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COMMUNICATION BARRIERS PERCEIVED BY NURSE AND PATIENT

Naheeda Batool, Student of BSN(Post RN) Independent College of Nursing, Faisalabad

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ABSTRACT

Background: Objective: To highlight the communication barriers to effective communication between nurse and patients and to know the reasons behind the communication errors between nurse and patients. **Study Design:** Cross sectional study. **Setting:** Independent University Hospital Faisalabad. **Period:** Jan 2018 to Mar 2018. **Material and Method:** This research was quantitative; a self-administered questionnaire was the tool to analyze the communication barriers perceived by nurses and patients. The target population of this study was consisted on 50 Nurses and 50 patients at Faisalabad Institute of Cardiology, Faisalabad were the target population of the current study. **Results:** Two separate questionnaires were used for nurses and patients, and the reliability and validity of the questionnaires were assessed. In both groups of nurses and patients, nurse-related factors (mean scores of 2.39 and 2.05, respectively) and common factors between nurses and patients (mean scores of 1.79 and 1.89, respectively) were considered the most and least significant factors, respectively. Also, a significant difference was observed between the mean scores of nurses and patients regarding patient-related (p=0.001), nurse-related (p=0.012), and environmental factors (p=0.019). Despite the attention of nurses and patients to communication, there are some barriers, which can be removed through raising the awareness of nurses and patients along with creating a desirable environment. We recommend that nurses be effectively trained in communication skills and be encouraged by constant monitoring of the obtained skills. **Conclusion:** This is suggested that upgrading medical clinics and facilities, holding periodic workshops of communication skills, holding nursing quality assurance committees, and most importantly, changing attitudes of nursing managers and administrators from offering task-based services toward following a holistic approach could be beneficiary for the healthcare system.

Correspondence Address
Naheeda Batool
Student of BSN (Post RN)
Independent College of
Nursing, Faisalabad

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INTRODUCTION

Communication is a multi-dimensional, multi-factorial phenomenon and a dynamic, complex process, closely related to the environment in which an individual's experiences 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 (Fleischer et al. 2009). Effective communication is an important aspect of patient care, which improves nurse-patient relationship and has a profound effect on the patient's perceptions of health care quality and treatment outcomes.[1] Effective communication is the key element in providing high-quality nursing care, and leads to patient satisfaction and health (Hemsley et al., 2012). Effective communication skills of health professionals are vital to effective health care provision, and can have positive outcomes including decreased anxiety, guilt, pain, and disease symptoms. Moreover, they can increase patient satisfaction, acceptance, compliance, and cooperation with the medical team, and improve physiological and functional status of the patient; it also has a great impact on the training provided for the patient.

However, most studies have reported poor nurse-patient relationships.[2,3,4] Zamanzadeh et al., 2014. Therefore, overall, nurse-patient communication has not led to personal satisfaction (Jangland et al., 2009). 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.[5] 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.[6]

Communication pitfalls are 5-10% in general population and more than 15% in hospital admissions (Bartlett, Blais, Tamblyn, Clermont, & MacGibbon.[7] Hospitalized patients in all ages often experience complex communication needs including mobility, sensory, and cognitive needs as well as language barriers during their stay (Downey & Happ.[8] Hospitalization is potentially stressful and involves unpleasant experiences for patients and their families. All aspects of care and nursing are of high importance in communication with patients, as the patients consider interaction with the nurses as a key to their treatment. Also, through communication, nurses become familiar with the needs of their patients, and therefore, they can deliver high-quality health care services (Cossette et al., 2005; Sheldon, Barrett, & Ellington, 2006; Thorsteinsson, 2002). Patients with communication disability were three times more likely to experience medical or clinical complications compared to other patients (Bartlett et al., 2008). Communication can be defined as a process that uses words and behaviours to form, convey and interpret messages (Bosek, 2002). Interpersonal communication is a complex process in which people exchange ideas, feelings and meaning through verbal and non-verbal messages (Perry, Potter, & Elkin, 2011). Communication is the most important tool that nurses use to support patients during treatment. According to Kearney and Richardson (2006), communication establishes trust and rapport, reduces anxiety and uncertainty, provides education and support, and helps establish a treatment plan.

