

A Survey to Assess Nurse Perceived Barrier for Effective Nurse-Patient Communication In Critical Care Unit of Selected Hospitals in Delhi.

**Mr. Ashok Kumar Baniwal¹, Dr. Mrs. Daisy Thomas²,
Mrs. Madhumita Dey³**

¹Research Scholar, Rajkumari Amrit Kaur College Of Nursing

²Acting Vice Principal, Rajkumari Amrit Kaur College Of Nursing

³Assistant Professor, Rajkumari Amrit Kaur College Of Nursing

1. Introduction

Communication is a multidimensional, complex and dynamic process. Lack of effective communication is a major obstacle to render standard services in health care. This can result in patient becoming anxious, misunderstanding between nurse and patient, incorrect diagnosis and treatment, financial burden on patient due to increased hospital stay leading to dissatisfaction. Appropriate nurse patient communication results in standard care which promotes health and satisfies the patient. Irrespective of their specialty every nurse needs to communicate with patients. Ill health and hospitalization place stress on patients and their families and are unpleasant. Nurses play a important role through proper communication in decreasing their unpleasant experiences. Limited training in using correct strategies such as listening to patients is one of most common barriers in health communication. Furthermore language type and technical terms also hinder effective communication. According to previous studies, work overload, no proper facilities for nurses are also barriers for nurses. Cultural variations, literacy status, health beliefs, signs and symptoms of disease, language misunderstanding are some of the barriers encountered in patients. Needs of the patient especially sensory, physical and physiological also negatively affect communication. All disabilities hinder patient –nurse communication. Some factors like religion and ethnicity contribute unconstructively to effective communication.

2. Background

Effective communication is a two-way dialogue between two parties. Both speaks and listened to without either interrupting, both ask questions for clarity, express opinions and inter-change information, with both able to grasp and understand the information. It is a vital skill for all healthcare professionals in general and for nursing staff in particular, since nurses spend more time with patients and relatives than do other healthcare providers. Effective nurse-patient communication is also essential for successful patient outcomes. Communication is considered effective when both verbal and non-verbal messages align, and the message is decoded in the manner the sender intended. In order to achieve this, nurses must understand their patients need, demonstrating politeness, kindness and honesty. In addition, nurses should devote adequate time to communication with patients and other persons around them (Kourkouta, 2014).

The language used during communication process need to be simple to understand by all those involved in it. Positive results in effective communication include; increased recovery rates, a sense of safety and protection, improved patient satisfaction levels and greater adherence to treatment options (R., 2012). Despite this, communication barriers prevent someone from receiving and understanding the messages others want to convey their information, ideas and thoughts. A common cause of communication barrier in a workplace occurs when people holding different attitudes, values and discrimination. Behaviours like bias, generalizations and stereotyping can cause communication barriers. However, empathy is important to overcoming barriers to communication based on culture. Language barriers also occur when people do not speak the same language, or do not have the same level of ability in a language. Many environmental factors such as time constraints, language and cultural differences, and nurse discomfort and lack of knowledge, may also affect effective communication process (R. K. 2016, Norouzinia et al., 2016). The environment within which communication occurs, past experiences, personal perceptions of the sender or the recipient and the nature of the message are critical determinants of whether communication and corresponding safety is effective or not (Hemsley and Worrall, 2012). Studies indicated that ineffective patients to nurses communication results in an increased hospital stay, resource wastage, patient dissatisfaction as well as lack of confidence and frustration for both the nurses and the patients (E., 2014). Some studies also reported that most barriers to effective communication are associated with the characteristics of health care providers and patients (O., 2017). Another study revealed that lack of time, language, cultural differences, nurse's discomfort, lack of knowledge and shortage in nursing staff as the factors leading to non-effective communication with the patients (Albagawi, 2016). A study conducted to evaluating the level of adult patients care satisfaction in 2005 showed 67%. In this study patients were least satisfied with the amount and type of information they received regarding their condition and treatment (Chaka, 2005). Nevertheless, several factors such as the environment/surroundings, circumstances and timing affect the restorative and soothing facets of patients that give significance to therapeutic communication. For instance, in emergency cases where there will be little time for verbal interaction, the use of non-verbal cues such as the holding of hand could carry much more words to patients

Therefore, this study intended to assess nurse perceived barriers for effective nurse-patient communication among nurses in critical care un

3. NEED OF THE STUDY

Effective and skilful communication is a crucial and an important element when it comes to the quality of care. Communication is a multidimensional, complex and dynamic process. Failure to communicate effectively is a major potential obstacle in the provision of standard services in caring settings. This can result in anxiety, misunderstanding, misdiagnosis, possible maltreatment, exposure to complications, increased length of hospital stays, waste of resources as well as dissatisfaction and therefore possible misplacements as a result. Therapeutic communication refers to the face-to-face process of interacting that focuses on advancing the physical and emotional well-being of a patient. Effective and skilful communication is a crucial and an important element in the quality of care. Employing effective therapeutic communication skills is a valuable tool to assess patients' needs and provide them with the appropriate physical care, emotional support, knowledge transfer and exchange of information. High standards caring behaviours may be as a result of appropriate nurse-patient communication that will lead to effective health promotion and therefore patient satisfaction. Despite strong emphasis on training and

improving the caregiver's communication skills, there are still obvious shortages and therefore good communication is restricted by a number of structured factors.

A qualitative study" by Alabri et al. (2021) Effective communication is essential in the cardiac intensive care unit (CICU), where patients are vulnerable and require critical care. This study was to identify communication barriers between nurses and patients in the CICU in Oman. A qualitative research design was used, and data were collected using semi-structured interviews with 18 nurses and 15 patients in the CICU. Thematic analysis was used to analyse the data. The study identified three main barriers to effective communication: patients' inability to communicate due to physical discomfort, language barriers, and cultural differences. In addition, nurses' lack of time and competing priorities were identified as communication barriers. Strategies to address these barriers include developing communication strategies, improving nurse-patient relationships, and providing language support. The study highlights the need for interventions to improve communication in the CICU to enhance patient outcomes.

