Barriers to Nurse-Patient Communication at Primary Health Centers in Almadina Munawara City, Saudi Arabia

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Abstracts

Background: Nurse-patient communication is a unique clinical skill in the healthcare professions that promotes good quality care and patient outcomes. This communication can be disrupted by many barriers that impact the therapeutic relationship and deliver of care. Purpose: The study aims to identify the barriers affecting nurse-patient communication at primary health centers in Almadina Munawara City, Saudi Arabia. Methods: A cross-sectional study was performed among 212 nurses and 214 patients utilizing a self-reporting questionnaire. A version of the same file was then uploaded into NVivo, and data that were coded under all communication barriers including language discordance among patients and healthcare providers (e. g., subtheme: patient prefers a mother tongue speaking doctor), cultural-religious difference and environmental cues between the involved parties to determine their importance in this context as well (see Table 2). Results: The results showed that language, cultural and environmental differences had an extensive influence on how nurses communicated with patients. Key barriers included nurse shortages, limited communication time and low income. Our results suggest that these barriers differ in their effect with language barrier and habitat disturbance being the most important ones. Conclusions: This study concludes that nurse-patient communication is a complex multi-sectional process, constrained by numerous barriers. Strategic intervention aimed at addressing these barriers can strengthen nurse-patient interaction and accelerate patient care. Communication remains a cornerstone in all the best practices of delivering healthcare effectively and keeping patients happy.

Keywords: Barriers, Nurse-Patient Communication, Primary Health Centers.

1. Introduction

Communication is described as the process of information transfer through verbal and nonverbal messages. Communication is a vital skill for healthcare professionals and especially nurses because they are much involved in patient care and spend more time with patients compared to other healthcare members. Nurses' communication involving active listening, compassion, and demonstrating interest enables patients to provide feedback related to their experiences and their general well-being (Bramhall, 2014).

Communication in healthcare also includes the individuals surrounding the patients therefore the communication language ought to be understood by all the parties involved (Kourkouta & Papathanasiou, 2014). Communication facilitates the recovery of patients, ensures safety and protection, improves the satisfaction of the patients, and promotes patient adherence to prescribed options of treatments. Good communication has been associated as a vital component of improved nursing outcomes

Communication barriers have been defined as anything preventing individuals from receiving and comprehending the intended purpose of the communicated massage. Barriers involving language happen when individuals speak different languages and lack the ability levels in the languages being spoken (Albagawi & Jones, 2017). The nursing profession has been identified to have a nomenclature understood by healthcare professionals and hard for individuals who are not medical staffs to understand. The nomenclature is affected by cultural differences, time constraints, lack of enough knowledge and communication skills, nurse distress, and discomforts which have been associated with negative patient outcomes (Albagawi & Jones, 2017).

The nurse-patient relationship can be thought of as being built on the foundation of communication, which is also a key component in creating comfort and trust in nursing care. In nursing practice, effective communication is a fundamental but difficult topic (Afriyie, 2020) Patient-centered communication has been identified as an essential component in delivering quality health services (Treiman et al., 2018). High-quality patient-centered communication has been shown to help patients strengthen their relationship with nurses, handle their emotions, understand important information regarding their illness, deal with uncertainty, and participate more fully in decisions regarding their health (Blanch-Hartigan et al., 2015). For instance, positive perceptions were associated with a lower incidence of adverse events in patients. It is important to analyze the determinants of patient safety culture is applicable in all healthcare settings. Therefore, this study describes the relationship between nurse communication satisfaction and patient safety culture (McCormack et al., 2011).

Communication is considered as being a multi-dimensional, multi-factorial phenomenon, a dynamic, complex process attributed to the environment where the experiences of individuals are being shared (Kwame & Petrucka, 2021). According to Sibiya (2018), since the Florence Nightingale period during the 19th C until the present day, healthcare professionals and nurses have shown significant attention to the process of communication and interaction in the nursing profession. Communicating effectively is a vital part of patient care associated with improved nurse-patient relationships with profound outcomes on the perceptions of the patients regarding

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the quality of care and healthcare outcomes. Effective communication contributes to nurses providing quality care and leads to increased satisfaction levels in patients (Kirca & Bademli, 2019). This research aims to identify the barriers affecting nurse-patient communication at primary health centers in Almadina Munawara City, Saudi Arabia.