Therapeutic communication in nursing is an interactive, dynamic operation in which the nurse influences or assists patients intentionally to achieve a better understanding of the treatment process through non-verbal or verbal communication (Arnold, 2011). Non-verbal forms of communication include facial expressions, eye contact and cues such as posture, touch and gesture (Potter, Perry, Stockert, & Hall, 2014). According to Guffey and Loewy (2014), communication is useful only when the recipient understands the notion as the sender meant it to be understood. For health care outcomes, effective communication requires nurses to engage in active listening, show passionate support and exchange knowledge with patients who have serious diseases.

When nurses and patients do not speak the same language because of cultural differences, patients may become dissatisfied with their care (Jirwe, Gerrish, & Emami, 2010). Moreover, Almutairi et al. (2015) affirmed that cultural and linguistic barriers between patients and nurses have the potential to reduce nurses' abilities to practice competently and safely. Nurses and patients' lack of language skills and sociocultural knowledge may be a 'life-and-death' issue (El-Amouri & O'Neill, 2011). For example, some see care delivery for patients of different genders as antithetical to Saudi culture; this attitude aggravates communication breakdowns and thus clinical safety risks (van Rooyen, Telford-Smith, & Strumpher, 2010). The presence of an expatriate nursing staff that speaks diverse languages and brings complex sociocultural, linguistic and health belief practices can create cultural communication hindrances. Consequently, understanding cultural communication within the Saudi context should be a central focus of health care delivery.

Pakistan is a multicultural country having Urdu as a formal language, there are many dialects such as Punjabi, Siraiki, Balochi & Pashto, which might act as communication barriers between nurses and patients (Junaid et al., 2019). In Pakistan, some communication facilitators and barriers have been reported including low educational preparation, governmental policies, and inappropriate environment as barriers, and religious and cultural norms, role modeling, and previous exposure of patients as facilitators (Khalid & Abbasi, 2018).

Significance of the Study

Nursing care forms the foundation of health services delivery all over the world. In Pakistan, the unique male dominated social fabric combined with lack of physical and human health service delivery resources creates a conflict culture at these sites leading to abuse of and by nurses. The researcher believes that whereas it is important to train nurses in communication skills, ethics, humanism and conflict avoidance and resolution, it is perhaps more important for the government to provide environment complete with resources that is conducive to safe and efficient health care delivery. The first step in eradicating the problems related to nurse-patient communication is two-sided (nurse and patient) awareness of communication barriers. It is of no doubt that building an effective relationship is dependent on the understanding of both sides of the interaction. This research has determined the barriers to nurse-patient relationship from the perspective of nurses and patients. Through this evaluation, the quality of nursing services could be improved and increase the satisfaction of patients and their families. This research has also assessed the barriers to using communication skills by the nurses in nurse-patient interactions.

Research Questions

1. What are the barriers to effective communication between nurses and patients?
2. What are the reasons behind the communication errors between nurse and patients?
3. What are the nurses' perceptions of nurse-patient communication in 1ong-term care setting?

MATERIAL AND METHOD

This research was quantitative; a self-administered questionnaire was the tool to analyze the communication barriers perceived by nurses and patients. The target population of this study was consisted on 50 Nurses and 50 patients at Faisalabad Institute of Cardiology, Faisalabad were the target population of the current study. To analyze the communication barriers between perceived by nurse and patients, the researcher designed a self-constructed questionnaire for quantitative research. The researcher collected the data by visiting each targeted nurse and patient for solving questionnaire. The data of current research study was analyzed with the help of statistical software which known as SPSS (Statistical Package for Social Sciences) version 21. Descriptive statistics i.e. Mean, Standard Deviation and Frequency Distributions was used for the description of trends in the data.