According to a study in India by Yadav et al (2021), Communication barriers between nurses and critically ill patients in the intensive care unit study under Journal of Family Medicine and Primary Care, the study revealed that the most common communication barriers were patients' medical condition (82%), lack of time (74%), and language barriers (61%). The most common method of communication was verbal communication (91%), followed by nonverbal communication (63%). The majority of the nurses (78%) reported a need for communication training, with 43% indicating that such training should be provided annually.

Another Qualitative Study with Iranian Nurses" by Arab et al. in year 2020."Barriers to Effective Communication in Critical Care, this study explores the perceived barriers to effective communication between Iranian nurses and patients in critical care units, identifying several factors such as language barriers, time constraints, lack of communication skills, and physical barriers. The study highlights the need for communication training and the importance of addressing communication barriers in the critical care setting.

According to the study'' A qualitative assessment of perceived barriers to effective therapeutic communication among nurses and patients'' in year 2019, revealed that Patient-related characteristics that were identified as barriers to effective therapeutic communication included socio-demographic characteristics, patient-nurse relationship, language, misconception, as well as pain. Nurse-related characteristics such as lack of knowledge, all-knowing attitude, work overload and dissatisfaction were also identified as barriers to effective therapeutic and environmental-related issues such as noisy environment, new to the hospital environment as well as unconducive environment were identified as barriers to effective therapeutic communication among patients and nurses.²

According to a study in India in year (2019) ''Assessment of nurse-patient communication in critical care units of selected hospitals in North India" by Singh and Dhar. This study showed that the most common barriers to nurse-patient communication were lack of time (82.8%), patients' medical condition (77.1%), and language barriers (70.0%). The most common method of communication was verbal communication (91.4%), followed by nonverbal communication (74.3%). The majority of the nurses (88.6%) reported a need for communication training, with 54.3% indicating that such training should be provided annually.

Other study R., Devi et al (2021). Communication barriers between nurses and patients in critical care: A qualitative study published in Journal of Family Medicine and Primary Care; A qualitative study was conducted using semi-structured interviews with 20 nurses working in critical care units in three selected hospitals in India. The study identified several communication barriers, including language barriers, cultural differences, and time constraints. Language barriers were the most commonly reported barrier, with nurses and patients speaking different languages or dialects. Cultural differences were also reported as a barrier, particularly in relation to differences in health beliefs and practices. Time constraints were another barrier, with nurses reporting that they often lacked sufficient time to communicate effectively with patients.

An article on effective communication is essential for good healthcare outcomes. communication breakdown can lead to negative patient outcomes and reduced patient satisfaction. This cross-sectional study aimed to investigate the perceived barriers to effective communication between nurses and patients in critical care units in Delhi. A survey questionnaire was administered to 150 nurses working in critical care units in four hospitals. The results revealed that the most commonly identified barriers to effective communication were lack of time, high workload, and language barriers. Almost all participants reported that time constraints were a significant barrier to effective communication. Language barriers were identified as a major communication barrier by 73.3% of the participants. The study highlights the need for communication training and improving staffing levels to address these barriers. The findings of this study can help to develop strategies to improve communication between nurses and patients in critical care units.

Therapeutic communication strengthens the nurse-patient relationship and creates a good atmosphere for healthcare delivery. Therefore, ineffective nurse-patient communication may lead to dissatisfaction with care, misdiagnosis, misunderstanding, uncertainty and frustration for both parties. Information on communication barriers is therefore necessary to identify possible causes of nurse-patient communication pit falls. Some studies have reported positive outcomes when communication was effective, consequently leading to adherence to treatment and patient involvement in their own care. Although the quality of therapeutic communication is thought to predict patients' general satisfaction.

Moreover, patients now prefer to visit private hospitals instead of public hospitals and this is having a ripple effect on the revenue and image of public hospitals generally. Therefore, this has sought to investigate the nurse-related barriers, patient factors and the environmental-related barriers to effective therapeutic communication. effective nurse-patient communication has been shown to improve patient outcomes, including patient satisfaction, reduced length of stay, and decreased rates of adverse events. By identifying barriers to effective communication, this study can help improve patient outcomes in critical care units. Communication is a fundamental aspect of building trust between patients and healthcare providers. By addressing communication barriers, this study can help strengthen nurse-patient relationships, which can have a positive impact on patient care. Identifying communication barriers can help inform training needs for nurses working in critical care units. By addressing these needs, nurses can improve their communication skills and provide better care for patients. Effective communication is essential for providing high-quality care to patients. By addressing communication barriers, this study can help improve the quality of care provided in critical care units.

Overall, conducting a study to assess perceived barriers to effective nurse-patient communication among nurses in critical care units is essential to improving patient outcomes, enhancing nurse-patient relationships, identifying training needs, and improving the quality of care provided in critical care units.

4. ANALYSIS AND INTERPRETATION OF DATA

Analysis and interpretation of the data collected to assess the perceived communication barriers related to Effective Nurse-Patient Communication in Critical Care Unit of Selected Hospitals in Delhi has been done with descriptive statistics.

TABLE-1
FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES
N=280

S.N.	DEMOGRAPHICAL CHARACTRISTIC		FREQUENCY	PERCENTAGE
1	GENDER	FEMALE	122	43.57
		MALE4	158	56.42
2	AGE	21-30	123	42.87
		31-40	141	50.37
		41-50	13	4.64
		51 and above	3	1.07
3	MARITAL STATUS	MARRIED	198	70.71
		SEPRATED	1	0.35
		UMARRIED	81	28.92
4	DESIGNATION	NURSING OFFICOR	261	93.21
		SENIOR NURSING OFFICOR	91	32.5
5	DEPARTMENT	BURN ICU	18	6.42
		CARDIAC/CTVS ICU	22	7.85
		EMERGENCY ICU	44	15.71
		MAIN ICU	19	6.78
		MEDICAL ICU	48	17.14
		NEPHRO/UROLOGY ICU	6	2.14
		NEURO ICU	21	7.5
		OTHER CRITICAL CARE UNITs	29	10.35