2. Methods

Design

The research adopted a quantitative cross-sectional design

Sampling and sample size

Convenience sampling was used to obtain a convenient sample size of 212 nurses and 212 clients. The sample size was estimated based on Cohen table which proposed the level of confidence 95%, level of significance 5% with medium effect size.

The inclusion criteria were based on all available patients and nurses who mentioned in previously selected primary health care centers in Almadina Munawara within the study period and accepted to participate in the study. Also, participants can communicate, be able to read and write and be more than 18 years of age and older.

Research instruments

Part one

A.　　Sociodemographic nurse

 This part used in collecting basic information about the study respondents including age, gender, educational status, marital status, income, overtime hours, and communication workshops

B.　　Sociodemographic patient

This part used in collecting basic information about the study respondents including age, gender, educational status, marital status, and education level as well as monthly income.

Part two

This part contains information related to barriers to communication. The communication barriers questionnaire is a 29-item self-report questionnaire developed by, Nada Mahmood Abdulla et al. (2022) to identify examined barriers in nurse-patient communication. A questionnaire paper according to the language most convenient to them (English or Arabic). These questions are classified to nurses' or patients' opinions. Questions for patients 1,2,3,4,5, 19,20,21,22,23,24,25,26,27,28,29. However, the question for nurses are 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18. Each questionnaire item had 5 possible responses: not applicable, no effect, little effect, medium effect, and large effect. At the end of the questionnaire, participants are prompted to rank three questionnaire items that they believed are the most important factors that had a big impact on communication with nurses.

Method of Data Collection

Written ethical clearance and approval for conducting this research was obtained from the Ministry of Health. Written permission was obtained from the administrative authority of selected primary healthcare centers in Almadina Munawara. Study data/information was used for research purposes only. The privacy issues were intentionally considered. Consent was taken from the patients. Questionnaires used for data collection in the study was considered anonymous to retain the confidentiality of the respondents. The questionnaires copies were administered to the study respondents from one facility to the other and they were collected back from the respondents on the spot after they have answered the questions.

Data analysis

Data analysis of the collected information was performed with the help of a statistical package for social sciences (SPSS) software version 28. The variables were analyzed descriptively where continuous variables were analyzed and presented using means and standard deviations. The categorical variables were analyzed and presented using frequencies and percentages. Pearson's chi-square test (P value of 0.05) was used in testing the categorical variables and the association of the statements.

Ethical Consideration

The study has obtained ethical approval from relevant institutional review boards, ensuring compliance with ethical guidelines and regulations. Informed consent is sought from both nursing professionals and patients, elucidating the purpose, procedures, and potential risks and benefits of participation. Anonymity and confidentiality are paramount, with all collected data safeguarded and stored securely. Participants are assured that their involvement is voluntary, and they possess the right to withdraw from the study at any point without consequence.

3. Results

The sociodemographic data

In total, 212 nurses participated in the study. More than half of them are females. In addition, 45% of nurses aged between 18 -35 years compared to 54% of them aged more than 36 years. Moreover, the results indicates that 47.66% of nurses are single and 46.26% are married.70.56percentage of nurses had bachelor degree of education.

Other side 214 clients were participated in the survey, as 57.48 were female while the others were Male. For their ages 47.14% of them were within (> 45 years). 37.74% of respondents were widowed while 14.62% were discovered. Their education, more than 30% of them have university degree and only 21.7% were uneducated. Lastly 44.34% of respondents confirm that their monthly income was between (5,000 – 10,000) Rials, as described in Table 1.

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Table 1: The Sociodemographic Data of the Study Participants

Data	Nurses			Patients		
Demographic	Response	Frequency	Percent	Response	Frequency	Percent
Gender	Female	117	55.19%	Female	123	57.48%
	Male	95	44.81%	Male	91	42.52%
Age (in years)	(18 -35)	141	45.48%	(10 -18)	24	4.16%
	(36 – 45)	100	32.26%	(19 -35)	170	29.46%
	>45 years	69	22.26%	(36 – 45)	111	19.24%
				>45 years	272	47.14%
Marital status	Married	99	46.26%	Married	39	18.40%
	Single	102	47.66%	Single	62	29.25%
	Divorced	5	2.34%	Divorced	31	14.62%
	Widowed	8	3.74%	Widowed	80	37.74%
Education Level	Bachelor	151	70.56%	Primary	48	22.64%
	Master	9	4.21%	Secondary	53	25.00%
	PhD	54	25.23%	University	65	30.66%
				Uneducated	46	21.70%
Monthly income	Less than 5,000	76	35.51%	Less than 5,000	68	32.08%
	(5,000 – 10,000)	72	33.64%	(5,000 – 10,000)	94	44.34%
	More than 10,000	66	30.84%	More than 10,000	50	23.58%
Number of hospital visits within a year				Once a year	70	32.7%
				Twice a year	50	23.3%
				Once a month	50	23.3%
				Once a week	30	14.0%
				More than once a week	40	18.6%

