

NURSE-PATIENT COMMUNICATION BARRIERS AS PERCEIVED BY ADULT IN-PATIENTS AND NURSES IN A PRIVATE HOSPITAL IN MALAYSIA

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ABSTRACT

Background: Effective and skilful communication is crucial and an important element in the quality of nursing care. This enables nurses to assess patients' needs and provide them with the appropriate physical care, emotional support, knowledge transfer and exchange of information. However, nurses find it difficult to communicate effectively and therapeutically with their patients. **Aim:** To identify the nurses' and adult inpatients' perceptions of barriers to effective nurse-patient communication. **Methodology:** A descriptive study was used to collect data from nurses ($n=40$) and adult inpatient ($n=63$) in multidisciplinary wards in a private hospital in Malaysia. Two sets of self-administered questionnaire for the two different groups of participants, the patients and nurses were used. Data were analysed using the SPSS version 20.0. **Results:** Nurses and adult in patient perceived heavy workload, dialect and negative attitudes towards nurses as main barriers that hinders effective communication among nurses and patients. **Conclusion:** Communication places an important part in patients' satisfaction of care and the ability of the nurse to provided patient centred care. Nurses should take in to account those communication barriers that affect the patients and be confident enough to take the first step to initiate communication and be able to handle patients' dynamic emotions.

Keywords: *Nurse-patient communication, Communication Barriers, Adult in-patients*

INTRODUCTION

Providing care centred on patients' needs and expectations is a key attribute of quality healthcare. Effective communication and teamwork is essential for the delivery of high quality, safe patient care (Leonard, Graham & Bonacum, 2004). Effective and skilful communication is crucial and an important element in the quality of nursing care and this enables nurses to assess patients' needs and provide them with the appropriate physical care, emotional support, knowledge transfer and exchange of information (Shafipour, Easa & Fazlollah, 2014).

All definitions of nursing make reference to a relationship between nurses and patients. According to Bach and Grant (2009), the communication process will be ineffective if some form of interpersonal relationship

is not established between the sender and the receiver. The relationship between a nurse and a patient should be one that is positive and beneficial (therapeutic) in other for nursing to take place (Anoosheh *et al.*, 2009). "Communication is an important aspect of nursing care and much of nurses' duties such as providing physical care, emotional support and exchanging of information with patients cannot be performed without communication. The quality of care is improved through nurse-patient relationship" (Fakhr-Movahedi *et al.*, 2011). For a successful nurse-patient relationship, nurses need to be skilled communicators and should have the ability to adapt the communication process to meet each patient's need (Jootun & McGhee, 2011).

It is therefore important for the nurses to be able to assess and integrate these factors as they communicate with their patients in other to achieve the desired

outcome of their care. Previous studies indicated that despite the emphasis on nurse-patient communication and the factors that influence this process, nurses still find it difficult to communicate effectively and therapeutically with their patients (Anoosheh *et al.*, 2009; Shafipour *et al.*, 2014).

LITERATURE REVIEW

Among all the healthcare professional, nurses turn to spend the most time with patients and most often attempt to build a professional nurse-patient relation which is build to facilitate care and communication between the two parties. Barriers to the communication process could be physical, semantic or psychological and could affect the sender or the receiver or the channel of communication (Lunenborg, 2010). In the study by Shafipour *et al.*, (2014) some patients claimed that nurses' expressions were cold and lacked sympathy and this made it difficult to cultivate a relationship with the nurses. Some patients feel that nurses are not usually sincere and they fail to show the patients enough respect (Ruan & Lambert, 2008). Both Ruan & Lambert (2008) and Anoosheh *et al.*, (2009) have said that patients perceive their condition as a barrier to communication whether it is a degenerative condition like hard of hearing or a communicable disease. It is clear that sometimes patients' have got something to say which might help in their recovery but they do not want to just say it to anyone.

In order to communicate effectively with patients, nurses require three important characteristics which include; self-confidence, holistic view and expert knowledge. Some nurses noted that their own fear and lack of self-confidence turn to inhibit communication particularly when they are unable to answer patients' questions (Zamanzadeh *et al.*, 2014). While Anoosheh *et al.*, (2009) pointed out that one of the major communication barriers reported by nurses was the heavy work load. Nurses also mentioned job dissatisfaction (Shafipour *et al.*, 2014) and little time (Hemsley, Baladin & Worrall, 2012; Chan *et al.*, 2012) as prominent barriers to effective communication. From the review, it can be seen that barriers to nurse-patient communication can be divided in to two main groups which are patient-related barriers and nurse-related barriers.