		RESPIARTORY ICU	18	6.42
		SURGICAL ICU	55	19.64
6	WORKING EXPERIENCE	<2 year	73	26.07
		2-5 year	158	56.42
		6-10 year	17	6.07
		>10 year	32	11.42
7	PROFESSIONAL QUALIFICATION	Diploma	11	3.92
		Graduation	251	89.64
		Post-Graduation	18	6.42
8	TYPE OF HOSPITAL	Government	196	70.00
		Other	3	1.07
		Private	81	28.92

The present study investigated several aspects of the nursing profession, including marital status, age, gender, education, experience, work area, and job title of nursing personnel. The study included a sample of nursing personnel from government and private hospitals. The results of the study showed that the majority of nursing personnel were married (70.71%), while 28.92% were single. In terms of age, the highest percentage of nursing personnel fell in the 31-40 year age group (50.35%), followed by the 21-30 year age group (43.92%). Only 4.64% of nursing personnel were in the 41-50 year age group, while 1.07% were above 51 years old. The majority of the sample in the survey study were male (56.42%), while 43.70% were female. Additionally, the majority of nursing personnel in the study worked in government hospitals (70%), while 29% worked in private hospitals. The study also found that most nursing personnel (251) had graduated from nursing education programs. Regarding experience, the highest number of nursing personnel (158) had 6-10 years of experience, while 73 had less than 2 years of experience. In terms of work area, the majority of nursing personnel (55) worked in surgical ICU, while the lowest number (6) worked in urology ward. Finally, the data showed that the maximum sample (93.21%) held the position of senior nursing officer, while only 6.78% held the position of nursing officer in the study. Overall, the findings of the study provide insights into various aspects of the nursing profession. The study's results could be used to inform policies related to nursing education, workforce planning, and recruitment and retention strategies. Additionally, the findings could help healthcare organizations to better understand the needs and preferences of nursing personnel, which could ultimately lead to better patient outcomes.

