

# NURSE PHYSICIAN COMMUNICATION BARRIERS IN GOVT. GENERAL HOSPITAL, G.M. ABAD, FAISALABAD: IMPACT ON PATIENT SAFETY

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## ABSTRACT

**Background:** Among the major nurse-physician communication barriers the level of education, age, expectations personal values, attitude of nurses and physicians towards each other, poor skills regarding communication are the factors and barriers among nurse-physician communication. To improve safe patient safety complete and clear communication among healthcare workers is required. **Objective:** The purpose of this research work was to discover communication barriers among nurse and physician and their impact on the safety of patient in General Hospital G.M. abad, Faisalabad. **Methodology:** This study was cross sectional and quantitative in nature; a self-administered questionnaire was developed. Percentage and chi-square test was applied in statistical analysis. **Results:** There were found so many communication barriers between nurse-physician communication. Overwork, colloquial language difference, unawareness, busy environment, noise, incompatible environment were the main barriers found at General Hospital, G.M. abad, Faisalabad.

**Keywords:** Communication, physician-nurse communication, patient safety

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## INTRODUCTION

Communication is the basic level to exchange information between each other. The communication is done through so many ways, i.e. written, verbal, body language, tone, attitude, etc. Only words are not the communication, but the tone, body language also contributes to judge communication.<sup>1</sup> There are so many communication barriers among nurses and physicians individually, such as expectations, age factor, qualification etc.<sup>2</sup>

Effective communication between nurses and physicians is critical to patient safety, yet numerous challenges contribute to poor communication and an unhealthy reliance on individual action.<sup>3</sup> Deficiency of persistent communication among nurses and physicians is a problem for so many years, but there are so many causes instead of just confusions and misunderstandings. According to Patient Safety and Quality Healthcare, there are main causes of

communication disconnect, i.e. divergent views, hierarchy and historic tension, existence of inefficient communication process and learned communication style.<sup>4</sup> Due to these issues, several barriers created which technology, interruptions, time, work environment and patient safety affected in this regard.<sup>5</sup> The other barriers in effective communication among nurses and physicians belong to different policies, lack of structure, procedures associated with timing. Healthcare communication is lacking in proper framework and rules for verbal communication, face to face communication and telephonic conversation as well.<sup>6</sup>

For example, nurses are trained to be narrative and descriptive in their messages, often painting verbal pictures with a broad brush. Physicians, on the other hand, are very action-oriented and want the main subject matter of the problem so that immediate action can be taken.<sup>3</sup>

The communication barriers affect the patient safety.<sup>7</sup> Precisely different healthcare units, comprising operation room, nursing home, ICU reported that poor communication between nurse and physician badly affects the patient care.<sup>8</sup> Proper teamwork could be achieved by proper communication as sharing of ideas, making questions with each other; discussion of problems with each other can solve a concern. Patient safety can be achieved by proper collaboration and ineffective collaboration damaged the patient safety.<sup>8</sup> There should be timely, precise and clear communication between nurses and physicians to achieve collaboration, which improves patient safety.<sup>9</sup>

Previous studies indicate that there should be understanding between nurses and physicians by discussing each other's concerns to improve patient safety.<sup>10</sup> To overcome the patients problems, nurses should advocate the problems of patients to physicians and physicians should pay attention to increase patient safety.<sup>1</sup>

### Significance of the Study

The nurse physician communication has a vital role in tertiary hospital for patient safety. As tertiary hospital deals with high volume of patients and there is so much overwork and overload on nurses and physicians to deal with. So it is very important to collaboration and understanding between nurse and physician to achieve patient safety in a tertiary hospital. Tension and miscommunication between nurse and physician impact negatively on patient safety. This research work has discovered the major communication barriers among nurse and physician communication in long term patient safety.

### Research Questions

1. What are barriers to operational communication among nurses and physicians?
2. What are the reasons behind the communication barriers between nurse and

physicians?