RESULTS

In table 1, demographic characteristics of the nurses are given, i.e., marital status, education, shift rotation etc. and Table 2 is portraying the demographic information of patients

4.1 Demographic Characteristics of the Respondents

Table 5 reflects the comparison of patients' and nurses' mean scores of barriers (to using communication skills by nurses) indicated that of 29 items common between nurse and patient questionnaires, the mean scores of 13 items were significantly different.

Table 1. Demographic Characteristics of the Nurses

Marital Status	Single		Married
Single	27 (54%)		23 (56%)
Education			Total
Diploma	Bachelor	BSN	

36 (72.0%)	6 (12.0%)		8 (16.0%)		50
Shift	Morning	Evening	Night		Rotation
	18 (36.0%)	23 (46.0%)	8 (16.0%)		1 (2.0%)
Wards	Medical	Surgical	ICU	Emergency	Total
	2 (4%)	3 (6%)	19 (38%)	26 (52%)	50
Nurse Knowledge of Communication skills	Yes		No		
Yes	50 (100%)		0		
Nurse Training of Communication skills	47 (94%)		3 (6%)		

Table 2. Demographic Characteristics of the Patients

Gender	Male		Female		Total	
	33 (66.0%)		17 (33.0%)		50 (100.0%)	
Age	18-25 years	26-35 years	36-45 years	46 years & above		
	1 (2.0%)	4 (8.0%)	20 (40.0%)	25 (50.0%)		
Marital Status	Single		Married			
	3 (60.0%)		47 (94.0%)			
Education Level	Illiterate	Primary	Middle	Matric	Inter	Bachelor or above
	6 (12%)	13 (26%)	10 (20%)	9 (18%)	10 (20%)	2 (4%)
Occupation	Agriculture		Businessman		Agriculture	
	22 (44%)		12 (24%)		16 (32%)	
Ward of Admission	Medical	Surgical	ICU	Emergency		
	25 (50%)	3 (6%)	4 (8%)	18 (36%)		
Patient Length of Stay	Less than a week	7-10 days	11-14 days	15 days & above		
	27 (54%)	18 (36%)	2 (4%)	3 (6%)		
Patient Knowledge of Communication Skills			Yes	No		
			14 (28%)	36 (72%)		
Patient Training of Communication Skills			15 (30%)	35 (70%)		

Table 3. Nurses perceived communication barriers

Nurse perceived communication Barriers	Yes (F/%)	No (F/%)
Negative attitude of nurse as a communication barrier	36 (72%)	14 (28%)
Nurses numerous responsibilities as a communication barrier	50 (100%)	0
Poor staffing as a communication barrier	41 (82%)	9 (18%)
Negative attitude of nurse towards patient as a major communication barrier	36 (72%)	14 (28%)
Overwork of nurses decreases the patient satisfaction	43 (86%)	7 (14%)
Task orientation of nurses as a communication barrier	26 (52%)	24 (48%)
Insufficient knowledge of nurses about needs & status of patient as a barrier	17 (34%)	33 (66%)
Nurses unpleasant experience of previous encounters with patients as a communication barrier	26 (52%)	24 (48%)
Poor communication skills and non-verbal communication of nurses influence on patient health	39 (78%)	11 (22%)
Uncooperative routine system of management as a communication barrier	24 (48%)	26 (52%)
Social barriers to effective communication are constructed around culture	34 (68%)	16 (32%)
Social anxiety is a communication barrier which can decrease by effective communication of nurse	33 (66%)	17 (34%)
Language barrier affects many nurses due to high diversity of client in hospital	42 (84%)	8 (16%)
Unnecessary interference by the patient family members affects nurse-patient communication	37 (74%)	13 (26%)
Environmental factors like insufficient light, room size, and noise affects communication	44 (88%)	6 (12%)