Despite the clear evident gap in communication, there is no such study has been reported in Malaysian context to date. It is therefore still important to revisit the

concept of communication, including its structure and the relationship between communication and time and to debate how a good nurse-patient communication can still be played out in reality with the structural and time constraints (Chan *et al.*, 2012). According to Park & Song (2005), "Understanding the other party's perception of barriers should be considered the first step to solving communication problems, since satisfactory communication is impossible with an inadequate understanding of the perceptions of the other party". Hence the purpose of this study is to identify the nurses' and adult inpatients' perceptions of barriers to effective nurse-patient communication.

RESEARCH METHODOLOGY

Design and sampling

A descriptive study design was carried out in a private hospital in Kuala Lumpur, Malaysia. A total of 40 nurses from multidisciplinary ward and 63 adult in-patients were recruited from January 2016 to April 2016. Eligible nurses who are currently employed and working in the multi-disciplinary wards were recruited. Eligible adult in-patients who are 18 years or older than that and admitted for at least two days were recruited. All participants must be able to understand English or Malay; must be of sound mind and free from external influences like medications and capable to complete study questionnaire independently. Nurses in administrative positions were exempted from the study due to limited nurse-patient time. Patients diagnosed with critical and mental illness, hearing loss and visual impairment were excluded.

Instrument

Two sets of questionnaire for the two different groups of participants, the patients and nurses were used. Both questionnaires covered the two main factors related to nurse-patient communication which are the nurse related factors and patient related factors that hinder communication. The questionnaire has a four point Likert scale (1-Strongly disagree, 2-Disagree, 3-Agree, 4-Strongly agree). Pre-testing of the questionnaire was carried out with similar population and the cronbach alpha of 0.769 was obtained for the questionnaire for nurses and 0.776 for questionnaire for patients. The self-administered questionnaire was distributed at the beginning of the shift and the completed questionnaire was collected at the end of the shift. Envelops were provided to the participant to place and seal the

completed questionnaire so as to give participants an assurance of confidentiality.

Ethical consideration

The study was approved by the ethical committee of the International Medical University board. Approval was obtained from the respective institution prior to study. Participants were recruited on voluntary basis following signing of the informed consent.

RESULTS

Demographic characteristics

The patient population had a mean age of 38.59 (SD= ±14.19), and 30 (47.6%) of them were males and the remaining 33(52.4%) females. Of all the patients participants, 44(69.8%) were Chinese, 15(23.8%) were Indian, 4(6.3%) were from other ethnic groups and none was Malay. Among all the patients, 33(64.7%) were employed and 18(35.3%) were unemployed. Of the total participants, 33(52.4%) had achieved tertiary education, 22(34.9%) secondary education, 7(11.1%) primary education and 1(1.6%) had no education at all. Length of patient stay in the hospital, 28(44.4%) had spent four or more days in the hospital, 31(49.2%) had spent 3 days and 4(6.3%) had spent 2 days. The length of stay was not inclusive of the day of the survey.

The nursing population on the other had a mean age of 26.25(SD = ± 2.81) and 39(97.5%) were females and 1(2.5%) was a male. The multiracial population contained 15(37.5%) Malay, 14(35%) Chinese, 10(25%) Indian and 1(2.5%) from other ethnic groups. The total nursing population had a mean of 2.95 (SD = ± 1.71) years of nursing experience, with 31(77.5%) were diploma holders and 9(22.5%) were degree holders.

Study findings

Nurse-related communication barriers

Table 1 shows the mean scores for each nurse-related communication barrier as reported by patients and nurses. The higher the mean score of the barrier, the higher is the importance of perception of that barrier. Of all eleven nurse-related communication barriers in the patient participant questionnaire, 2 items had the highest mean score. These items were “nurses are always too busy and in a hurry so I can't talk to them” (mean 2.08; SD+0.9) and “nurses always interrupt me when I am

speaking” (mean 2.08; SD + 0.85). The item 'It is difficult to communicate/talk with the nurses' scored the third highest mean of 1.97; SD + 0.78.

Eight out of twelve items in the nurse participant questionnaire obtained a mean score of more than 2. The 3 most important nurse-related communication barriers as reported by nurses were “Nurses have to keep communication short so they have enough time for other things” (mean 2.65; SD+0.8); “Effective communication is not really important for efficient patient centred care” (mean 2.60; SD+0.67) and “There is so much work to do such that I can't even take a short while to actually talk with my patients” (mean 2.53; SD + 0.75).