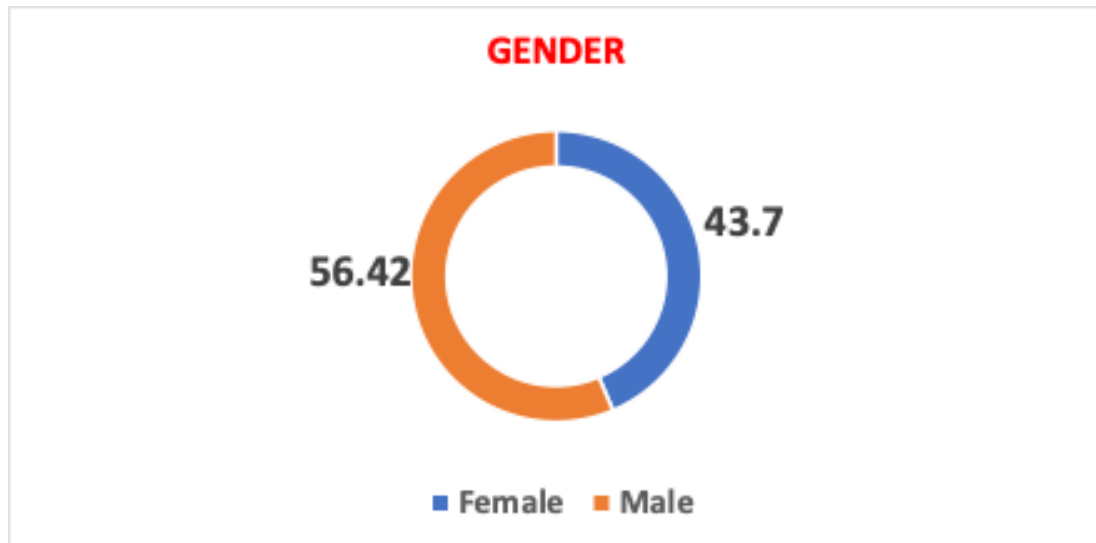


Figure1. Pie diagram showing percentage distribution according to gender

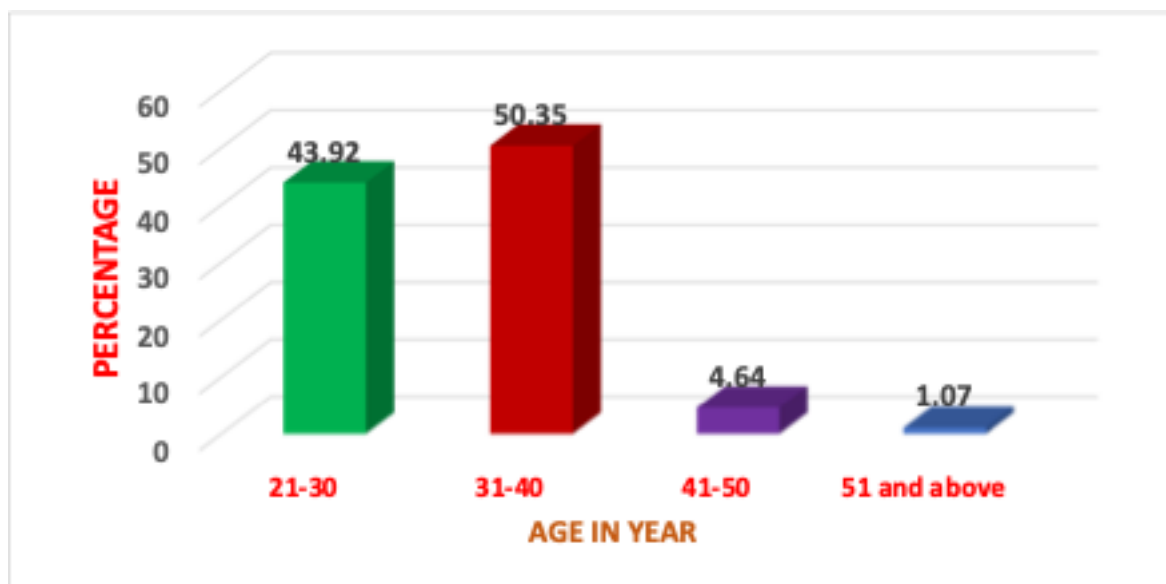


Figure2. Bar diagram showing percentage distribution according to age

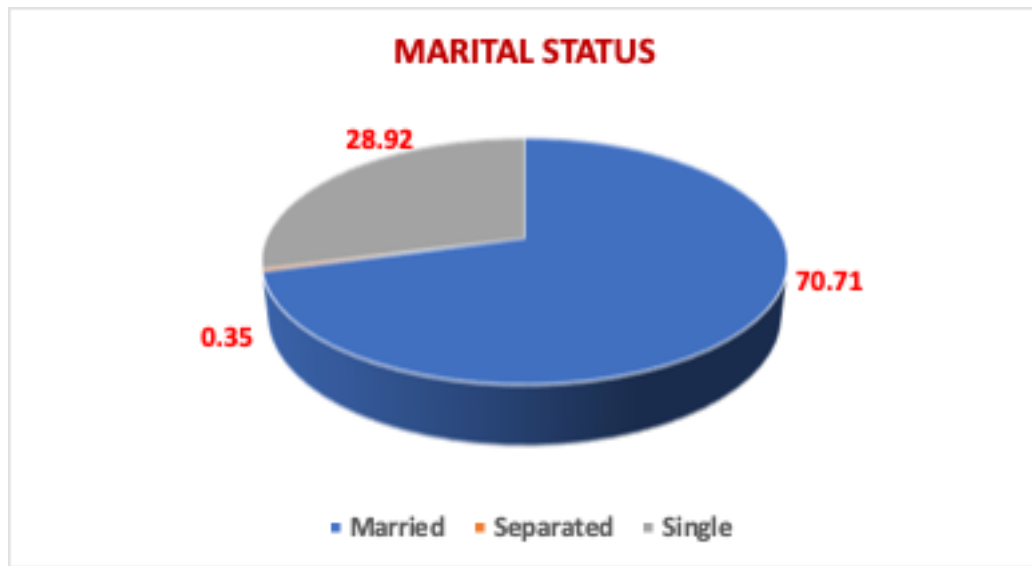


Figure3. Pie diagram showing percentage distribution according to marital status

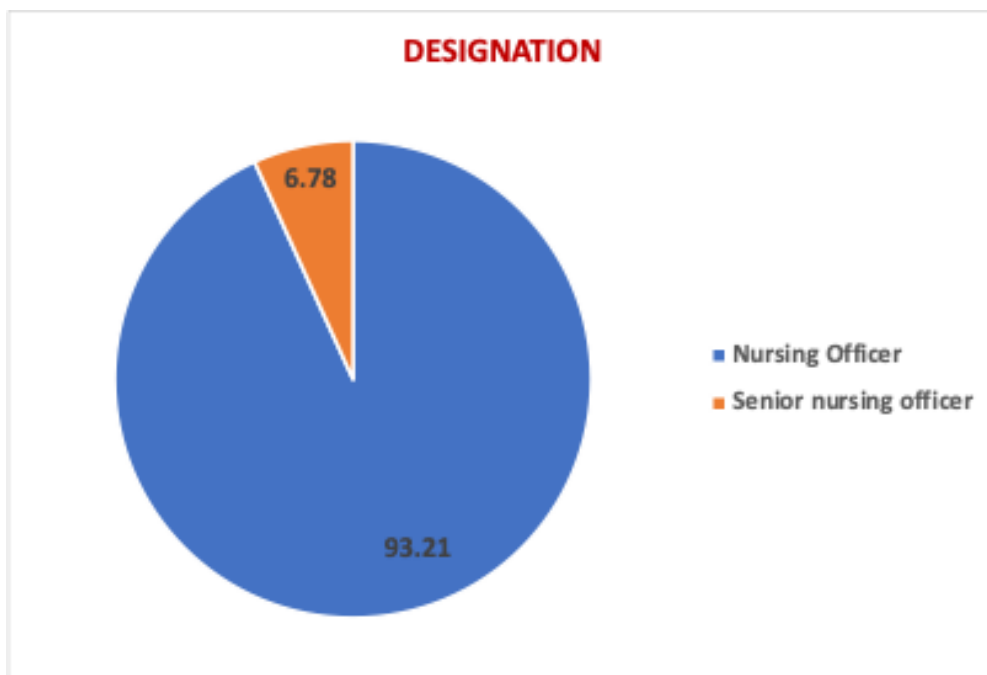


Figure4. Pie diagram showing percentage distribution according to designation

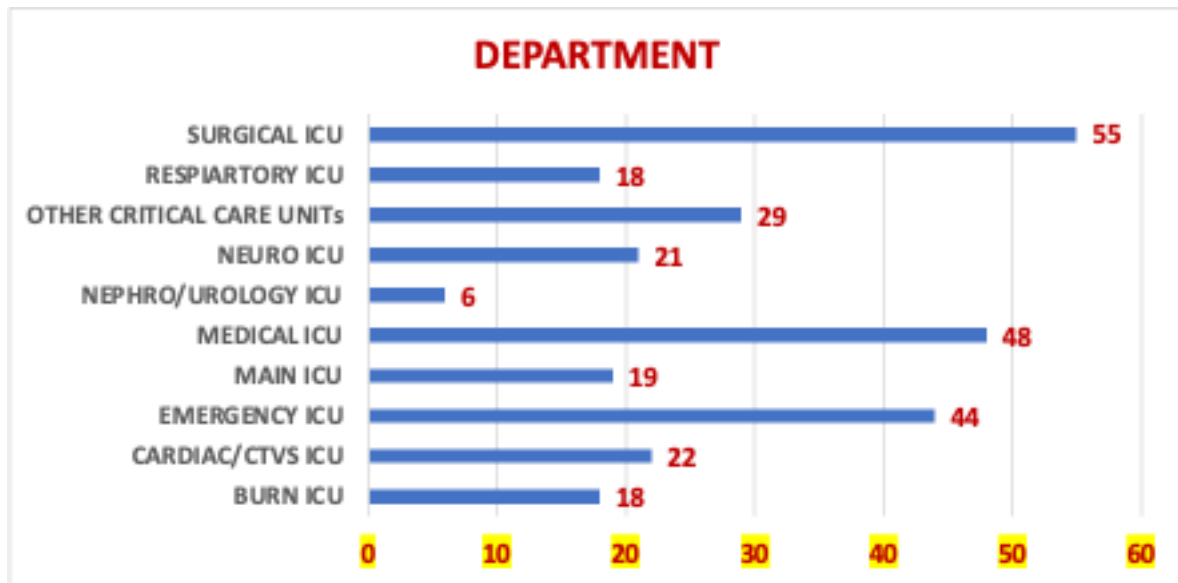


Figure5. Bar diagram showing frequency distribution according to department



Figure6. Bar diagram showing frequency distribution according to working experience

