

## **Gaps in Communication Skills of Nurses Affecting Nurse-Patient Relationship at Tertiary Care Hospital**

**Rubina Dean, Parveen Akhtar, Farah Anil, Erum Aftab, Amanullah Rind**

**Rubina Dean** (*Corresponding Author*)

People's Nursing School (PNS)

Liaquat University of Medical & Health Sciences (LUMHS)

Jamshoro, Sindh-Pakistan.

Email: rubinadeanpns@gmail.com

**Parveen Akhtar**

Assistant Professor

PNS, LUMHS, Jamshoro, Sindh-Pakistan.

**Farah Anil**

People's Nursing School

Liaquat University of Medical & Health Sciences

Jamshoro, Sindh-Pakistan.

**Erum Aftab**

People's Nursing School

Liaquat University of Medical & Health Sciences

Jamshoro, Sindh-Pakistan.

**Amanullah Rind**

People's Nursing School

Liaquat University of Medical & Health Sciences

Jamshoro, Sindh-Pakistan.

**ABSTRACT**

**OBJECTIVE:** To explore gaps in therapeutic communication and therapeutic nurse-patient relationship affecting relationship from nurse's perspective.

**METHODOLOGY:** Cross-sectional descriptive survey was conducted at Liaquat University Hospital Hyderabad/Jamshoro. A non-probability convenient sample of 96 nurses both male and female nurses,  $\geq$  one year of working experience and age 25 -60 years were consented to participate in the survey and a structured questionnaire was used. Nurses age  $< 25$  and  $> 60$  years, experience  $<$  than one year and Intensive care unit nurses were excluded.

**RESULTS:** Data was analyzed by using SPSS version 21. There were 21.9 % (n = 21) male and 46.6 % (n = 75) female nurses, where the mean and standard deviation of the age was  $38.92 \pm 9.672$ , falls under the age range of 30–40 years. Out of a total of 96 nurses, the majority (n=74) were diploma holders and Work experience lies equally between 2-5 and 6-10 years respectively. The major barrier related to the gap in therapeutic communication identified by respondents was workload with the mean score as 4.21; whereas, lack of respect as 3.22 and unfamiliar hospital environment to the patient's 3.17 perceived as least gaps to therapeutic communication related to health care delivery system.

**CONCLUSION:** Study identified mostly participants were satisfied with the nursing care, thus some improvements were suggested particularly regarding interpersonal relations. It also found that there was a gap in communication between nurses and patients which led to dissatisfaction among patients.

**KEYWORDS:** Communication Gaps, Nurse-Patient Relationship, Barriers, Therapeutic communication.

**INTRODUCTION**

Communication is a process of transferring purposeful knowledge, information through ideas and attitudes to influence others' life<sup>1</sup>. Therefore, communication is an important tool to create and shape the community. Communication skills play a vital role in the nursing profession to communicate with patients to provide health care needs<sup>2</sup>. The positive nurse-patient relationship can be restored by positive behavior in different areas of treatment to ensure high-quality nursing care<sup>3</sup>. Communication is effective when a message is given and received correctly and comprehensively<sup>4</sup>.

Good communication between nurse and patient makes the path to exchange information smoothly and helps the patient's decision making in his or her treatment, and provides a better understanding of its outcomes<sup>5</sup>. Quality family communication with a patient's family is vital for a professional to provide overall satisfaction with their care<sup>6</sup>. Health care professional needs to have a smooth communication flow with people linked with the patients for maintaining trust, especially disease-specific outcomes, and quality life<sup>7</sup>.

But there are many barriers in communication such as, the difference in language, religion, gender, education, culture, values, and patient socioeconomic position which creates great differences in nurse-patient relationships<sup>8</sup>. Good communication will help alleviate the pain and have a positive and healthy impact on the recovery of the client<sup>9</sup>.

Communication barriers in healthcare caused by gender, education, and socioeconomic status differences can be accentuated when language, cultural behavior patterns, and values differ between the nurse and the patient. Such variability in attitude and actions in environments is likely, due to cultural factors and the society's hierarchical structure<sup>8</sup>.

The level of education in a patient is used as an indicator because educational differences correspond to differences allowing access to information. According to Kourkouta L 2014<sup>10</sup>, it was revealed patients with a higher level of education have more skills and confidence in talking to healthcare providers and tend to provide more information.