Table 1: Nurse-related communication barriers

Nurse-related Communication Barriers Subscale Score Patient's perspective (n= 63)	Mean	SD
Nurses are always busy and in a hurry so I can't talk to them.	2.08	±0.90
Nurses always interrupt me when I am speaking.	2.08	±0.85
It is difficult to communicate/talk with the nurses.	1.97	±0.78
Nurses are always talking so fast, it is hard to follow.	1.94	±0.78
The nurses present so many topics at once and it is hard to follow or understand.	1.94	±0.90
Nurses use a lot of medical words when talking to me and I don't understand most of what they say.	1.89	±0.83
Sometimes smart phones and mobile devices interrupt the conversation.	1.81	±0.80
Nurses always repeat the same thing over and over such that it becomes boring.	1.79	±0.77
Nurses do all the talking and don't give me a chance to say anything.	1.78	±0.75
Nurses avoid me because of my medical condition/illness.	1.76	±0.80
Nurses are not very friendly.	1.71	±0.79
Nurses' Perspective (n= 40)	Mean	SD
Nurses have to keep communication short so they have enough time for other things.	2.65	±0.80
Effective communication is not really important for efficient patient centred care.	2.60	±0.67
There is so much work to do such that I can't even take a short while to actually talk with my patients.	2.53	±0.75

A nurse's willingness to talk to communicate with a patient is influenced by the patient's disease condition.	2.40	±0.78
Routine work are evenly spaced and planned such that there is no time to talk to patients.	2.35	±0.89
Nurses have to speak fast when talking to patients because there are so many patients to see.	2.30	±0.85
There is no significant gap or issues in nurse-patient communication in nursing practice.	2.28	±0.85
There is not much time during the shift that I could use for patient communication.	2.22	±0.80
Nurses use medical terms when talking to patients because there is no way to simplify them.	1.95	±0.90
As a nurse, I only feel encouraged to talk to patients who can speak my dialect.	1.93	±0.80
Effective communication is not really important for efficient patient centred care.	1.65	±0.92
As a nurse, I only prefer patients who are of the same ethnic group as me.	1.48	±0.75

Score ranges from 1 (strongly disagree) to 4 (strongly agree)

Patient-related communication barriers

The mean scores for each patient-related communication barrier as reported by patients and nurses are presented on table 2. The higher the mean score of the barrier, the higher is the importance for the perception of barrier. Four items out of ten had a mean score of more than 2 in the patient participant questionnaire. The 3 most important patient-related communication barriers as reported by patients were 'I try not to talk too much because so that I don't keep the nurses from their work' (mean 2.30; SD + 0.98), 'Talking to nurses about my feelings and condition is not important to help me get better' (mean 2.08; SD+0.94) and 'I only prefer talking to nurses who can speak my dialect' (mean 2.02; SD+0.85). On the other hand, all the 10 items in the nurse's questionnaire on patient-related-communication barriers scored a mean of more than 2. The highest score was rated for the item “Nurses are often treated as maids by the patients because they are friendly to the patients” with a mean of 3.20 (SD+0.72). This is followed by “Patients often pretend to understand” (mean 2.88; SD+0.69) and “Patients only want to communicate in their dialect and this makes communication difficult” (mean 2.88; SD+0.61).

Table 2: Patient-related communication barriers

Patient-related Communication Barriers Subscale Score Patient's perspective (n=63)	Mean	SD
I try not to talk too much because so that I don't keep the nurses from their work.	2.30	±0.98
Talking to nurses about my feelings and condition is not important to help me get better.	2.08	±0.94
I only prefer talking to nurses who can speak my dialect.	2.02	±0.85
I sometimes pretend to understand even if I don't.	2.00	±0.92
I am usually just too sick to talk/communicate to the nurses.	1.90	±0.86
I only feel comfortable talking to a nurse who is of the same ethnic group (race) or religion as me.	1.81	±0.84
I feel that the nurses don't respect me.	1.75	±0.78
I don't ask too many questions because I am afraid the nurses will treat me badly.	1.73	±0.83
Nurses are not very friendly.	1.71	±0.79
I don't trust what nurses say so I don't pay attention to what they tell me.	1.70	±0.78
Nurses' Perspective (n= 40)		
Nurses are often treated as maids by the patients because they are friendly to the patients.	3.20	±0.72
Patients often pretend to understand.	2.88	±0.69
Patients only want to communicate in their dialect and this makes communication difficult.	2.88	±0.61
Patients are usually too sick and unwilling to communicate.	2.73	±0.72
Patients don't show nurses any respect.	2.72	±0.75
Patients prefer nurses who are of the same ethnic group or religion as them.	2.68	±0.80
Some patients are hostile and inappropriate to nurses so nurses are unwilling to approach them.	2.50	±0.68
Patients don't pay attention to what nurses tell them.	2.47	±0.72
Patients are shy or afraid to ask questions.	2.28	±0.88
Some patients are just too slow and time consuming; this reduces my desire to initiate a conversation with them.	2.15	±0.68