3. What are the nurses' perceptions of nurse-physician communication in long-term care setting?

### REVIEW OF LITERATURE

To achieve patient safety in hospitals good communication among physicians and nurses is the important element. Historical relationship, difference of workplaces, individual personalities, and different languages are the noticeable barriers among nurse-physician communication. Due to the different individual personalities of nurses and physicians, they lack to collaborate with each other which cause communication gap and affect patient safety.<sup>9</sup> Gender and education differences are also the barriers to better communication between the two professionals. Different backgrounds of two officials are also the communication barrier. Physicians focus on the technical skills of cured diseases, on the other hand, nurses develops personal skills to facilitate patients<sup>11</sup>

The collaboration is difficult because the different backgrounds of both officials, as both are trained in different institutions.<sup>7</sup> The increased workload creates less communication which is a clear barrier in communication. Due to busy schedules, both professionals make priorities of communication, but these priorities are inconsistent often across professions.<sup>1</sup> There are multifaceted reasons for communication barriers, i.e. individuals' work attitude, personal behavior, organizational factors.<sup>10</sup>

Culture of organization, demanding environment, autonomy, deficiency in team training, intern-professional meetings' lacking, less accountability, lacking in defining roles, payment issues and schedule differences are the communication barriers associated with workplace. There was less communication among the evening shift as compare to the day shift.<sup>12</sup>

Lancaster *et al.*, (2015).<sup>3</sup> discovered the different point of views of nurses and physicians about the achieving goals of patient safety. They were disagreed on oxytocin administration and fetal assessment which are critical to patient safety. This creates mutual frustration and impact badly on the teamwork. They recommended the better teamwork could achieve better results for patient safety. Unsettling behavior including rough language and aggressive behavior in between healthcare workers can cause medical errors, contribute to poor patient safety.<sup>13</sup> Lack of experiences regarding co-education include the two professionals creates lack of understanding which leads towards less patient safety.<sup>5</sup>

Gonzalo *et al.*, (2014)<sup>14</sup> demonstrated severe different factors associated with nurse-physician communication barriers. Less collaboration, openness, frustration, challenges regarding logistic, difficulties in language and preparedness of nurses. Patient safety could be improved by creating good relationships among physicians and nurses. Therefore, it is necessary to develop understanding between the two professionals for better results in patient safety. Verbal communication leads towards the sharing opinions and suggestions about condition of patients as well as non-verbal communication does.<sup>1,15</sup>

**RESEARCH METHODOLOGY**

This research was quantitative & cross sectional; a self-administered questionnaire was the tool used for analysis. The population of the present study comprised of 80 nurses and 120 physicians at General Hospital, G.M. Abad, Faisalabad, Pakistan through [www.surveysystem.com](http://www.surveysystem.com). Sample was randomly selected by using computer generated random number ([www.random.org](http://www.random.org)). 60 Nurses and 90 Physicians at Govt. General Hospital, GM Abad, Faisalabad was target population of the current study. Questionnaire consisted on five-point Likert scale (Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4) and Strongly Agree (5)).

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, Chi Square and Frequency Distributions were used for the description of trends in the data.

**RESULTS AND DISCUSSION**

In table 1, demographic characteristics of the respondents are given, i.e. gender, marital status, education, shift rotation etc. is given.

**Communication Barriers**

**DISCUSSION**

There is the existence of multiple barriers to affect the nurse physician communication in a healthcare unit. These barriers are permanent and are consistent enough to have a negative impact on patient safety.<sup>10</sup> Burns (2011) agreed on

**Table 1: Respondent's Demographic Characteristics**

Gender	Frequency	Percentage (%)	
Male	72	48.0%	
Female	78	52.0%	
<b>Total</b>	<b>150</b>	<b>100.0%</b>	
Designation	Frequency		Percentage (%)
	Male	Female	
Nurse	0	60	40.0%
Physician	72	18	60.0%
<b>Total</b>	72	78	<b>100.0%</b>
	<b>150</b>		
Marital Status	Frequency	Percentage (%)	
Single	56	37.3%	
Married	94	62.7%	
<b>Total</b>	<b>150</b>	<b>100.0%</b>	