The levels of barriers that affect nurse-patient communication

From the data, we can observe that the highest RII is associated with factors such as 'low financial income of nurses' (63%), 'shortage of nurses compared to the large number of patients' (62%), and 'the reflection of the medical team members' relationship with nurses' (61%). These factors suggest significant concerns regarding the working conditions and job satisfaction of nurses. On the other hand, factors like 'differences in native language between nurses and patient' (56%) and 'negative attitude of nurses towards the patient' (56%) also show a relatively high RII, indicating communication and interpersonal relationship challenges in the nursing field. The Standard Deviation values range from approximately 1.17 to 1.41, with the highest deviation observed in the factor 'difference in language between nurses and patient', as reported in Table 2.

Table 2: The descriptive analysis of the levels of barriers in terms of Nurses

Statements	Mean	Std. Deviation	RII
Difference in age between nurse and patient	2.5140	1.26613	50%
Difference in nurse-patient sex	2.7103	1.30012	54%
The difference in culture between nurse and patient	2.4533	1.27274	49%
The difference in religion/religious affiliation between nurse and patient	2.8178	1.41404	56%
The difference in language between nurse and patient	3.0280	1.17452	61%
Job satisfaction by nurses	2.7477	1.25293	55%
The lack of knowledge of nurses about the definition of communication, its types and communication skills	2.7523	1.32132	55%
Lack of self-confidence by nurses	2.7944	1.25401	56%

Nurses negative attitude towards patients	2.7290	1.34318	55%
Nurses' unwillingness to communicate with the patient	2.7897	1.32781	56%
Insufficient understanding of the patient's condition by the nurses	2.9486	1.27164	59%
Previous negative experience of nurses in dealing with the patient or other patients	3.0374	1.28863	61%
Inversion stuck members of the nurse medical team	3.0841	1.41170	62%
Lack of nurses compared to the large number of patients	2.9720	1.33538	59%
A lot of work and tasks the nurse has to do all over	3.0327	1.37853	61%
Tight time to communicate with patients	2.9766	1.32311	60%
Frequent tasks that exhaust the nurse due to excessive work requirement	2.94	1.209	59%
Decreased nurses' financial income	3.1495	1.23565	63%
Environmental disturbances at the center (loud noise, continuous movement)	2.8785	1.28706	58%
Important environmental conditions (lack of air conditioning, very cold or very hot environment, inappropriate lighting, unpleasant smell, etc)	2.7196	1.30218	54%
The presence of a serious condition in the center (where nurses focus all their attention on that patient compared to other patients)	2.8972	1.34573	58%

The descriptive analysis of the levels of barriers in terms of Nurses

Table 3 shows the difference in age between nurse and patient has a mean of 2.2406 suggests that differences in the native languages between nurses and patients are perceived as a significant barrier to effective communication. Similarly, the high average for the lack of knowledge about communication definitions, types, and skills indicates that this is a major concern among nurses, potentially affecting their confidence and ability to interact with patients.

The entries with percentages (e.g., 50%, 54%) likely represent the proportion of respondents who rated the statement as important or very important, which helps to understand the prevalence of these issues among the surveyed group. The table presents a statistical analysis of various barriers to effective communication and job satisfaction among nurses. The Relative Importance Index (RII) is a measure used to rank the importance of each barrier, with a higher RII indicating a more significant impact. The Standard Deviation (SD) provides insight into the variability of responses, and the Mean score represents the average importance rating given by the respondents. Lack of knowledge about communication (RII: 1.29295, Mean: 2.7406), suggesting that nurses feel they need more training in communication definitions, types, and skills. Time constraints for communicating with patients (RII: 1.10030, Mean: 3.2123), indicating that nurses are under pressure due to limited time available for patient interaction.