Table 4. Patient perceived communication barriers

Patient perceived communication Barriers	Yes (F/%)	No (F/%)
Unfamiliar environment of the hospital for the patient as a communication barrier	43 (46%)	7 (14%)
Use of technical terms by the nurse as a communication barrier	35 (70%)	15 (30%)
Negative attitude of the nurse as a communication barrier	11 (22%)	22 (44%)
No confidence or trust on nurse as a communication barrier	21 (42%)	29 (58%)
Anxiety, pain & physical discomfort as communication barriers	38 (76%)	12 (24%)
Noisy environment and privacy issues as a communication barrier	41 (82%)	9 (18%)
Nurse' unwillingness to communicate with the patient as a communication barrier	27 (54%)	23 (46%)
Nurses' inadequate understanding of the needs and status of the patient	35 (70%)	15 (30%)
Heavy workload during the shift	40 (50%)	10 (20%)
Not receiving support from nursing management for regarding communication skills	23 (46%)	27 (54%)
Busy environment of the ward as a communication barrier	39 (78%)	11 (22%)
Social anxiety as a communication barrier	24 (48%)	26 (52%)
Understanding of culture aspects by the nurse can be helpful tool for patient	37 (74%)	13 (26%)

Table 5. Common communication barriers between nurses & patients

Communication Barrier between Nurses & Patients	M±SD Nurses	M±SD Patients	P-value
Age differences between nurse & patient	1.29± 0.79	1.892± 0.91	0.04
Gender differences between nurse & patient	1.88± 0.78	2.01± 1.2	0.03
Cultural differences between nurse & patient	2.34± 0.79	1.99± 1.01	0.591
Religious differences between nurse & patient	1.67± 0.91	1.61± 1.21	0.64
Colloquial language differences between nurse & patient	2.56± 0.74	1.99± 1.02	0.059

DISCUSSION

Nurse perceived barriers to effective nurse-client

communication can be divided into physical, psychological, or social themes (Weaver, 2010). Communication barrier themes can overlap based on nurse and client factors and the relationship between participants. When multiple communication barriers exist in a nurse-client setting, the nurse must dedicate additional time and effort to communicate effectively in order to maximize client care (Coleman & Angosta, 2016; Hemsley, Balandin, & Worrall, 2012). Physical barriers to effective communication include the environment where communication occurs. Sufficient lighting, room size, ambient noise, and lack of privacy can prevent effective communication between nurse and client (Weaver, 2010). Physical barriers may be created by therapeutic and care requirements such as clients on ventilators or in comas (Karlsson, Forsberg, & Bergbom, 2010). Time constraints affect the quality of communication and can negatively impact client outcomes (Hemsley, Balandin & Worral, 2011). Time may act as a physical barrier to nurse-client interaction (Hemsley, Balandin & Worral, 2011; Moore, Higgins, & Sharek, 2013). Nurses' numerus responsibilities reduce the amount of time available to care for clients and communicate with physicians concerning client care (Steele et al., 2011; Wittenberg-Lyles, Goldsmith, & Ferrell, 2013)

Psychological barriers to effective communication include anxiety, personality traits, level of self-esteem, and psychological disorders. Nurse anxiety concerning client care or low self-esteem have been shown to decrease communication between nurse and client (Arungwa, 2014; Steele et al., 2011). When a nurse is anxious about a client's medical needs due to unfamiliarity with the situation, negative past experiences, or fear of rejection, the communication process is disrupted. Clients with intellectual disabilities that cannot reliably relay information also pose additional communication challenges (Hemsley, Balandin, & Worral, 2012) Social barriers to effective communication are constructed around culture. Culture forms the basis of a person's customs, roles, rules, rituals, religion, and laws (Savio & George, 2013). Culture is reliant on communication for the continuation of traditions, while at the same time, communication practices and styles are largely shaped by culture. The sociocultural background of the nurse and client affects the extent the nurse perceived barriers can impact the nurse-client relationship and communication success (Arungwa, 2014). Proper education and experience can allow nurses to overcome communication barriers and engage in effective communication (Coleman & Angosta, 2016).