The study conducted by Popa-Velea O 2014<sup>11</sup>, reported 51.7% of patients suggested some healthcare providers had communication problems. An issue brought forward was, speaking manners. According to another former study by Kourakos M 2017<sup>1</sup>, Forty percent of patients indicated healthcare providers (HCP) used abusive and disrespectful language; however, 44% of healthcare providers complied there were already contact differences in communication. Time constraints are inherent in healthcare systems and, in most situations, high patient loads do not provide sufficient time for an HCP of patient care. Moreover, HCP implied they spent a minimum minute communicating with the patient for three to five minutes on average<sup>12</sup>.

Communication is a means to share information, senses, and emotional state by spoken and non-verbal messages<sup>13</sup>. The rationale of the study is to identify the gaps in communication skills of nurses affecting nurse-patient relationship from nurse's perspective, can be improved to promote the relationship between nurse and the patient during staying period in a health care environment.

## **METHODOLOGY**

A study of Cross-sectional descriptive design was employed for this study to be carried at Liaquat University Hospital Hyderabad / Jamshoro which is a tertiary care hospital in a government setting to collect data from nurses subjected in the study voluntarily from May to September 2019, after ethical approval from the ethical review committee of LUMHS.

Sample size calculation was made by using Raosoft, which calculated the sample size as 96, for the total population of 127 nurses. Taking 20 % more subjects in the study to deal with non-responding and incomplete filling of Performa, we found 116 (96 + 20) samples of nurses, by using Non-probability convenient sampling. The inclusion criteria for sample selection were for both male and female nurses, who fall under the age range of 25-60 years, have work experience of more than or equal to one year and are willing for the study participation.

The structured questionnaire was used to obtain data, consisting of two sections, where the first section was related to demographic questions and the second section comprised of items to determine gaps related to communication skills in the nurse-patient relationship. SPSS version 21 was used for data analysis where frequency and percentage were calculated for categorical variables such as gender, marital status, type of family, education, designation, work shift, area of working, etc. For numerical variables such as age, work experience and barriers Mean  $\pm$  SD was calculated. To see the factors affecting communication in the nurse-patient relationship, the chi-square test was applied for the comparison of the proportions among the groups and the level of significance was  $<0.05$ .

RESULTS

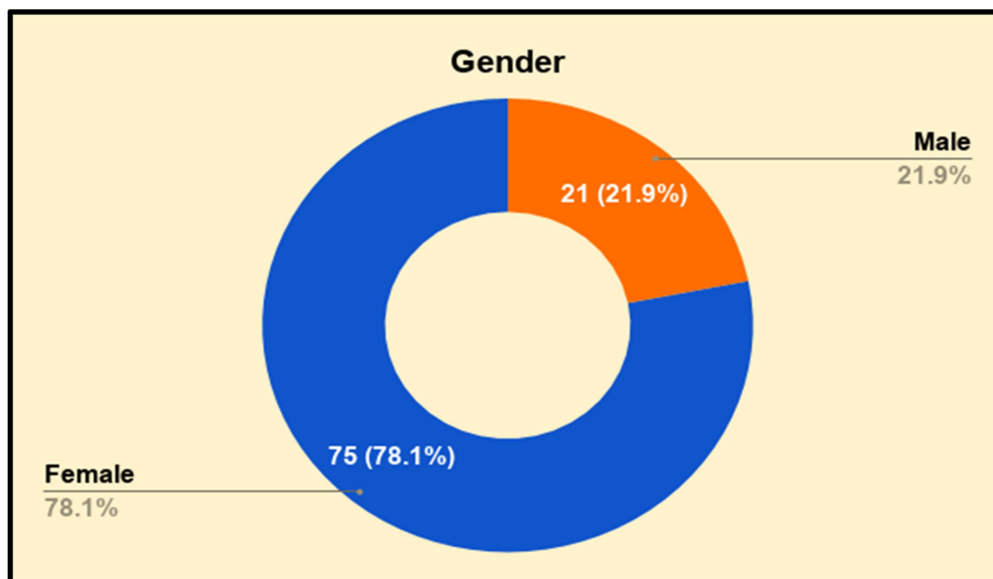
A total of 96 nurses (n=96) were subjected to the study. There were 21.9 % (n = 21) male and 46.6 % (n = 75) female nurses, where the majority fall under the range within the age group of 30 to 40 years. The mean and SD calculated for age were 38.92±9.672, as shown in Table I.

