Nearly 50% of visitors were spouse. Table 1 shows that nurse-patient communication barriers as common factor between nurse and patient as perceived by patients. Language difference between nurse and patient perceived as most barriers with mean score 3.38 where, least barrier was religion difference on nurse patient communication with the mean score was 1.08.

Table 2 revealed that nurse-patient communication barriers as per nurse-related factors perceived by patients' out of 16 different items related to nurse ten items were high than 3 mean score had considered as a barrier perceived to effective communication between nurse and patient. Among them

Table 1: Nurse-patient communication barriers as common factors in study, 2017

Statement	Responses					Mean±SD
	SD	D	N	A	SA	
Age difference	49.80	16.90	1.50	20.90	10.90	2.26±1.1
Religion difference	94.50	3.00	2.00	0.50	-	1.08±0.8
Language difference	18.40	10.00	4.00	50.20	17.40	3.38±1.8
Gender	28.40	17.90	8.50	40.80	4.50	2.75±1.6

SD: Strongly disagree, D: Disagree, N: Neutral, A: Agree, SA: Strongly agree

Table 2: Nurse-patient communication barriers as nurse-related factors in study, 2017

Statement	Response					Mean±SD
	SD	D	N	A	SA	
Work experience	23.4	42.3	11.9	19.4	3.0	2.36±1.13
Change in duty shift of nurse	6.0	16.9	5.5	36.8	34.8	3.78±1.25
Work load	4.0	10.0	25.9	38.8	21.4	3.64±1.05
Hard nursing task	4.0	9.0	42.3	31.8	12.9	3.41±0.96
Responsiveness to duty	35.3	28.4	13.4	20.9	2.0	2.26±1.20
Showing respect to patients	20.4	29.9	27.9	13.4	8.5	2.59±1.19
Attention toward patients Problem	14.9	23.9	20.4	32.5	8.5	2.96±1.23
Relationship with co workers	17.9	40.8	18.4	14.4	8.5	2.55±1.18
Using medical terminologies	10.9	10.9	13.4	37.8	26.9	3.59±1.29
Speaking with mask on	19.5	15.4	9.5	41.3	24.4	3.56±1.23
Speaking too fast	3.0	12.9	16.9	41.3	25.9	3.74±1.07
Speaking without eye contact	9.5	10.4	9.0	50.2	20.9	3.63±1.19
Inadequate explanation (procedure or treatment)	2.5	9.5	4.5	44.8	38.8	4.07±1.02
Not knowing that the patient is hard of hearing	5.5	11.4	15.9	41.8	25.4	3.70±1.13
Lack of leading role in decision making	15.4	24.4	24.4	19.9	15.9	2.96±1.31
Problem outside work environment	5.5	10.9	6.5	39.3	37.8	3.93±1.17

SD: Strongly disagree, D: Disagree, N: Neutral, A: Agree, SA: Strongly agree

inadequate explanation about procedure or treatment by nurse had maximum mean score 4.07 while responsiveness to duty 2.26.

Table 3 revealed that overall mean value of 11 items related to patient was higher than 3 as perceived by patient (3.77 ± 0.55). Out of 11 different items related to patients, eight items were high than 3 mean score had considered as a barrier to effective communication between nurse and patient. Among them hearing problems had maximum mean score 4.81 whereas, lack of trust toward nurse 2.56.

Table 4 represents the nurse-patient communication barriers according to environment related factors as perceived by patients. Overall mean score for environmental related factor regarding barrier of communication between nurse and patient had more than 3 mean score (3.12 ± 0.23). Almost all items out of 5 items had more than 3 mean score. Among them noisy environment in ward had maximum mean score 4.09 which was followed by uncomfortable room temperature 3.74 where busy environment of ward had lowest mean score 3.2.

Table 5 depicted that 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.

Table 6 revealed that more than ¾th of patient perceived as most barriers while communicate with nurse. Interesting result was found. Among four different subfactors, 88.6%

of respondent realized that patient-related subfactor prime most barrier which was followed by environment 76.6%) and nurse related (66.7) whereas 79.6 percent of respondent were perceived least barrier as common factor between nurse and patient.

Discussion

The result of this study showed that as perceived by patients the most and the least perceived barriers were patient-related barriers with the mean score 3.77 ± 0.55, and nurse-related barriers with the mean score 3.29 ± 0.59. This result is strongly contrary to the result identified by Norouzinia *et al.*[12] in Iran which revealed that the nurse-related barriers' mean score was 2.5 and factor common between nurse and patients' mean score was 1.96. In addition, another study revealed nearly contrasting findings.[13] Where mean score of nurse-related factors was 2.31 ± 0.83, patient-related factors' mean score was 1.97 ± 0.77. The differences in results might have been due to small population and sample size in comparison to the present study. This study showed the common barriers between the nurse and patients where mean score of language difference was 3.4 ± 1. It indicates that most of the patients perceived the barriers. The study finding was supported by the study by Norouzinia *et al.*[12] in Iran, among items of subscale of factors common between nurse-patient was most perceived barriers on language difference 2.6±0.68. Alike this finding, another study conducted by Anoosheh *et al.*[14] in Iran also reported. Similarly, other studies revealed that the

