



COMMUNICATION BARRIERS TO NURSE PATIENT COMMUNICATION AMONG NURSES OF SHAHID GANGALAL NATIONAL HEART CENTER KATHMANDU NEPAL

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ABSTRACT

Background: Communication is a vital element in nursing for providing high-quality health care services, leads to patient satisfaction and health. Communication is a several-dimensional, several-factorial phenomenon and a vibrant, intricate process, strongly related to the environment in which an individual understands are shared. **Objectives:** To identify the communication barriers between nurses and patients as perceived by the nurses. **Methodology:** For this study, a descriptive-Cross-sectional design was adopted. Total 140 nurses were included by using simple random sampling technique. Data was collected with self constructed and self-administered structured questionnaire. Likewise, for demographic information descriptive statistics was used. Frequencies, percentages mean and standard deviation were used to reveal extent of existing barriers of nurse patient communication as perceived by nurses. **Results:** Nurse related factors, patient related factor and environment related factors which included several sub factors were taken into consideration as major barriers of nurse patient communication. Among the defined factors, the most important barrier was environmental factor (Mean= 2.07 & Rank=1). Likewise, Nurse-related factors was considered as the least perceived barrier (Mean= 1.76, Rank=3) as perceived by the nurses. **Conclusion:** The result of this study showed that among the defined factors, the most important barrier was environmental factors as perceived by nurses. In terms of environmental barriers, the presence of critically ill patients in the ward, the hectic environment of the hospital, and disturbing environment are considered the main barriers. Nurse-related factors are considered as the least perceived barriers. Continuous effort to be done to mend those weak areas in order to enhance better nurse patient communication within the hospital.

KEYWORDS: Communication, nurse related factors, patient related factors, environment related factors and nurse patient communication.

INTRODUCTION

Simply, communication is sharing of ideas between or among people. Word communication is derived from Greek word 'Communis' means to make common; to convey or share ideas between two or more people or a group of people.^[1] In fact, people can succeed their goal by using means of communication. The information expressed can consist of, thoughts, facts, views, notions, approaches, opinions, commands and even feelings.^[2] It is agreed that communication is an important means of providing quality nursing care. It is claimed that no society or a person can exist without communication. Through Nurse patient communication nurse can ripen mutual relationship and can assess patient needs and

problems. Because of this process nurse can reassure and make them comfort, empower and motivate to follow a medication regimen express a desire to have treatment. Good communication between nurses and patients is essential for the successful outcome of individualized nursing care of each patient. This statement is also supported by prominent nursing theorist Peplau who believes that the relationship depended on the interaction of the thoughts, feelings, and actions of each person and that the patient will experience better health when all their specific needs are fully considered in the relationship.^[3]

Likewise, Good communication between nurses and patients is crucial for the winning outcome of

individualized nursing care of each patient. It is said that to achieve this, however, nurses must comprehend and help their patients, demonstrating politeness, gentleness and honesty.^[4] Similarly, Papagiannis has similar kinds of opinions regarding nurse patient communications in which he stated that communication is the exchange of information, thoughts and feelings among people using speech or other means.^[5] Therapeutic practice involves the oral communication of public health officials and nurses on the one hand and the patient or his families on the other. It is a two way process. The patient conveys their fears and concerns to their nurse and helps them make a correct nursing diagnosis. The nurse takes the information and in turn communicates other information to the patient with option and crumbliness as to the nature of the disease and advises with treatment and a rehabilitation plan for health promotion. Effective nurse patient Communication, is a very much essential for providing high-quality health care services, leads to patient satisfaction and to promote health.^[6] It is a several-dimensional, several-factorial phenomenon and a dynamic, complicated process, closely related to the environment in which an individual's experiences are shared. Effective communication improves nurse-patient rapport which is an important aspect of patient care, and has an potent effect on the patient's perceptions of health care quality and treatment outcomes.^[7] Effective communication skills of nurse can have positive outcomes including lessened worry, regret, ache, and illness signs and symptoms. No one can deny the importance of nurse patient communication because for most patients, the nurse is a focal connection in the medical field. The nurse can serve as the connection between physician and patient. She definitely comprehends the doctor's instructions and the patient's apprehensions. Her communications skills center on both giving and getting information as well as establishing an environment of coolness and assurance.^[6]