Designation	Frequency						Total
	Diploma	BSN	MSN	PhD	MBBS	FCPS/Consultant Surgeon/Physician	
Physician	0	0	0	0	58	32	90
Nurse	40	19	1	0	0	0	60
<b>Total</b>	40	19	1	0	58	32	150

Designation	Shift			Total
	Morning	Evening	Night	
Physician	44	23	23	90
Nurse	26	17	17	60
<b>Total</b>	<b>70</b>	<b>40</b>	<b>40</b>	<b>150</b>



Designation	Wards												Total
	Medical	Surgical	CCU	General OT	Surgical Emergency	Medical Emergency	Ophthalmology	Peds	Gynae	Gynae OT	L. Room	Pharmacy	
Physician	20	8	7	7	4	11	6	6	3	6	12	0	90
Nurse	10	6	3	2	3	7	3	6	6	3	6	5	60
Total	30	14	10	9	7	18	9	12	9	9	18	5	150

**Table 2: Summary Communication barriers between Nurse-Physician**

Communication Barrier	Agree	Disagree	Strongly Agree	Strongly Disagree	Neutral
Age Difference	38 (25.3%)	103 (68.7%)	0	9 (6.0%)	0
Gender Difference	21 (14.0%)	126 (84.0%)	0	2 (1.3%)	1 (0.7%)
Cultural Difference	27 (18.0%)	107 (71.3%)	5 (3.3%)	9 (6.0%)	2 (1.3%)
Religious Difference	11 (7.3%)	99 (66.0%)	0	34 (22.7%)	6 (4.0%)
Colloquial Language Difference	125 (83.3%)	12 (8.0%)	1 (0.7%)	9 (6.0%)	3 (2.0%)
Felling Despondency and Apathy	14 (9.3%)	124 (82.7%)	1 (0.7%)	8 (5.3%)	3 (2.0%)
Lack of knowledge	2 (1.3%)	126 (84.0%)	4 (2.7%)	16 (10.7%)	2 (1.3%)
Low Self-esteem	1 (0.7%)	126 (84.0%)	0	21 (14.0%)	2 (1.3%)
Negative Attitude	11 (7.3%)	125 (83.3%)	0	13 (8.7%)	1 (0.7%)
Unpleasant previous encounters	35 (23.3%)	94 (62.7%)	1 (0.7%)	12 (8.0%)	8 (5.3%)
Overwork	72 (48.0%)	59 (39.3%)	4 (2.7%)	5 (3.3%)	0
Lack of time	51 (34.0%)	86 (57.3%)	2 (1.3%)	8 (5.3%)	3 (2.0%)
Multiple Jobs and Fatigue	34 (22.7%)	85 (56.7%)	6 (4.0%)	17 (11.3%)	8 (5.3%)
Awareness of Duties	26 (17.3%)	57 (38.3%)	60 (40.0%)	5 (3.3%)	2 (1.3%)
Resistance and Reluctance	39 (26.0%)	89 (59.3%)	4 (2.7%)	12 (8.0%)	6 (4.0%)
Lack of Focus	48 (32.0%)	84 (56.0%)	3 (2.0%)	10 (6.7%)	5 (3.3%)
Unfamiliar environment of hospital	127 (84.7%)	15 (10.0%)	6 (4.0%)	2 (1.3%)	0
Busy environment	134 (89.3%)	8 (5.3%)	6 (4.0%)	1 (0.7%)	1 (0.7%)
Physical Appearance	118 (78.7%)	17 (11.3%)	7 (4.7%)	4 (2.7%)	4 (2.7%)
Verbal Expression (tone, pitch)	128 (85.3%)	4 (2.7%)	11 (7.3%)	0	7 (4.7%)