Tay, Ang, and Hegney (2012) investigated barriers to effective communication between nurses and inpatient oncology adults clients using qualitative face-to-face interviews. Interviews were transcribed and then thematically analyzed. The study used the interpretivism paradigm, which is based on the beliefs and feelings the researcher has about the environment (Denzin & Lincoln, 2005). The researchers acknowledged the method would prevent the study from forming any absolute conclusions. Four interdependent themes were identified by nurses as barriers to effective nurse-client communication: characteristics of the client, nurse-client 15 interaction, characteristics of the nurse, and the environment (Tay, Ang, & Hegney, 2012).
Wittenberg-Lyles, Goldsmith, and Ferrell (2013) interviewed seven nurse managers using guided qualitative focus groups about their perceptions of communication barriers. Three managers worked in inpatient oncology units, three worked in outpatient clinics, and one worked as an operations manager.

The nurses identified two evident barriers to effective nurse-client communication. The first was a lack of communication among the health care staff which created difficulties when nurses

attempted to communicate with clients and their families. Nurses 16 had to take additional time to collect information about clients through their charts and by contacting the client's physicians as well as from the clients and their families. During the process, the nurse was unable to dedicate the usual time to the client's psychosocial and spiritual needs, which were both identified as essential to client-centered care. The second barrier to effective nurse-client communication was based on physician expectations of nurses' abilities, and exclusions of information when communicating with nurses. Lack of complete information negatively impacted the communication flow between the nurse and client in relation to the plan of care.

Moore, Higgins, and Sharek (2013) studied oncology nurses' perceived knowledge and comfort discussing sexuality concerns with men diagnosed with testicular cancer to ascertain communication barriers for nurses. A quantitative questionnaire was distributed by an selected gatekeeper in five randomly selected oncology centers in Ireland. Two hundred oncology nurses were administered the questionnaires and one hundred and five questionnaires were returned. Sixteen of the questionnaires were returned incomplete. Eighty nine surveys were accepted into the final study. All nurses were female and the majority (91%) were Roman Catholic. More than fifty one percent of respondents had worked in oncology longer than six years, with the majority (53.9%) working in inpatient units. Only ten percent of respondents frequently informed clients of their availability to discuss sexual concerns related to testicular cancer, and only one respondent reported discussing sexual concerns with more than ten clients.

The low levels of communication between nurse and client stems from nurses' discomfort and lack of knowledge on the topic of sexual concerns relating to clients' testicular cancer. Nearly twenty percent of nurses reported receiving no sexual education, and only about thirty three percent reported 17 receiving between one and five hours of sexual education in their pre-registration nursing programs. When nurses were asked to report their knowledge on eleven different areas related to sexuality and testicular cancer, no more than fifty nine percent felt they had the necessary knowledge to discuss the topics.

Barriers to full disclosure are numerous and include patient-oriented barriers such as ethnic and religious identity, which may influence whether individuals seek medical attention; as well as patient-perceived stigma and misinformation regarding diagnosis or treatment, which has been shown to limit patient disclosure of medical history. Barriers also relate to patient perceptions of their health care team, including physician gender preferences, and physical appearance or attire of a physician, the latter of which is suggested to play a role in perceived patient comfort and assessment of competence (Hemsley et al., 2012). Gender has been well documented in the literature, with female physicians reportedly demonstrating greater empathy and rarely interrupting their patients compared to their male counterparts. As such, female physicians are perceived to be approachable and tend to ease feelings of discomfort for their patients. Patient histories typically include demographic information such as age, gender, ethnicity, marital status, occupation, as well as family structure (Aslakson et al., 2012).

Studies examining barriers to full disclosure have not considered the influence of patient demographics, or whether certain patient characteristics augment varied sensitivities to particular communication barriers. While some non- influence characteristics such as gender and ethnicity may manifest as putative barriers to communication, these may be overcome through training and customer service

approaches to improve physician awareness and sensitivity to these potential obstacles. Previous studies investigating approaches to improving patient communication have demonstrated improved physician-patient interactions through standardized communication rubrics and discussion techniques (Slort et al., 2011; Blair & Smith, 2012; Larsson et al., 2011).