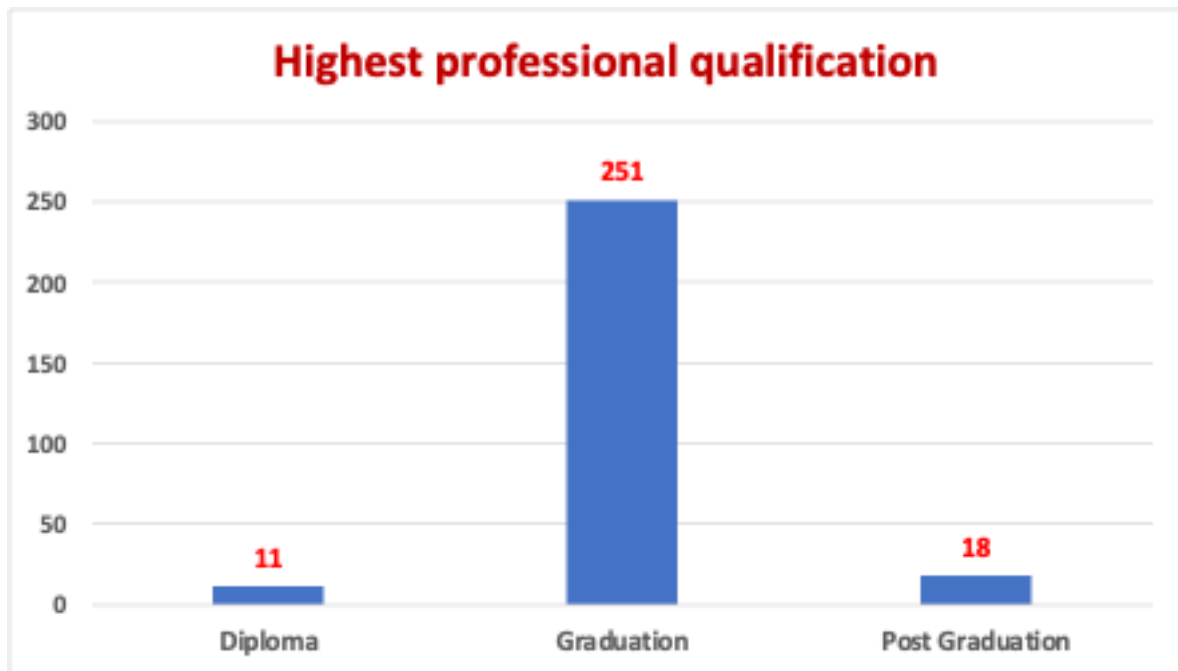


Figure7. Bar diagram showing frequency distribution according to highest qualification

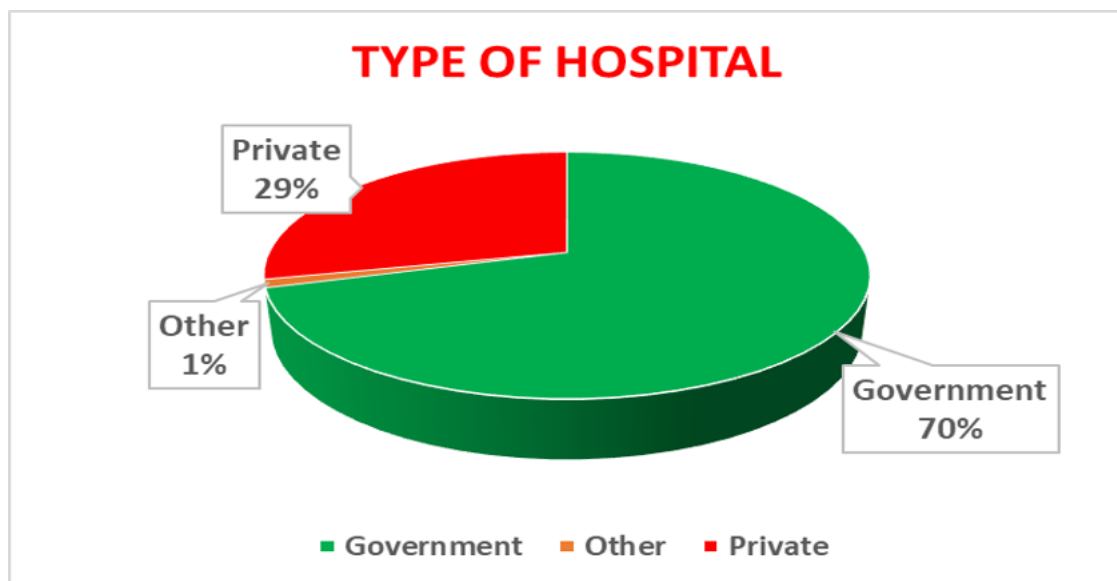


Figure8. Pie diagram showing percentage distribution according to type of hospital

TABLE-2
FREQUENCY AND PERCENTAGE DISTRIBUTION OF ENVIRONMENTAL BARRIERS
N=280

S.NO	FACTORS	NEVER (1)		SOMETIMES (2)		ALWAYS (3)	
		F	%	F	%	F	%
1	ENVIRONMENTAL BARRIERS						
1.1	Excessive noise of equipment's and communication among healthcare team	48	17.14	145	51.78	87	31.07
1.2	Poor lighting during night shift in critical care unit make it difficult for patients to see the nurse's facial expressions and body language	61	21.78	149	53.21	70	25
1.3	Lack of privacy due to centralized bed setup make patients feel uncomfortable to converse with ICU Nurse	53	18.92	136	48.57	91	32.5
1.4.	Barriers such as talking from distance, closed setting (isolated beds) with PPE kit can be perceived as a barrier in communication in ICU	47	16.78	153	54.64	80	28.57
1.5	Lack of availability of assistive material of communication in critical care units	39	13.92	154	55	87	31.07

Lack of privacy is the most perceived among the factors affecting communication. Approximately 32.5% of respondents reported that the lack of privacy resulting from the centralized bed setup always makes patients feel uncomfortable to engage in conversations with ICU nurses. The noise generated by equipment and communication among the healthcare team is reported by 31.07% of respondents as always affecting communication in critical care units. It is the second most perceived barrier to effective communication. However, poor lighting is the least perceived barrier among the factors affecting communication comprising 25%.