Non-verbal Expression	123 (82.0%)	11 (7.3%)	8 (5.3%)	6 (4.0%)	2 (1.3%)
Level of Education	97 (64.7%)	40 (26.7%)	7 (4.7%)	6 (4.0%)	0
Incompatibility of Environment	120 (80.0%)	21 (14.0%)	6 (4.0%)	3 (2.0%)	0
Noisy Environment	114 (76.0%)	18 (12.0%)	12 (8.0%)	5 (3.3%)	1 (0.7%)
Briefing of relevant clinical information	96 (64.0%)	42 (28.0%)	11 (7.3%)	1 (0.7%)	0
Lack of Attention	113 (75.3%)	17 (11.3%)	18 (12.0%)	1 (0.7%)	1 (0.7%)

**Table 2(b): Summary Communication barriers between Nurse-Physician**

Communication Barrier	Agree		Disagree		Strongly Agree		Strongly Disagree		Neutral	
	P*	N**	P*	N**	P*	N**	P*	N**	P*	N**
Age Difference	25	13	56	47	0	0	9	0	0	
Gender Difference	17	4	70	56	0	0	2	0	1	0
Cultural Difference	23	4	55	62	3	2	7	2	2	0
Religious Difference	7	4	46	53	0	0	31	3	6	0
Colloquial Language Difference	77	48	4	8	0	1	9	0	0	3
Feeling Despondency and Apathy	9	5	74	50	0	1	7	1	0	3
Lack of Knowledge	0	2	73	53	4	0	11	5	2	0
Low Self-esteem	0	1	72	54	0	0	17	4	1	1
Negative Attitude	1	10	78	47	0	0	10	3	1	0
Unpleasant previous encounters	1	34	73	21	0	1	12	0	4	4
Overwork	50	22	32	27	2	2	4	1	2	8
Lack of time	30	21	49	37	2	0	8	0	1	2
Multiple Jobs and Fatigue	22	12	55	30	6	0	5	12	2	6
Awareness of Duties	5	21	26	31	53	7	5	0	1	1
Resistance and Reluctance	5	34	68	21	3	1	12	0	2	4
Lack of Focus	17	31	60	24	2	1	10	0	1	4
Unfamiliar environment of Hospital	67	60	15	0	6	0	2	0	0	0
Busy environment	79	55	4	4	5	1	1	0	1	0
Physical Appearance	80	38	4	13	6	1	0	4	0	4
Verbal Expression (tone, pitch)	78	50	2	2	10	1	0	0	0	7
Non-verbal Expression	79	44	3	8	7	1	0	6	1	1
Level of Education	76	21	6	34	6	1	2	4	0	0
Incompatibility of Environment	67	53	18	3	5	1	0	3	0	0



Noisy Environment	71	43	5	13	11	1	2	3	1	0
Briefing of relevant clinical information	54	42	24	18	11	0	1	0	0	0
Lack of Attention	70	43	2	15	17	1	1	0	0	1

**Table 3: Significant Communication Barriers between Nurse-Physician Communication**

Communication Barrier	Agree	Disagree	Strongly Agree	Strongly Disagree	Neutral
Colloquial Language Difference	125 (83.3%)	12 (8.0%)	1 (0.7%)	9 (6.0%)	3 (2.0%)
Overwork	72 (48.0%)	59 (39.3%)	4 (2.7%)	5 (3.3%)	0
Unfamiliar environment of hospital	127 (84.7%)	15 (10.0%)	6 (4.0%)	2 (1.3%)	0
Busy environment	134 (89.3%)	8 (5.3%)	6 (4.0%)	1 (0.7%)	1 (0.7%)
Physical Appearance	118 (78.7%)	17 (11.3%)	7 (4.7%)	4 (2.7%)	4 (2.7%)
Verbal Expression (tone, pitch)	128 (85.3%)	4 (2.7%)	11 (7.3%)	0	7 (4.7%)
Non-verbal Expression	123 (82.0%)	11 (7.3%)	8 (5.3%)	6 (4.0%)	2 (1.3%)
Level of Education	97 (64.7%)	40 (26.7%)	7 (4.7%)	6 (4.0%)	0
Incompatibility of Environment	120 (80.0%)	21 (14.0%)	6 (4.0%)	3 (2.0%)	0
Noisy Environment	114 (76.0%)	18 (12.0%)	12 (8.0%)	5 (3.3%)	1 (0.7%)
Briefing of relevant clinical information	96 (64.0%)	42 (28.0%)	11 (7.3%)	1 (0.7%)	0
Lack of Attention	113 (75.3%)	17 (11.3%)	18 (12.0%)	1 (0.7%)	1 (0.7%)