TABLE I: AGE OF PARTICIPANTS IN YEARS

Mean	38.92
Standard Deviation	9.672
Mode	30.0
Median	37.0
Range	32.0
Minimum	25.0
Maximum	57.0

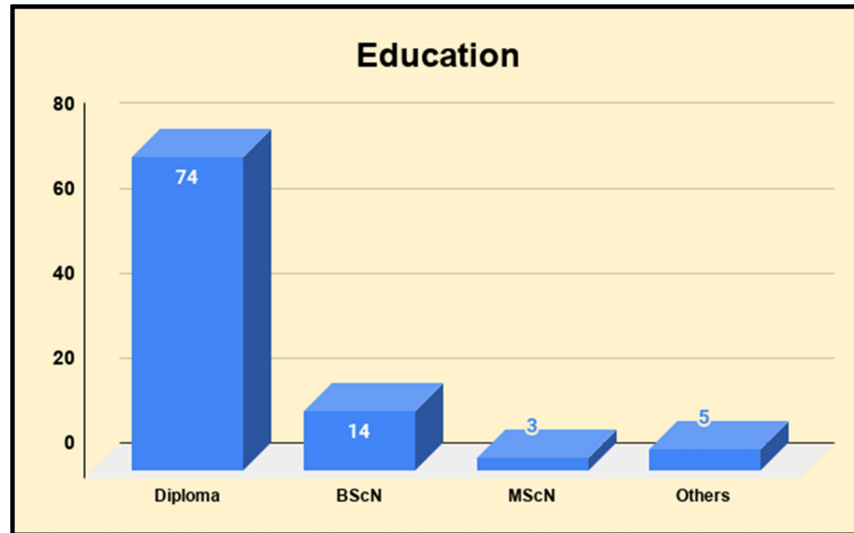
The proportion of female nurses was greater than male i.e. Female was (75, 78.1%) whereas (21, 21.9%) males enrolled, as shown in Figure I.

FIGURE I: GENDER WISE DISTRIBUTION OF STUDY PARTICIPANTS



A maximum number of nurses were holding a diploma in nursing i.e. 74 (77.1%) and 14 (14.6 %) nurses were graduated (BScN), whereas, only 3(3.1%) nurses had a master's degree, as depicted in Figure II.

FIGURE II: EDUCATIONAL STATUS DISTRIBUTION OF STUDY PARTICIPANTS



The major barrier related to the gap in therapeutic communication identified by respondents was workload with the percentage and mean score as 88% and 4.21; whereas, lack of respect (56.9%) and unfamiliar hospital environment to the patients (55.5%) was perceived as least gaps to therapeutic communication related to health care delivery system, as presented in Table II.

TABLE II: NURSE-PATIENTS RELATED COMMUNICATION GAPS (NURSES' VIEW)

Barrier	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree	Mean Score
Workload	3(4.2%)	4(5.6%)	2(2.8%)	29(40.3%)	34(47.2%)	4.21
Unsuitable environmental	1 (1.4%)	7 (9.7%)	3(4.2%)	32(44.4%)	29(40.3%)	4.13
Stress related issues	1(1.4%)	7(9.7%)	4(5.6%)	33(45.8%)	27(37.5%)	4.08
Lack of support by other staff	2(2.8%)	13(18.1%)	2 (2.8%)	45(62.5%)	10(13.9%)	4.02
Staff shortage	5 (6.9%)	15 (20.8%)	2 (2.8%)	15(20.8%)	35(48.6%)	3.8
Poor communication between nurse and physicians	3(4.2%)	19 (26.4%)	2 (2.8%)	39(41.7%)	18 (25.0%)	3.7
Busy environment of the ward (noise and traffic)	0 (0%)	23 (32%)	1 (1.5%)	28(39%)	20(28%)	3.6
Nursing becoming task-oriented instead of patient-centered	4 (5.6%)	19 (26.4%)	4 (5.6%)	25(34.7%)	20(27.8%)	3.5
Poor job performance by other staff	3 (4.2%)	23 (31.9%)	2 (2.8%)	33(45.8%)	11(15%)	3.4
Lack of respect for opinions made by junior nursing staff	11(15.3%)	17(23.6%)	3 (4.2%)	27(37.5%)	14(19.4%)	3.22
Unfamiliar environment of the hospital for the patients	4 (5.6%)	26(36%)	2(2.8%)	34(47.2%)	6 (8.3%)	3.21

## DISCUSSION

On grounds of professional commitments, effective skills for communication are greatly required by professionals in all fields of life and particularly in the nursing field where nurses widely need to interact with patients for therapeutic purpose<sup>14</sup>. Misconceptions and misunderstanding in communication from nurses and barrier of unfamiliar language is major concern. However, in several studies, the unfamiliarity of nurses with the patient's spoken language was identified as a barrier in communication that affects the satisfaction of patients in therapeutic relationship<sup>15,4</sup>.