Scores range s from 1 (strongly agree) to 4 (strongly disagree)

DISCUSSION

This study highlights those specific areas that hinder communication as perceived by nurses and patients. Being aware of these communication barriers, nurses will know where they need to improve on their communication skills and where they need to step in order to help patients overcome their communication barriers.

The main nurse-related communication barrier perceived by patients and nurses are lack of patience by the nurses and heavy workload. These barriers were also highly rated as important to nurse-patient communication by patients (Park & Songs, 2005). The interruption in Communication between the nurses and the patients was rated as one of the most important barriers in Ruan & Lambert's (2008) study. According to Chan *et al.*, (2012) good nurse-patient communication is a process that requires time. Nurse-patient communication is traditionally characterised by nurses' full attentiveness, setting down and talking to patients (Botti *et al.*, 2006). Physical communication like body language plays an important role in the communication process. Lunenbrug (2010) identified that barriers to communication can be physical and psychological. Therefore patients may interpret the body language of nurses who are in always in hurry or who always interrupt them talking as nurses being impatient. This will certainly affect the patient's willingness to continue communicating or to initiate communication later.

According to Chan *et al.*, (2012) the global healthcare system is changing and nursing practice is now characterised by increasing documentation, staff skill mix and work intensification. Nurses are therefore expected to do and document a lot more than they used to. This change undoubtedly is meant to increase effectiveness in nursing practice but does not really take into consideration of time consumption and how this affects the nurse-patient relationship and communication. In order to keep up with the high work load, sometimes nurses feel it is better to keep patient communication to the minimum. Most patient complaints about nurses are because of lack of communication or failure to give clear instructions to patients (Chan *et al.*, 2012). Nurses fail to understand that they can save time through communication which will make the process of procedures smooth and discharge planning. This misunderstanding by nurses might be because, as seen in this study and the study by Zamanzadeh *et al.* (2014),

nurses think that communication must always be long and in-depth for it to be considered patient centred. This kind of view to communication affects the motivation of nurses to engage in communication. Chan *et al.*, (2012) suggested that effective communication and constructing a nurse-patient relationship need not necessary be based on long-term encounters, as short yet iterative interactions offer effective ways to engage patients. The nurse participants also highlight patient's language preference as an important barrier. Contrary to the patients' perception, nurses perceive that patients prefer nurses from the same ethnic group. This respond raises the question "do the nurses' recognize the importance of communication in nursing care or are they unable to identify the existing barriers to communication.

Those nurses who were treated badly by patients were found to be a factor that hinders nurses communicating with their patients. Similar findings were noted in Tay, Hegney & Ang (2011). Patients sometimes regard nurses as maids rather than the professionals that they are. Some patients still do not appreciate the nursing profession and such patients don't usually provide the best motivation for the nurses to communicate with them. This lack of application of the profession may feel disrespectful to the nurses. When nurses feel the patient does not respect them, they turn to avoid build a nurse-patient relationship with these patients.

CONCLUSION

Exploring the perception of nurses and patients separately give a clear picture of each group's point of view on barriers to communication based on their unique perspective. Communication therefore places an important part in patients' satisfaction of care and the ability of the nurse to provided patient centred care. Nurses should understand that communication must not be long for it to be effective. That said, each patient has his own way and pace to reveal his problem, but it takes some time to get to know the nurses and feel the confidence necessary to face them. Continuous professional development is an important part of the nursing profession that can be used by the nurses and nurse managers to improve the communication skill of nurses. Communication is a two-way process; therefore, nurses should also take in to account those communication barriers that affect the patients. Finally, nurses need to be confident enough to take the first step to initiate communication and be able to handle patients' dynamic emotions.

LIMITATIONS

A limitation to this study was that the study involved only one hospital and hence the findings here

could not be generalized for the entire nurse and/or patient population. The patient population also was lacking of one of the main ethnic groups in Malaysia which is the Malay ethnic group.

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