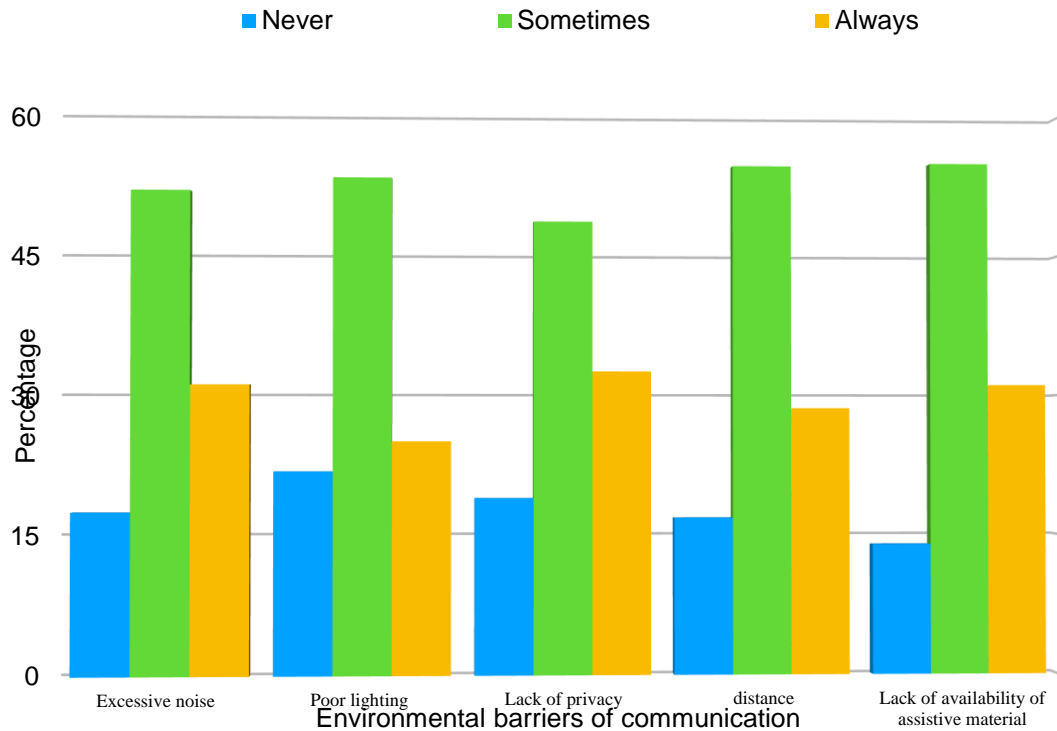


Figure9. Bar diagram showing percentage distribution of perceived communication barriers of nursing officers according to environmental barriers

TABLE-3

FREQUENCY AND PERCENTAGE DISTRIBUTION OF NURSE RELATED BARRIERS

N=280

S. NO.	FACTORS	NEVER (1)		SOMETIMES (2)		ALWAYS (3)	
		F	%	F	%	F	%
2	NURSE RELATED BARRIERS						
2.1	Use of or technical jargon and complex medical terms that patients do not understand makes the communication difficult	48	17.14	157	56.07	75	26.78
2.2	Lack of knowledge about patient disease condition and needs	55	19.64	127	45.35	98	35

2.3	Lack of knowledge about devices or gadgets	50	17.8 5	149	53.2 1	81	28.9 2
2.4	Hold biases or negative attitudes towards certain patients or groups of patients.	64	22.8 5	137	48.9 2	79	28.2 1
2.5	Limited time to complete their tasks, leading to rushed or incomplete communication with patients	44	15.7 1	153	54.6 4	83	29.6 4
2.6	Inadequate training in communication skills	52	18.5 7	158	56.4 2	70	25
2.7	Different cultural background of nurses creates communication barriers.	49	17.5	142	50.7 1	89	31.7 8
2.8	Feeling stressed or overwhelmed may have difficulty in communicating effectively with patients	33	11.7 8	166	59.2 8	81	28.9 2
2.9	Differences in beliefs, values can lead to difficulty in communications as a ICU nurse	48	17.1 4	150	53.5 7	82	29.8 2
2.1 0	Having shortage of staff or excessive loads of patients assigned to the nurse in ICU	30	10.7 1	151	53.9 2	99	35.3 5

This table 2 describes the nurse-related barriers to effective communication with patients in the ICU setting. The table shows the frequency and percentage of each barrier as reported by healthcare professionals. The first barrier listed is the use of technical jargon and complex medical terms that patients may not understand, which was reported by 75 respondents (26.78%). Lack of knowledge about patient disease condition and needs was reported by 98 respondents (35%), while lack of knowledge about devices or gadgets was reported by 81 respondents (28.92%). The table also lists biases or negative attitudes held by nurses towards certain patients or groups of patients, which was reported by 79 respondents (28.21%). Time constraints were also identified as a barrier, with 83 respondents (29.64%) reporting that limited time to complete their tasks leads to rushed or incomplete communication with patients. Inadequate training in communication skills was reported by 70 respondents (25%). The different cultural background of nurses was reported to create communication barriers by 89 respondents (31.78%). Feeling stressed or overwhelmed was another barrier, with 81 respondents (28.92%) reporting that they may have difficulty communicating effectively with patients under such circumstances. Differences in beliefs and values can also lead to communication difficulties, with 82 respondents (29.82%) reporting this as a barrier. Finally,

having a shortage of staff or excessive loads of patients assigned to the nurse in ICU was reported by 99 respondents (35.35%). Overall, this table provides insight into the various nurse-related barriers to effective communication with patients in the ICU and emphasizes the need for addressing these barriers to improve patient outcomes.