The current study was conducted to identify the gaps in communication skills of nurses that affect the nurse-patient relationship from the nurses' perspective. The mean age of the respondents was  $38.92 \pm 9.672$ , whereas, Norouzinia 2016<sup>8</sup>, also revealed the 30.95 years as the mean age of nurses in his study which correlates well to this study. Another previous study conducted by Maame Kisiwaa V 2018<sup>2</sup>, who showed a greater portion (69.4%) of the nurses lie in 26–35 years of age group. These results are similar to this study.

In this study, the proportion of female nurses concerning frequency and percentage was greater than male i.e., female was (75, 78.1%) whereas (21, 21.9%) males enrolled. The same observation was seen in the study of Ardalan F 2018<sup>16</sup>, who reported 82.8% of the subjects were females in the majority. However, Maame Kisiwaa V 2018<sup>2</sup>, reported 86.1% females in her study. Moreover, According to Hamdan-Mansour A et al 2014<sup>14</sup>, also reported 27(13.4%) male and 166 (82%), female nurses, in his study. These results are similar to this study. In contrast to another study of Maame Kisiwaa V 2018<sup>2</sup>, who reported 67% males in their study, furthermore, some previous studies also revealed that gender differences impact greatly on communication according to patient's perspective while, on the other hand, nurses are minimally affected by gender differences of patients at work place<sup>8</sup>.

In this study, 74 (77.1%) completed their diploma and 14 (14.6 %) nurses got to study till graduate (BScN) and only 3(3.1%) nurses had a master's degree. Similar results were seen in the study of Maame Kisiwaa V 2018<sup>2</sup>, who found 69.4% of nurses had a diploma, 23.6% had a degree of BScN and 7.0% of nurses had Master's degree. According to a study by Ardalan F 2018<sup>16</sup>, 94.7% of nurses had BSN, and 5.3% nurses had MSN. However; Hamdan-Mansour A et al 2014<sup>14</sup>, showed 56.9% of nurses had a nursing diploma and 44.0% had undergraduate and graduate level of education. These results are almost the same in this study.

The results of this study also showed that the major barrier related to the gap in therapeutic communication identified by nurses was workload (88%); whereas, lack of respect (57%) and unfamiliar hospital environment to the patients (56%) was perceived as least gaps to nurse-patient communication related to health-care delivery system<sup>2</sup>. Another study conducted on nurse-patient relationships exposed nurse-related barriers, as being overworked, shortage of nurses, and lack of time for being the most rated barriers among a group of nurses. Likewise, from the perspective of patients, the unwillingness of nurses to communicate, as well as the deficiency to consider the needs of patients were found to be the most significant barriers<sup>8</sup>. Scarcity of nursing staff results in an overwork load, which leads to a lack of time to develop an interpersonal relationship between them; similarly, the low income of nurses is a barrier that indirectly affects therapeutic communication. According to the previous studies the increased workload was found to be the barrier of communication on nurses' aspect, that impact both the quantity as well as the quality of the nurse-patient relationship<sup>1,2</sup>, Quality family communication with a patient's family is vital for a professional to provide overall satisfaction with their care<sup>6,8</sup>.

## ONLINE FIRST

Health Care professional needs to have a smooth communication flow with people linked with the patients for maintaining trust, especially disease-specific outcomes, and quality life<sup>7</sup>, the positive nurse-patient relationship can be restored by positive behavior in different areas of treatment to ensure high-quality nursing care<sup>3,16</sup>. Communication is effective when a message is given correctly and comprehensively<sup>4,17</sup>.

### CONCLUSION

This study identified most of the participants were satisfied with the nursing care, thus some improvements were advised particularly regarding interpersonal relations. It also found out there was a gap in communication between nurses and patients who led to dissatisfaction among patients. To improve the quality of nursing care in the health care system in all departments under study serious attention is required to promote the satisfaction of patients possibly by developing trust from nurses.

### RECOMMENDATIONS

- For future research, researchers' suggest the research for nurses' and patient perception towards factors that affect the nurse-patient relationship.
- Student nurses, trained and monitored during training are recommended.
- Frequent workshops and seminars should be arranged for in-service nurses to enhance communication skills.
- Nurses and health professionals to give respect, and quick response to improve the image of the nursing profession recommended.

**Ethical Permission:** Liaquat University of Medical & Health Sciences Synopsis approval Letter No. LUMHS/REC/-13515/19, Dated: 19-03-2019.