Identification of factors that encourage full disclosure may facilitate patient communication and enable physicians to anticipate challenges in a clinical encounter in order to optimize communication. The intimate nature of obtaining gynecologic and sexual histories that typically occurs alongside a physical examination in the gynecological practice makes this clinical setting especially vulnerable to the effects of communication barriers (Slort et al., 2011).

The results of this study showed that in both groups of nurses and patients, the most and the least important barriers were nurse-related factors and common factors between nurses and patients, respectively. These results were consistent with the findings of Aghabarari et al. who performed a study to determine the barriers to applying communication skills by nurses, from the viewpoint of nurses and patients (Aghabarari et al. 2009). Also, in the study of Aghamolaei et al. nurse- and patient-related barriers were more important than environmental barriers (Aghamolaei & Hasani, 2011). In terms of common factors between nurses and patients, colloquial language, and cultural and gender differences were of high importance; however, priorities were not quite similar between nurses and patients. Through establishing an appropriate verbal communication, the nurse could thoroughly understand the patient's problems; hence, in many studies, the nurse's unfamiliarity with the patient's colloquial language has been mentioned as a communication barrier (Anoosheh et al. 2009; Baraz, Shariati, Alijani, & Moein, 2010; del Pino, Soriano, & Higgin bottom, 2013; Li et al., 2012).

If there is a difference in spoken language, effective communication cannot be established; even non-verbal communication in different cultures may have different interpretations. Patients are also less acceptant of nurses with different languages and cultures (culture has an impact on individuals' attitudes and behaviors). Based on previous studies, communicative needs and ways of expressing emotions vary in different cultures and religions. Sufficient knowledge of nurses regarding patients' culture, language, customs, and beliefs can help them communicate with the patients without having any pre-judgments or prejudice. Indeed, culture can act as both a facilitator and a barrier to communication (Okougha & Tilki, 2010).

Alborz province is also called “little Iran”, meaning that all ethnicities and cultures are present in this region; therefore, the variety of cultures should not be neglected. Considering the population concentration of specific ethnic groups in particular regions of this province, it is recommended that the patient's language and ethnicity be considered for the allocation of medical staff.

In this study, another factor affecting communication, particularly from the viewpoint of patients, was gender differences; the results were consistent with those of previous studies (Anoosheh et al., 2009; Baraz et al., 2010). The impact of gender differences on communication is mostly emphasized by the patients; in fact, nurses are less affected by patients' gender while performing their professional duties. According to cultural and religious beliefs in Iran, touching and gazing are inconsistent with the principles of the society (Anoosheh et al., 2009). Similar to many Asian cultures, speaking about sexual problems is also considered impolite (Im et al., 2008). Given the

aforementioned principles, the number of male nursing students should increase considering the shortage of male nurses in hospital wards.

As to the patients' viewpoint, another influential factor was age differences. Similarly, Sung and Park considered generation gap as a communication barrier (Park & Song, 2005). In another study, differences in age and social class were included as communication barriers (Anoosheh et al., 2009). However, according to a study by Baraz, age differences had no negative impact on nurse-patient relationship (Baraz et al., 2010). Generally, communicating with different age groups has its own challenges and complexities. Nurses can have good interactions with patients through developing awareness of each age group's attitudes to health, disease, and body function (Bridges et al., 2013).

Evaluation of the viewpoints of nurses and patients showed that among nurse-related barriers, being overworked, shortage of nurses, and lack of time were the most important barriers for the nurse group. Also, the nurses' unwillingness to communicate, and lack of understanding of patients' needs were the most important barriers from the patients' perspective. Shortage of nurses increases the work load, and therefore, there is not enough time to establish a good therapeutic relationship (Park & Song, 2005); also, nurses' low income has been mentioned as a barrier to nurse-patient interaction (Aghamolaei & Hasani, 2011; Baraz et al., 2010; Mendes, Trevizan, Nogueira, & Sawada, 1999). Stress, being overworked, and lack of welfare facilities could decrease nurses' satisfaction and quality of health care provision (Nayeri, Nazari, Salsali, & Ahmadi, 2005). Based on the results of the study by Park and Song, being overworked is a nurse-related communication barrier, which affects the quality and quantity of the relationship between nurses and patients (Park & Song, 2005).