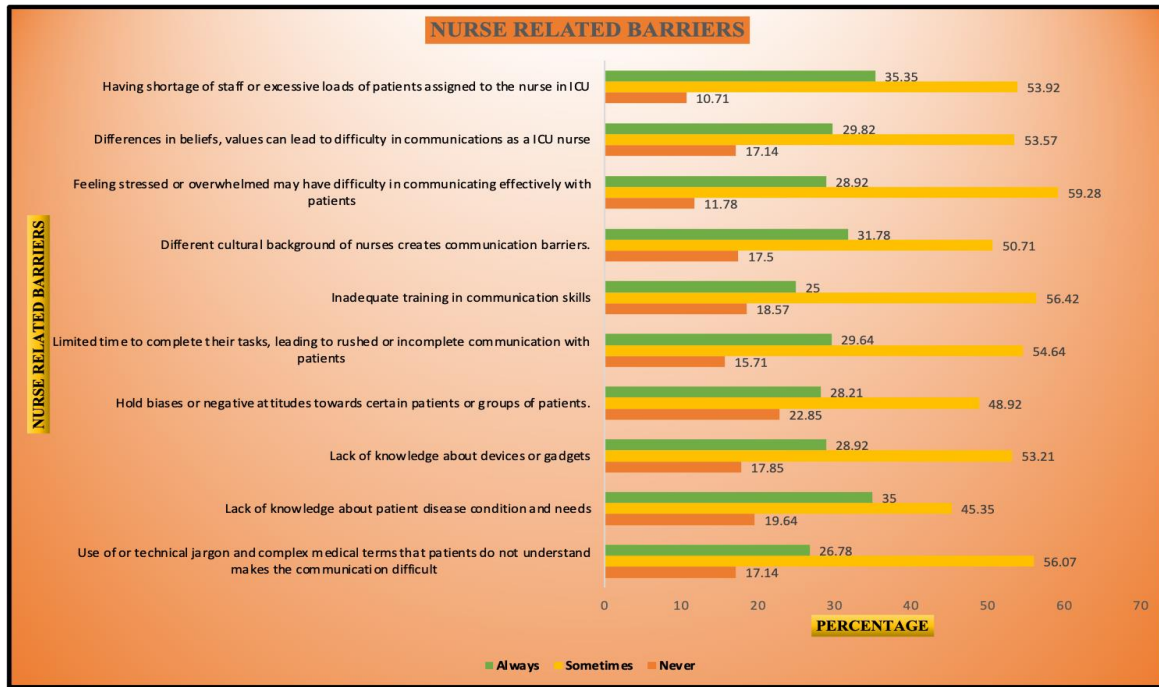


Figure10. Bar diagram showing percentage distribution of perceived communication barriers of nursing officers according to nurse related barriers

TABLE-4

FREQUENCY AND PERCENTAGE DISTRIBUTION OF PATIENT RELATED BARRIERS

N=280

S. NO.	FACTORS	NEVER		SOMETIMES		ALWAYS	
		(1)	(2)	(3)	(4)	(5)	(6)
3	PATIENT RELATED BARRIERS	F	%	F	%	F	%
3.1	Colloquial language differences between nurse and patient	36	12.85	170	60.71	74	26.42
3.2	Patients with pain , altered sensorium ,on respiratory devices on supportive ventilations pay less attention to nurse communication	45	16.07	143	51.07	92	32.85

3.3	Patients with hearing or vision impairment	41	14.64	159	56.78	80	28.57
3.4	Patients with cognitive or mental health issues such as psychosis , dementia, depression, anxiety, or intellectual disabilities	36	12.85	158	56.42	86	30.71
3.5	Difficulty in communicating effectively due developmental and age-related changes	35	12.5	172	61.42	73	26.07
3.6	Patients who are anxious, fearful, or in pain may find it challenging to concentrate or express themselves	38	13.57	156	55.71	86	30.71
3.7	Patients with low health literacy may have difficulty understanding medical information	42	15	151	53.92	87	31.07
3.8	Patients with different personal beliefs or values towards healthcare personnel's.	48	17.14	158	56.42	74	26.42
3.9	Patients perception towards nursing professionals	39	13.92	165	58.92	76	27.14
3.10	Family interference causes internal stress while caring patients in ICU	56	20	162	57.85	62	22.14

The table 4 shows the patient-related communication barriers that are faced by ICU nurses. The factors and their corresponding frequency and percentages are listed in the table. The first factor listed is the colloquial language differences between nurse and patient, which was reported by 74 nurses, accounting for 26.42% of the total respondents. Patients with pain, altered sensorium, on respiratory devices on supportive ventilations pay less attention to nurse communication, as reported by 92 nurses (32.85%). Patients with hearing or vision impairment were reported to be a barrier in communication by 80 nurses (28.57%). Patients with cognitive or mental health issues such as psychosis, dementia, depression, anxiety, or intellectual disabilities were reported to be a barrier by 86 nurses (30.71%). Difficulty in communicating effectively due to developmental and age-related changes was reported by 73 nurses (26.07%). Patients who are anxious, fearful, or in pain may find it challenging to concentrate or express themselves, as reported by 86 nurses (30.71%). Patients with low health literacy may have difficulty understanding medical information, as reported by 87 nurses (31.07%). Patients with different personal beliefs or values towards healthcare personnel were reported to be a barrier by 74 nurses (26.42%). Patients' perception towards nursing professionals was reported by 76 nurses (27.14%). Lastly, family interference causing internal stress while caring for patients in the ICU was reported by 62 nurses (22.14%).