**Conflict of Interest:** There is *no* conflict of *interest among the authors*.

**Financial Disclosure / Grant Approval:** There was no funding agency.

**DATA SHARING STATEMENT:** The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions

### AUTHOR CONTRIBUTIONS

Dean R: Concept and design and analysis  
Akhtar P: Final approval of manuscript  
Anil F: Drafting of manuscript  
Aftab E: Data collection  
Rind A: Data collection



REFERENCES

1. Kourakos M, Fradelos EC, Papathanasiou IV, Saridi M, Kafkia T. Communication as the basis of care for patients with chronic diseases. *Am J Nurs Sci*. 2017; 7(3-1): 7-12. doi: 10.11648/j.ajns.s.2018070301.12
2. Amoah VM, Anokye R, Boakye DS, Gyamfi N. Perceived barriers to effective therapeutic communication among nurses and patients at Kumasi South Hospital. *Cogent Med*. 2018; 5(1): 1459341. doi: 10.1080/233120 5X.2018.1459341.
3. Feo R, Rasmussen P, Wiechula R, Conroy T, Kitson A. Developing effective and caring nurse-patient relationships. *Nurs Stan*. 2017; 8; 31(28): 54-63. doi: 10.7748/ns.2017.e10735.
4. Fakhr-Movahedi A, Rahnavard Z, Salsali M, Negarandeh R. Exploring nurse's communicative role in nurse-patient relations: A qualitative study. *J Caring Sci*. 2016; 5(4): 267-276. doi: 10.15171/jcs.2016.028.
5. Wang YY, Wan QQ, Lin F, Zhou WJ, Shang SM. Interventions to improve communication between nurses and physicians in the intensive care unit: An integrative literature review. *Int J Nurs Sci*. 2018; 5(1): 81-88. doi: 10.1016/j.ijnss.2017.09.007.
6. Kartika IR, Hariyati TS, Nelwati. Nurses-patients interaction model and outpatients' satisfaction on nursing care. *Nurse Care Open Access J*. 2018; 5(2): 70-6. doi: 10.15406/ncoaj.2018.05.00123.
7. Tay LH, Hegney D, Ang E. Factors affecting effective communication between registered nurses and adult cancer patients in an inpatient setting: a systematic review. *Int J Evid Based Heal*. 2011; 9(2): 151-64. doi: 10.1111/j.1744-1609.2011.00212.x.
8. Norouzinia R, Aghabarari M, Shiri M, Karimi M, Samami E. Communication barriers perceived by nurses and patients. *Global journal of health science. Glob J Health Sci*. 2016; 8(6): 65-74. doi: 10.5539/gjhs.v8n6p65
9. Crawford T, Candlin S, Roger P. New perspectives on understanding cultural diversity in nurse-patient communication. *Collegian*. 2017; 24(1): 63-9. doi: 10.1016/j.colegn.2015.09.001.
10. Kourkouta L, Papathanasiou IV. Communication in nursing practice. *Mater Sociomed*. 2014; 26(1): 65-67. doi: 10.5455/msm.2014.26.65-67.
11. Popa-Velea O, Purcărea VL. Issues of therapeutic communication relevant for improving quality of care. *J Med Life*. 2014; 7(Spec Issue 4): 39-45.
12. Joa I, Testad I, Leiknes I, Severinsson E, Rørtveit K, Sætre Hansen B et al. Patients' Experiences of Trust in the Patient-Nurse Relationship—A Systematic Review of Qualitative Studies. *Open J Nurs*. 2015; 5(03): 195-209. doi: 10.4236/ojn.2015.53024.
13. Marković MR, Salamzadeh A. The importance of communication in management. 7th International Scientific Conference on Business management, Entrepreneurship and Entrepreneurial tendencies. Available from: <https://ssrn.com/abstract=3578378>.
14. Hamdan-Mansour A, Aboshaiqah A, Thultheen I, Salim W, Azzeghaiby S, Anani M et al. Patients' satisfaction about nurses' competency in practicing communication skills. *Life Sci J*. 2014; 11(3): 339-345
15. Tay LH, Ang E, Hegney D. Nurses' perceptions of the barriers in effective communication with inpatient cancer adults in Singapore. *J Clin Nurs*. 2012; 21(17-18): 2647-58. doi: 10.1111/j.1365-2702.2011.03977.x.

## ONLINE FIRST

16. Ardalan F, Bagheri-Saweh MI, Etemadi-Sanandaji M, Nouri B, Valiee S. Barriers of nurse-patient communication from the nurses' point of view in educational hospitals affiliated to Kurdistan University of Medical Sciences. *Nurs Pract Today*. 2018; 5(3): 326-34.
17. Amoah VMK, Anokye R, Boakye DS, Acheampong E, Budu-Ainooson A, Okyere E et al. A qualitative assessment of perceived barriers to effective therapeutic communication among nurses and patients. *BMC Nurs*. 2019; 18: 4. doi: 10.1186/s12912-019-0328-0