Table 3: Nurse-patient communication barrier as patient-related factors in study, 2017

Statement	Response					Mean±SD
	SD	D	N	A	SA	
Severity of disease of patient	2.0	12.4	12.9	43.8	28.9	3.85±1.04
Having contagious diseases	3.5	6.0	8.0	44.8	37.8	4.07±1.01
Pain	2.5	4.0	6.5	30.3	56.7	4.34±0.95
Being tired	-	11.9	10.0	37.3	40.8	4.07±0.99
Hearing problems	0.5	1.0	3.5	7.0	88.1	4.81±0.59
Attitude of patient	0.5	2.5	5.5	43.3	48.3	4.36±0.74
Lack of focus regarding own health	0.5	15.9	14.4	43.8	25.4	3.77±1.02
Presence of care taker	5.0	11.9	8.0	32.8	42.3	3.96±1.19
Personnel stress other than hospitalization	7.5	33.3	35.3	14.9	9.0	2.85±1.05
Being hesitant to interrupt nursing work	14.9	25.9	30.3	21.9	7.0	2.80±1.15
Lack of trust toward nurse	28.4	23.4	21.9	16.9	9.5	2.56±1.31

SD: Strongly disagree, D: Disagree, N: Neutral, A: Agree, SA: Strongly agree

Table 4: Nurse-patient communication barrier as environment factors in study, 2017

Statement	Response					Mean±SD
	SD	D	N	A	SA	
Noisy environment in ward	3.0	8.5	7.0	39.8	41.8	4.09±1.04
Uncomfortable room temperature	4.5	7.5	17.9	49.8	20.4	3.74±1.01
Improper sanitation in patients room	3.5	13.4	19.9	33.8	29.4	3.72±1.13
Poor light in room	6.0	21.9	19.4	41.8	10.9	3.29±1.11
Busy environment of the wards	9.5	24.4	18.9	30.8	16.4	3.2±1.25

SD: Strongly disagree, D: Disagree, N: Neutral, A: Agree, SA: Strongly agree

Table 5: Mean score of nurse-patient communication barrier in study, 2017

Factor	Mean±SD	Mean score (%)
Common	2.73±0.79	47.41
Nurse related	3.29±0.59	65.91
Patient related	3.77±0.55	75.63
Environmental	3.12±0.23	72.21
Total	3.38±0.49	67.62

Table 6: Disruption of patient by level of perception of nurse patient communication barrier, 2017

Factors	Least barriers	Most barriers
Common	160 (79.6)	41 (20.4)
Nurse related	67 (33.3)	134 (66.7)
Patient related	23 (11.4)	178 (88.6)
Environment	47 (23.4)	154 (76.6)
Overall	44 (21.9)	157 (78.1)

nurse's unfamiliarity with the patient's language that cause perceived communication barriers.[15,16] This present study showed that among them nurse-related barriers regarding inadequate explanations about procedure/treatment by nurse with mean score 4.1±.02, using medical terminology mean score 3.59 ± 1.29, and speaking without eye contact mean score 3.63±1.19 was perceived as most barriers. This result is quite similar to result identified by Park and Song[13] who revealed that not enough explanation about procedure, uses of medical terminology, speaking without eye contact was also perceived as most barriers by patients. Regarding this study revealed that work load (3.64 ± 1.05) and hard nursing task (3.41 ± 0.96). Likewise, this result is strongly similar to the result identified by Anoosheh *et al*.[14] who revealed that, hard nursing task, heavy worked load, and change in duty shift were perceived as barriers. Similarly, another study found that the deficiency of nurse than patient and lack of adequate time for patients were the most important barriers of nurse-patient communication, the research also mentioned fatigue related nurse work is other perceived most barriers in nurse-patient communication. Likewise,[17] in Japan and Banders *et al*.[16] Saudi Arabia identified heavy nursing workload for nurses, as being among the most important barriers to nurse-patient communication. This study revealed that based on the patient viewpoint patients' physical pain having personal stress other than hospitalization were most perceived barriers by patients. This result is quite similar to the results identified by Norouzinia *et al*.[12] patient-related barriers showed that patients' physical pain, anxiety, and lack of focus regarding own health were most perceived barriers. Regarding having contagious disease (4.07 ± 1.01), not presence of care taker (3.96 ± 1.19) and severity of disease of patients (3.85 ± 1.04), respectively, were most perceived barriers by patients. This study also similar finding of Anooshehe *et al*.[14] study patients considered having a contagious disease in clients, presence of care

taker and severity of disease were as a communication barrier perceived. Overall mean score for environmental related factors regarding barriers of communication between nurse and patient had more than 3 (43.12 ± 0.23). Among them noisy environment in ward had maximum mean score (4.09 ± 1.04). This study finding also similar to Jahromi and Ramezanli[18] in Iran revealed that crowed ward and rooms were also considered as a communication barrier. Another study finding by Park and Song[13] in South Korea showed that noisy environment and uncomfortable room temperature also barriers for effective communication.

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 correlation between four factors. Among the nurse related factors and patient related factors had moderately positive correlation. Effective communication is the main feature of nursing care and it is considered as necessity over the time to communicate effectively.

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