

Gaps in Communication Skills of Nurses Affecting Nurse-Patient Relationships at Tertiary Care Hospital

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ABSTRACT

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

METHODOLOGY: A cross-sectional descriptive survey was conducted at Liaquat University Hospital Hyderabad/Jamshoro. A non-probability convenient sample of 96 male and female nurses with > one year of working experience and ages 25 -60 years consented to participate in the survey, and a structured questionnaire was used. Nurses aged < 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±9.672, which falls under the age range of 30–40 years. Out of 96 nurses, the majority (n=74) were diploma holders, and work experience lies equally between 2-5 and 6-10 years, respectively. The primary barrier related to the gap in therapeutic communication identified by respondents was workload, with a mean score of 4.21, whereas lack of respect 3.22 and unfamiliar hospital environment to the patient 3.17 perceived as the least gaps in therapeutic communication related to health care delivery system.

CONCLUSION: The study mainly identified participants who were satisfied with the nursing care. Thus, some improvements were suggested, particularly in interpersonal relations. It also found a gap in communication between nurses and patients, leading to patient dissatisfaction.

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

INTRODUCTION

Communication is transferring purposeful knowledge and information through ideas and attitudes to influence others' life¹. Therefore, communication is a crucial tool to create and shape the community. Communication skills are vital in nursing, as they help patients communicate and provide health care needs². Positive behavior in different treatment areas can restore the nurse-patient relationship to ensure high-quality nursing care³. Communication is effective when a message is given and received correctly and comprehensively⁴.

Good communication between nurse and patient makes the path to exchange information smooth, helps the patient's decision making in their treatment, and provides a better understanding of its outcomes⁵. Quality family communication with a patient's family is vital for a professional to provide overall satisfaction with their care⁶. Healthcare professionals must have a smooth communication flow with people linked with the patients to maintain trust, especially disease-specific outcomes and quality of life⁷.

However, there are many communication barriers,

such as language, religion, gender, education, culture, values, and socioeconomic position, which create significant differences in nurse-patient relationships⁸. Good communication will help alleviate the pain and have a positive and healthy impact on the recovery of the client⁹.

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 structure⁸.

A patient's education level indicates that educational differences correspond to differences in allowing access to information. According to Kourkouta L 2014¹⁰, it was revealed that patients with a higher level of education have more skills and confidence when talking to healthcare providers and tend to provide more information.

The study conducted by Popa-Velea O 2014¹¹ reported that 51.7% of patients suggested that some healthcare providers had communication problems. An issue brought forward was speaking manners. According to another former study by Kourakos M 2017¹, 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

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communication. Time constraints are inherent in healthcare systems, and in most situations, high patient loads do not provide sufficient time for an HCP to perform patient care. Moreover, HCPs implied they spent a minimum minute communicating with the patient for three to five minutes on average¹².

Communication is a means to share information, senses, and emotions through spoken and non-verbal messages¹³. The study's rationale is to identify the gaps in nurses' communication skills affecting the nurse-patient relationship from the nurse's perspective, which can be improved to promote the relationship between nurse and patient while staying in a healthcare environment.

METHODOLOGY

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

Sample size calculation was made 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 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 to participate in 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 items to determine gaps in communication skills in the nurse-patient relationship. SPSS version 21 was used for data analysis, and frequency and percentage were calculated for categorical variables such as gender, marital status, type of family, education, designation, work shift, area of working, etc., and for numerical variables such as age, work experience, and barriers, Mean ± SD was calculated. The chi-square test was applied to compare the proportions among the groups, and the significance level was <0.05 to see the factors affecting communication in the nurse-patient relationship.

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 within the age group of 30 to 40 years. The mean and SD calculated for age were 38.92±9.672 (Table I).

The proportion of Female nurses was more significant

than males, i.e., females were (75, 78.1%) whereas (21, 21.9%) of males enrolled (Figure I).

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

The primary barrier related to the gap in therapeutic communication identified by respondents was workload, with the percentage and mean score as 88% and 4.21. In contrast, lack of respect (56.9%) and unfamiliar hospital environment to the patients (55.5%) were perceived as the least gaps in therapeutic communication related to the healthcare delivery system (Table II).