Job dissatisfaction (Mean: 3.2028), reflecting that nurse are not content with their current job conditions. Environmental disturbances at the center (Mean: 2.0472), such as high noise levels and constant movement, which can disrupt the work environment.

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Table 3: The descriptive analysis of the levels of barriers in terms of Nurses

Statements	Mean	Std. Deviation	RII
Difference in age between nurse and patient	2.2406	1.18987	50%
Difference in nurse-patient sex	2.8585	1.10525	54%
The difference in culture between nurse and patient	3.3349	1.05134	49%
The difference in religion/religious affiliation between nurse and patient	3.2311	1.05236	56%
The difference in language between nurse and patient	3.2028	1.17695	61%
Job satisfaction by nurses	2.7406	1.29295	55%
The lack of knowledge of nurses about the definition of communication, its types and communication skills	2.8113	1.07194	55%
Lack of self-confidence by nurses	3.0896	1.08260	56%
Nurses negative attitude towards patients	3.2123	1.15083	55%
Nurses' unwillingness to communicate with the patient	3.0849	1.08079	56%
Insufficient understanding of the patient's condition by the nurses	3.1651	1.14209	59%
Previous negative experience of nurses in dealing with the patient or other patients	3.1509	1.08232	61%
Inversion stuck members of the nurse medical team	3.1509	1.04217	62%
Lack of nurses compared to the large number of patients	3.2123	1.10030	59%
A lot of work and tasks the nurse has to do all over	3.1604	1.10695	61%
Tight time to communicate with patients	2.9670	1.18195	60%
Frequent tasks that exhaust the nurse due to excessive work requirement	3.20	1.092	59%
Decreased nurses' financial income	3.2358	1.19677	63%
Environmental disturbances at the center (loud noise, continuous movement)	2.0472	1.13857	58%
Important environmental conditions (lack of air conditioning, very cold or very hot environment, inappropriate lighting, unpleasant smell, etc)	2.7358	1.07802	54%
The presence of a serious condition in the center (where nurses focus all their attention on that patient compared to other patients)	2.9528	1.20726	50%

The Relationship between sociodemographic characteristics and barriers

From the table 4, the Chi square test was conducted between the average of barriers with the sociodemographic (gender, education, marital status, Age, Monthly income). The results showed that there is no statistically significant association between nurse perceived barriers and demographic data. However, monthly income is statistically significant associated with patient – nurse communication barriers, as presented in Table 4.

Table 4: The Relationship between sociodemographic characteristics and barriers

Date demographic	Nurses		Patients	
	Chi Square	P Value	Chi Square	P Value
Gender	81.571	0.58	81.571	0.58
Age (in years)	140.72	0.175	140.72	0.175

Marital status	212.87	0.112	212.87	0.112
Education Level	123.25	0.552	123.25	0.552
Monthly income	147.971	0.088	147.97	0.001
Number of visit			119.52	0.451

For the comparison between the means of barriers for nurses and patients, the below table 5 shows the differences. The results showed that there is statistically significant difference in perceived barriers between nurses and client, as described in Table 5

Table 5: The Means differences between the nurses and patients

ANOVA Table								
				Sum of Squares	df	Mean Square	F	Sig.
average Type	*	Between Groups	(Combine)	2.662	1	2.662	7.26	.00
		Within Groups		155.368	424	.366		
		Total		158.030	425			

5. Discussion

Quality healthcare services are built on the backbone of effective nurse–patient communication and is a necessary element in establishing therapeutic relationships (Nada Mahmood Abdulla et al., 2022). This study has highlighted the complexity and multi-component of nurse-patient communication; barriers that compromise both in-depth collaborative efforts are fundamental to the operation excellence, HRQL benefits, improved patient compliance etc into much. Communication and participation in the care of patients is necessary, because communication reduces stress, pain, guilt or anxiety among patients as well patient satisfaction with treatment results regardless of their condition (Cooper et al., 2015). The findings from this study indicate that some communication barriers are widely known, with considerable variability in the influences of contextual and individual factors.