**Table 4: ANOVA for the Colloquial Language Difference as a Communication barrier**

		Sum of Squares	df	Mean Square	F	Sig
<b>Gender</b>	Between Groups	2.970	4	.742	3.123	.017
	Within Groups	34.470	145	.238		
	Total	37.440	149			
<b>Designation</b>	Between Groups	3.765	4	.941	4.234	.003
	Within Groups	32.235	145	.222		
	Total	36.000	149			
<b>Shift</b>	Between Groups	5.288	4	1.322	1.039	.389
	Within Groups	184.472	145	1.272		
	Total	189.760	149			

this as well as he pointed out the multiple barriers in nurse-physician communication including the major factor of less time which negatively impact on communication between

nurse and physician. Both professionals remains busy in a tertiary hospital due to overloaded work, which force them to less communicate between each other and this cause the misunderstanding and less collaboration among them. This impact directly and negatively on patient safety.

This research work found different communication barriers i.e. respondents' majority (48.0%) were agree that overwork and overload as a barrier, 84.7% respondents agree that unfamiliar environment as a barrier, 78.7% of the respondents consider physical appearance as a barrier, 85.3% respondents agreed on verbal expression as a barrier, 64.7% consider the difference in educational level as a communication barrier, 80.0% replied the environment's incompatibility as a significant communication barrier. 76.0% signifies noise in wards as communication barrier and 75.3% of the respondents stated that lack of attention as a nurse-physician communication barrier.

There is different point of views of physician and nurse about communication (Nathanson *et al.*, 2011). Different opinions of both professionals affect the teamwork in healthcare unit (Sollamiet *et al.*, 2015). It was a statement from nurses about the not sharing decisions by doctors with them, while on the other hand, doctors were unaware from this conflict and they did not show their concerns about less collaboration with nurses (Nathanson *et al.*, 2011).

Nurses and physicians established the identity of their own profession and each of them favours their own profession fellow (Burford, 2012; Weller, 2014). Likewise, a study in Canada, it was found that different health professionals hardly gave input during rounds. They briefed facts in a limited manner, and opinions and questions from nurses were ignored by physicians associated with patient care (Zwarenstein, Rice, Gotlib-Conn, Kenaszchuk, & Reeves, 2013). There have been interruptions in physician and

nurse which obstruct the appropriate communication (Burns, 2011). There have been poor decision-making processes and poor planning which result these interruptions (McInnes *et al.*, 2015).

### Suggestions

Nurses and physicians should conduct daily rounds collaboratively to improve team work and communication. This would increase the satisfaction of patients and will bring nurses and physicians close as team member. By rounding together, nurses and physicians will increase the satisfaction of nurse and physician as well as it will increase the satisfaction of patient as well which will result better and improved outcomes of health care unit.

### CONCLUSION

Effective communication between nurses and physicians is critical to patient safety, yet numerous challenges contribute to poor communication and an unhealthy reliance on individual action. This study found that colloquial language difference, overwork during duty hours, unfamiliar environment of hospital, busy environment of the ward, noise and traffic in ward, physical appearance, verbal expression (tone, pitch) difference, non-verbal expression, difference of level of education between nurse and physician, incompatibility of environment (temperature, seating arrangement, surrounding audience) noisy environment, lack of attention between nurse and physician were the major nurse-physician communication barriers at General Hospital, G.M. abad, Faisalabad.

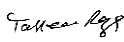
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