The relationship between nurse and patient should be a therapeutic nurse-patient relationship. Poor communication is dangerous as misunderstandings can lead to misdiagnosis and even medication errors. Hence, it is necessary to determine the barriers of communication between nurse and patients so that necessary steps can be taken to overcome these barriers. It is said that to be a successful nurse excellent communication skill is the vital. To take step for providing quality care to patients, being aware of potential barriers to communication helps nurses to anticipate and react properly to any upcoming events. Nurse's ability to communicate properly with patient and connect patients and others health care professionals can help to foster therapeutic relationships, avert medical errors and deliver better care to patients.^[8] Poor communication skills in nurses are a major setback today and can be broadly seen in most health care institution. In many cases Public have been grumbling that the nurses speak impolitely to the patient and overlook any questions asked by them. They are more concerned with

their own interests than that of the patient and many nurses fade and feel embarrassed to ask questions when there are things they do not understand. Their unawareness and poor communication skills can be due to several factors such as emotional stress, overloaded, language barriers, fear, and lack of learning or experience in therapeutic communication. In other hands, patients experience language barriers to communication during their hospital stay. Similarly a study conducted in Iran explored some common barriers inadequate nurses knowledge, nurses negative attitude, poor health of nurses reluctance to proper communication lack of communication skill they are from nurses side likewise some problems arises from patients side they are disease condition, status, attitudes, different cultures, religions and language. In this study the researchers also highlights environment related barrier to nurse patient communication like unsuitable and disturbed environment, high work load etc.^[9]

There are three types of communication barrier in nursing like patient related barriers, nurse or health care related barriers and environmental related barriers. Patient related barriers involved disease conditions, pain and fear, unfamiliar environment etc. Nurse related barriers involved health conditions, over worked, lack of skills, lack of time or support, staff conflicts etc.^[8] similarly, environmental related barriers are noise, temperature, odor etc. This problem of poor communication, if it is not dealt at its earlier stages may lead to the destruction of the delicate relationship between the patients and the nurses. The patient will no longer trust the nurses and this may not only give a bad name to the nurses but also to the hospital. It is believed that, when the root of this poor communication in nurses has been identified, taking immediate action to correct and improve the current communication between the nurses and the patients will be facilitated.

Therefore, it is necessary to identify prevailing barriers between nurse patient communications. This requisite compelled the researcher to carry out this study in Shahid Gangalal National Heart Centre (SGNHC). This study attempted to identify existing barriers between nurse patient communications. It would be a signpost in this field.

OBJECTIVE

The objective of this study was to identify the major barriers prevailing between nurse patient communications from nurse's perspective. Additionally, it assessed the magnitude of those barriers as well.

Significance of the study

Since this study assessed major barriers prevailing between nurse patient communications within hospital, it also helps hospital administration and nursing department to know the area of improving and might be benefited by developing policies and implementing

procedure like regular training, coaching to new nurses on communication technique and introducing reward and punishment in this field. It not only promotes quality care and patient satisfaction within institution but also creates good image of the nurses and institution as well.

MATERIALS AND METHODS

Research Design

A hospital based descriptive, cross sectional study was conducted in the department of Nursing in Shahid Gangalal National Heart Center.

Research Site, Population, and Sampling and sample size of the Study

The location of this research study was the all units of Shahid Gangalal National Heart Center, Kathmandu Nepal. It is a tertiary level 200 bedded cardiac Hospital. At the time of study, all together there were 245 nurses within the hospital. Researcher's main concern was to identify the major barriers prevailing between nurse patient communications as perceived by Nurses in Shahid Gangalal National Heart Centre. Simple random sampling technique was adopted. Duty list of each ward was taken as sampling frame for the study. The total sample size of the study was 138 at 95% confidence level and 0.05% allowable error (this was adjusted for finite population of the institution).

Sample size was calculated by using the Cochran's formula^[9]

$$n_0 = (Z^2 * P (1 - P) / d^2)$$

Where

n_0 = desired sample size.

Z = the standard normal deviate (set for a 95% CI) = 1.96

p = prevalence = 0.5

q = 1-p = 0.5

Level of significance (α) = 5%;

Absolute allowable error (l) = 0.05

This gives n_0 = 385

For finite population, sample size was adjusted by using the formula

$$(n) = n_0 / 1 + n_0 / N$$

Where N = Known population of given area.

This gives n = 138

Final sample size was 138 nursing staffs.

Tools and Instrumentation

Researchers had done extensive literature review and discussed with peers and experts in order to develop suitable and valid research instrument. Finally, 22 itemed three points Likert scale questionnaire was developed as a main instrument of data collection by researchers themselves. The questionnaires consisted of two parts that identified socio- personal information and existing barriers between nurse and patients as perceived by nurses.

Validity and Reliability

Researchers had emphasized on maintaining face validity and content validity of the instrument. For this, extensive literature review, consultation with nurse experts and health professionals was done comprehensively. Additionally, for analyzing questionnaire's face and content validity, three senior expert nurses who had completed master in nursing and worked as a research supervisors in different institution were asked for their view. For reliability, pretesting of the instrument was done among 10% of total subject. Wordings and items were modified and added according to participant's suggestion. Cronbach alpha of pretest was .71 and in large study it was .73, it shows that internal consistency of the items was acceptable in both pretest and in large study as well.

Data Collection Procedure

In order to collect data, researchers visited every nurse separately, presented themselves as investigators, and then stated the aim of their study. Then the questionnaires were distributed to the selected nurses. Participants were requested for written consent before starting to fill the questionnaire. Researchers granted plentiful time to complete the questions. The questionnaires taken back from the individual nurses after they completed it.