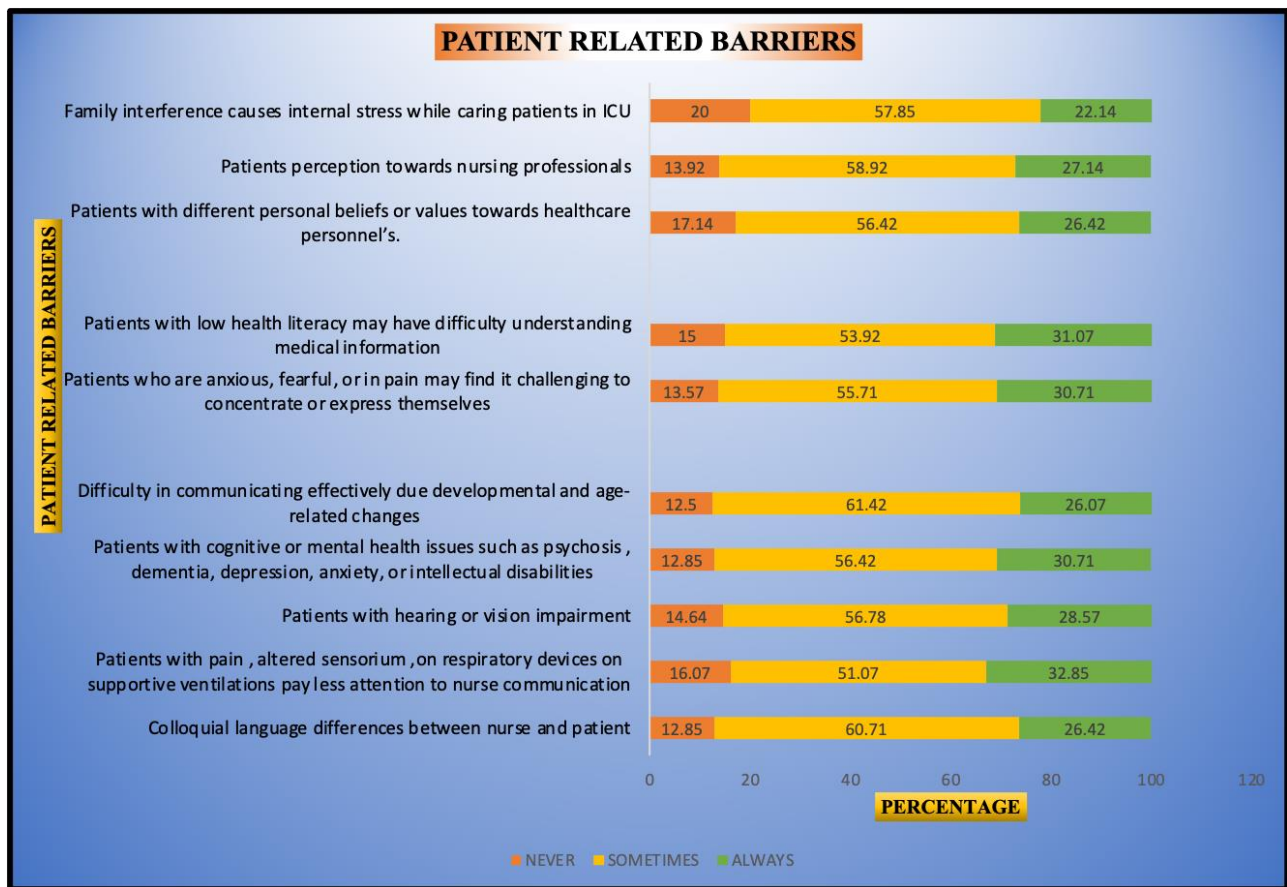


Figure11. Bar diagram showing percentage distribution of perceived communication barriers of nursing officers according to patient related barriers

CONCLUSION

Nurse-patient communication is an inseparable part of the patients' care in every health setting; it is one of the factors that determine the quality of care. Several patient-related characteristics, nurse-related characteristics and environmental-related issues pose as barriers to effective therapeutic communication and have ultimately; resulted in reducing effective communication in ICU's. Therefore, all the barriers must be eradicated to promote effective therapeutic communication

Result of the present study illustrates that majority of the Nurses perceived that the most important barrier among environmental factors was "Lack of privacy due to centralized bed setup make patient's feel uncomfortable to converse with ICU nurses. In terms of nurse related barriers, having shortage of staff or excessive loads of patients assigned to the nurse in ICU was considered the main barrier. However, among patient related barriers perceived by maximum nurses was, "patients with pain, altered sensorium, on respiratory and supportive ventilation pay less attention to nurse communication. Hence, Perpetual effort to be done to mend those weak areas in order to enhance better nurse patient communication within the hospital. Ultimately, it can result patient satisfaction and better health. It further directs that training pertaining to communication should be carried in periodical basis to improve skill of communication.

IMPLICATIONS NURSING RESEARCH

- To properly understand nurse perceptions of barriers to communication, additional research is required.
- With the rapidly changing demographics of society, there is a need to develop efficient methods to provide high quality care to clients with cultural and language differences
- Additional qualitative and quantitative research would be beneficial.
- Quantitative studies addressing nurse perceptions of communication barriers and interventional strategies would provide more generalizable data.
- Interventional studies exploring technology advances, nurse education, and workloads need to be researched further. Such studies would provide nurses and nurse managers with increased knowledge of ways to overcome nurse-client communication barriers.

NURSING EDUCATION

- Education programs need to ensure students develop communication skills needed to discuss sensitive matters to the patients.
- Role play has been shown to be successful in increasing students' confidence in their ability to communicate with clients about complex topic Nursing students benefit from having simulation exercises and labs integrated within their coursework.
- Continuing education should be available for registered nurses for activities to improve communication.
- Student nurses need to be taught additional assessment skills on how to identify clients with limited language proficiency, after identifying clients who need additional assistance, student nurses will need knowledge on programs that will provide the necessary support.
- Education for student nurses concerning time management will allow them to develop skills to determine how best to provide appropriate care for each client.
- Healthcare systems should support continual education on communication skills in order to promote effective communication among healthcare staff, and between nurses and clients.

NURSING PRACTICE

- Nurses should be mindful of how patients' disease trajectory and psychological state affect communication.
- Nurses should also take patients' cultural background into consideration when approaching sensitive topics.

NURSING ADMINISTRATION:

- While planning nursing services, communication skills training should be integrated in the early years of nursing education and reinforced and continued throughout practice.
- Nurse administrators must take initiative to organise workshops on specific topics like burn-out and anger management.



- Administrators can conduct programs to explore negative attitudes of nurses in detail to identify solutions for improvements.
- Communication skills and Self-confidence among nursing staff can be improved with further training, personal development programs, and experience.