Various factors influencing information exchange of nurses with patients were identified, such as the age and sex specificity; cultural and religious backgrounds; nature relations in which they are engaged. There was relatively little in the way of age and gender differences that worked much differently from previous expectations about communication. Conversely, there were large effects on communication by differences in age revealing how nursing generations can offer challenges between nurses and patients. Main hurdles seemed to be cultural differences,including language barriers as well as religious disparities. This corresponds with previous notions from the literature, where language and cultural diversity have constantly shown to create hurdles in communication (Norouzinia et al., 2015; Alshammari et al.

Patient negativism towards nurses, others in the room and environmental conditions like air conditioning issues or bad lighting can also get in the way of communication. This leads to a setting where meaningful relationships between medical providers are threatened that adversely may impact patient care and satisfaction. Likewise, nursing-reported barriers (in this case: differences in age-group/church/feasibility/job satisfaction/no prior training commonly) further showcases the struggle of gap bridging. The findings of the study in relation to these three

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obstacles further report similar results into impact on nurse-patient interaction (N. M. Abdulla et al., 2022).

Many of the healthcare professionals and patients polled noted that language differences specifically, a lack of Spanish-language resources in school districts with high racial diversity levels. This is in line with the results of Alshammari et al. (2019) and Norouzinia et al. The finding was in line with that of Carr (2015) where adds to absence of a common language which may hamper effective communication, especially among nurses who are not native speakers training serving populations from different cultures. For example, in the Kingdom of Saudi Arabia with its expatriate nurses from many countries and cultures for whom English is not their mother tongue can influence how well they are able to communicate with patients.

Another key barrier acknowledged by patients, but not discussed at all by nurses was gender differences. The difference in perceptions may suggest that although patients see gender as a key factor imposing transference barriers, nurses do not experience it this way. Consistent with previous research which revealed a range of impacts of gender differences on communication (Sh Baraz & Bs Moein, 2010). Finally, age of nurses and their patients becomes as an obstacle in communication with changes described in the literature for difficulties they face to communicate across ages.

They also found that job satisfaction, workload and self-confidence were important barriers to communicating. Nurses with low self-confidence or job dissatisfaction experience communication problems and that can lead to adverse effects on the care process (De Simone et al., 2018). An additional issue involves the high workloads and nursing shortages that further limit time to communicate effectively, increase stress levels and reduce nurses' ability to interact meaningfully with patients. This is a global phenomenon, which this finding points out and agrees with nursing staffing and workload issues that have been well documented in the literature (Wune et al., 2020; Kwame & Petrucka, 2020).

Barriers to effective communication were environmental, including noise and poor working conditions [9]. The findings of the study highlight that communication must be in a noise free environment without any disturbance. A safe and comfortable work environment for this skilled cognitive labor facilitates effective interactions between nurses and patients. A study by Ondenge et al. (2017) further supports this as environmental factors affect the process of communication in any health care setting.

This study, in general, offers an all-round insight on the hindrances to making nurse- patient communication including their multifactorial nature. Recognizing and exploring these barriers will allow healthcare professionals to more effectively tackle the nuanced landscape of communication in clinical practice, as well as move forward with a positive direction for nurse-patient relationships. Implications Findings have relevance to the wider conversation on improving communication in healthcare, and demonstrates that targeted interventions are required based off identified barriers.

6. Limitations

This study had the potential of bias because it was conducted using convenience sampling method and this may affect generalizability. Moreover, the use of self-report questionnaires might have been influenced by socially acceptable answers not respondents true perception. The results must be interpreted within the confines of these restrictions to assess their external validity.

7. Recommendations

This gap could be reduced if targeted training programs were implemented in healthcare settings (eg, by means of academic course or on-the-job skill building) to increase nurses' cultural competence and language proficiency. In addition, it helps to improve environmental conditions as reducing noise and providing good lighting that may enhance the level of nurse-patient care. Both higher staffing and the availability of programs to support nurse well-being could help in ameliorating negative associations between increased workload on communication quality.

8. Conclusion

In line with the latter, this study suggests that positive nurse-patient exchanges have significant implications on healthcare outcomes. I also believe these are important findings because they speak to how language, culture and cultural norms/religion environmental factors that influence quality of communication between nurses and patients. It outlines the challenges to communicating accurately in a situation, which is determined by both environmental conditions and traits of an individual. If these barriers are addressed through specifically formulated interventions, this might benefit the therapeutic relationship and patient care. In the end, promoting communication is needed in order to allow for best nursing practice and create successful patient outcomes.

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