Statistical Analysis

Data was entered and analyzed on SPSS 20 version. Information regarding demographic variables was explored by using descriptive statistics. Percentages, frequencies, mean and rank of the every factors were calculated. Ultimately, findings of the study were connected with the objectives and research questions. Likewise, every outcome was also connected with reviewed literature and outcome of other similar kinds of study carried out globally.

Ethical Consideration

Researchers had deliberately followed the ethical consideration for this study. Primarily, approval was obtained from institutional research committee of Shahid Gangalal National heart Centre. Likewise, the nurses working in the different units of this hospital were approached and written assent was obtained for their voluntary involvement in the research study. The respondents were guaranteed of anonymity, confidentiality and privacy of information given by them. Respondents were permitted to withdraw their involvement from the study at any time. Researchers followed coding system to maintain subject's anonymity or privacy.

RESULT

Table 1: Distribution of Study Population by Demographic Variables (n=140).

S. N.	Variables	Definition	Frequency	Percent
1	Age(in years)	20-29	106	75.7
		30-39	30	21.4
		40and above	4	2.9
2	Education	PCL	46	32.9
		Bachelor and above	94	67.1
3	Experiences in years	Up to 10 year	125	89.3
		11 years and above	13	9.3
		Missing	2	1.4
4	Working unit	ER/OBS	21	15
		GSWs	19	13.6
		GMWs	19	13.6
		ICUs	39	27.9
		CATH/OBS	13	9.3
		OT	9	6.4
		OPD	4	13.6
		Cabins	16	11.4
5	Position	Staff nurse	124	88.6
		Senior Staff Nurse	11	7.9
		Ward In charge	4	2.9
		Supervisor	1	0.7
6	Training on Communication	Received	0	0
		Not received	140	100

Table 1 shows that according to age, majority of respondents 106(75.7%) were age group of 20-29 years, similarly, as per education level 94(67.1%) were from Bachelor and above level. In the same way, 125(89.3%) had 10 years of working experience. Likewise, majority of respondents 39(27.9%) were from ICU. Correspondingly, majority of respondents 124(88.6%) were holding the position as staff nurse and none of the respondents had taken training on communication.

Table 2: Factor wise Mean, SD and Rank of Perceived Barriers on Communication (n=140).

S.N	Factors	Mean	SD	Rank
1	Environmental factor	2.07	0.46	1
2	Patient- related factor	1.94	0.34	2
3	Nurse-related factor	1.76	0.37	3

Above table shows that among defined variables, the most important barrier was environmental factor (Mean= 2.07 & Rank=1). Likewise, Nurse- related factors was considered as the least perceived barrier (Mean= 1.76, Rank=3) as perceived by the nurses.

DISCUSSION

The findings of the current study reveals that majority of respondents were the age group of 20-29 years and had 10 years of working experience. Majority of respondents were from Bachelor and above level and most of them were from ICU. Majority were holding the

position as staff nurse and none of the respondents had taken training on communication. There were three defined factors which included various other sub factors of related areas were taken into consideration as the main barriers of nurse patient communication.^[8,10,12] This study shows that the most communication barrier as perceived by the nurses was the environmental factors like unsuitable working environment, disturbing environment, unfamiliar environment of the hospital for the nurse and patient.

Similarly a study conducted in Iran, by Norouzinia showed that some nurse related factors such as inadequate nurses knowledge, nurses negative attitude, lack of communication skill, the played an important roles as barriers of communication.^[8] In contrast, present study highlighted the environmental related barriers to nurse patient communication like disturbed environment, high patient- relatives flow, improper lightening, lack of needed equipment etc. A descriptive cross sectional study conducted in Malaysia reveals that the patient related factors like nurses being badly treated by patients is considered as the hindering factors for the nurses to communicate with their patients.^[11] Tay, Hegney and Ang highlighted similar kind of description in their study.^[7]

Findings of this study is slightly different than a study which included review of 15 articles regarding barriers of nurse patient communication which highlights nurse

related, patient related and environmental related factors as a main communication barrier. Equally, it depicts that nurse related factor was the most prevailing communication barrier among those defined factors of nurse patient communication.^[12]

Many nurses comments that patients sometimes regard nurses as their personal assistance rather than the health professionals. There are such inclinations that some patients do not like to give value of the nursing profession. This lack of appreciation may feel contempt to the nurse and it may daunt the improvement of nurse-patient communication.^[11]

Several literatures highlighted the implications of nurse patient communication. Equally, the studies recommends that communication skill of Nurses can be amended through continuous education and skill based training.

CONCLUSION

Result of the study illustrates that majority of the Nurses perceived that the most important barrier was environmental factors. In terms of environmental barriers, the presence of critically ill patients in the ward, the hectic environment of the hospital, and disturbing environment are considered the main barriers. Nurse-related factors are considered as the least perceived barriers. Perpetual effort to be done to mend those weak areas in order to enhance better nurse patient communication within the hospital. Ultimately, it can result patient satisfaction and better health. It further directs that training pertaining to communication should be carried in periodical basis to improve skill of communication.

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