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

FIGURE I: GENDER-WISE DISTRIBUTION OF STUDY PARTICIPANTS

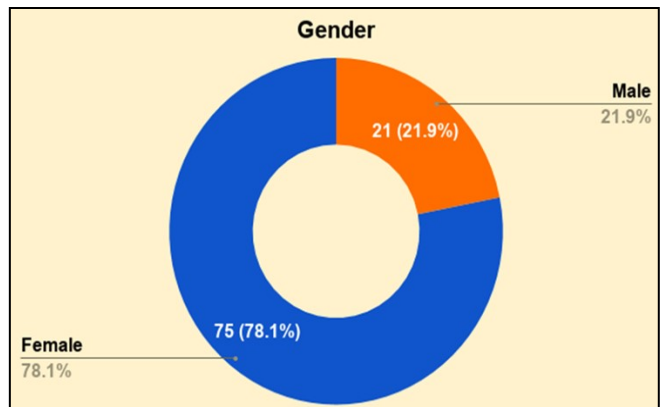


FIGURE II: EDUCATIONAL STATUS DISTRIBUTION OF STUDY PARTICIPANTS

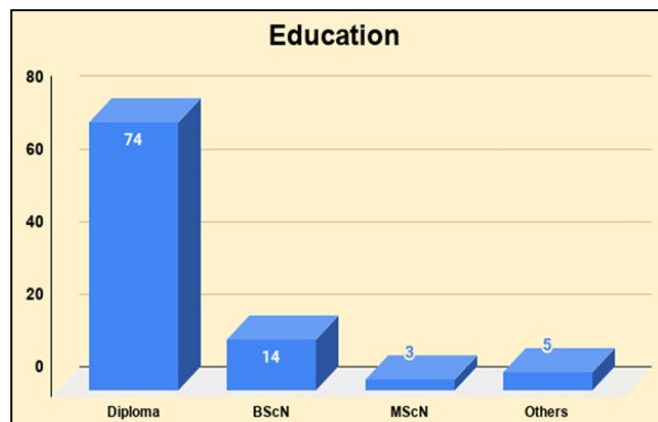


TABLE II: NURSE-PATIENTS RELATED COMMUNICATION GAPS (NURSES' VIEW)

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 nurses 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 the grounds of professional commitments, professionals in all fields of life considerably require practical communication skills, particularly in nursing, where nurses widely need to interact with patients for therapeutic purposes¹⁴. Misconceptions and misunderstandings in nurse communication and unfamiliar language barriers are significant concerns. However, in several studies, the unfamiliarity of nurses with the patient's spoken language was identified as a barrier to communication that affects the satisfaction of patients in therapeutic relationship^{15,4}.

The current study was conducted to identify the gaps in nurses' communication skills that affect the nurse-patient relationship from the nurses' perspective. The mean age of the respondents was 38.92±9.672, whereas Norouzinia 2016⁸, also revealed 30.95 years as the mean age of nurses in his study, which correlates well with this study. Another previous study by Maame Kisiwaa V 2018² showed that a more significant portion (69.4%) of the nurses lie in the 26–35 age group; these results are similar to this study.

In this study, the proportion of female nurses concerning frequency and percentage was more significant than Males, i.e., Female was (75, 78.1%) whereas (21, 21.9%) males enrolled. The same observation was seen in the study of Ardalan F 2018¹⁶, who reported that 82.8% of the subjects were females in the majority. However, Maame Kisiwaa V 2018² reported that 86.1% of the females in her study were female. Moreover, Hamdan-Mansour A et al. 2014¹⁴, also reported 27(13.4%) male and 166 (82%) female nurses in their study. These results are similar to this study. In contrast to another study by Maame Kisiwaa V 2018², who reported that 67% of males were in their research, some previous studies also

revealed that gender differences significantly impact communication according to patients' perspectives. On the other hand, nurses are minimally affected by gender differences among patients at workplace⁸. In this study, 74(77.1%) completed their diploma, 14 (14.6 %) nurses got to study till graduation (BScN), and only 3(3.1%) nurses had a master's degree. Similar results were seen in the study of Maame Kisiwaa V 2018², who found 69.4% of nurses had a diploma, 23.6% had a degree of BScN, and 7.0% had a Master's degree. According to a study by Ardalan F 2018¹⁶, 94.7% of nurses had a BSN, and 5.3% had an MSN. However, Hamdan-Mansour A et al. 2014¹⁴, showed that 56.9% of nurses had a nursing diploma, and 44.0% had undergraduate and graduate levels of education. These results are almost the same in this study.

This study also showed that the significant barrier related to the gap in therapeutic communication identified by nurses was workload (88%). In contrast, lack of respect (57%) and unfamiliar hospital environment to the patients (56%) were perceived as the least gaps in nurse-patient communication related to the healthcare delivery system². Another study on nurse-patient relationships exposed nurse-related barriers, such as being overworked, shortage of nurses, and lack of time being the most rated barriers among a group of nurses. Likewise, from the perspective of patients, the unwillingness of nurses to communicate and the deficiency in considering the needs of patients were found to be the most significant barriers⁸. The 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 previous studies, the increased workload was found to be a barrier to communication with

nurses' aspect, which impacts both the quantity as well as the quality of the nurse-patient relationship^{1,2}; quality family communication with a patient's family is vital for a professional to provide overall satisfaction with their care^{6,8}.

Healthcare professionals need to have a smooth communication flow with people linked with the patients to maintain trust, especially disease-specific outcomes, and quality of life; the positive nurse-patient relationship can be restored by positive behavior in different treatment areas to ensure high-quality nursing care^{3,16}. Communication is effective when a message is given correctly and comprehensively^{4,17}.

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 a gap in communication between nurses and patients that led to dissatisfaction among patients. Serious attention is required to promote patient satisfaction, possibly by developing trust from nurses to improve the quality of nursing care in the health care system in all departments under study.

RECOMMENDATIONS

- Researchers suggest researching nurses and patients perceptions of factors that affect the nurse-patient relationship for future research.
- Student nurses who are 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 should give respect and quick responses 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.

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AUTHOR CONTRIBUTION

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

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