In the present study, comparison of the viewpoints of nurses and patients regarding patient-related barriers showed that interference by family, patients' unawareness of the status and duties of the nurses, patients' physical pain, discomfort, and anxiety, lack of attention, and the presence of patients' companions were the most important factors; these results were considerably consistent with previous studies (Aghabarari et al., 2009). Definitely, the patient's disease and dependence after hospitalization result in anxiety, tension, and fear in the patient; moreover, the patient's family also experiences a difficult time and has different needs and demands. Negligence of the patient and the family of the status and duties of nurses leads to misconceptions about the nurses' role in the improvement or deterioration of the patient's health and may even result in the patient's death. If nurses are not successful in establishing an effective communication with the patients, they can apply communication facilitators; if they still do not succeed, they can explain the problems to the patients so that they can obtain positive treatment results without having a good communication (Ammentorp, Sabroe, Kofoed, & Mainz, 2007).

Nurse is considered the direct care provider and the smallest delay in care provision will be considered as medical negligence. However, it is quite obvious that a medical team consisting of physicians, nurses, clinical departments, and even medical center crew are all responsible for the patient's health care. Thus, given the direct relationship between nurses and patients, the image created by nurses affects their being accepted as professional staff, and their role will be highlighted in establishing an effective communication (Aghabarari et al., 2009).

In terms of environmental barriers, the presence of critically ill patients in the ward, the hectic environment of the hospital, and unsuitable environmental conditions are considered the

main barriers in both groups. The findings of previous studies confirm the aforementioned results. The shortage of nurses and the presence of critically ill patients in the ward cause a lot of stress for the patient and lead to decreased ability and motivation to communicate with other patients; on the other hand, medical environment conditions have great effects on the quantity and quality of communication (Bartlett et al., 2008). Factors disturbing the communication process can be improper temperature, excessive noise, poor ventilation, and lack of respect for the privacy of the two sides of the relationship (Mendes et al., 1999). Thus, providing a safe and comfortable environment leads to psychological and physical comfort of the nurse and patient, and facilitates using communication skills and establishing an effective communication.

CONCLUSION

The purpose of any system is to provide services with optimal quality and quantity, and health care systems are no exception. One of the best ways to gain the patients' satisfaction, as major clients of health care systems, is through establishing effective and appropriate communication. Thus, according to the results of this study and previous studies, the following measures will be considerably helpful in establishing an effective nurse-patient communication: allocation of medical staff with regard to the language and culture of the region, motivating nurses to provide high-quality health care services, upgrading medical clinics and facilities, holding periodic workshops of communication skills, holding nursing quality assurance committees, and most importantly, changing attitudes of nursing managers and administrators from offering task-based services toward following a holistic approach.

Two separate questionnaires were used for nurses and patients, and the reliability and validity of the questionnaires were assessed. In both groups of nurses and patients, nurse-related factors (mean scores of 2.39 and 2.05, respectively) and common factors between nurses and patients (mean scores of 1.79 and 1.89, respectively) were considered the most and least significant factors, respectively. Also, a significant difference was observed between the mean scores of nurses and patients regarding patient-related ($p=0.001$), nurse-related ($p=0.012$), and environmental factors ($p=0.019$). Despite the attention of nurses and patients to communication, there are some barriers, which can be removed through raising the awareness of nurses and patients along with creating a desirable environment. We recommend that nurses be effectively trained in communication skills and be encouraged by constant monitoring of the obtained skills.

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AUTHORSHIP AND CONTRIBUTION DECLARATION

Sr. #	Author's Full Name	Contribution to the paper	Author's Signature
1	Naheeda Batool		Naheeda