

**A study to assess barriers of therapeutic communication among nurses working in medical and surgical ward in a view to develop guidelines on effective communication for quality nursing care at selected hospital, Bengaluru Karnataka.**

**Ms Namita Mohanty<sup>1</sup>, Mrs Mamata N MSc (N)<sup>2</sup>**

MSc Nursing II Year

**R V College of Nursing ,Bangalore <sup>1</sup>**

Professor & HOD

Department of Medical Surgical Nursing

**R V College of Nursing ,Bangalore <sup>2</sup>**

Email Id:mamata.rvcn@rvei.edu.in

Mob No: 9845899510

**Abstract**

Communication, as a key element in providing high-quality health care services, leads to patient satisfaction and health. The present study on communication barriers was based on descriptive research design had an objective to assess the barriers of therapeutic communication among nurses and to find out the association between the barriers and demographic variables of nurses. The output of the study was to develop guidelines for effective communication which helps to improve quality care. 100 nurses selected on convenient sampling bases were administered with structured questionnaires on various dimensions of communication barriers. The data was analyzed using descriptive and inferential statistics. The results revealed that among 100 nurses in selected hospital of bangalore, the nurses had faced highest score of barriers were psychological barriers whose mean score (16.01) with the SD (1.967), language barriers whose mean score (15.91) with the SD (2.096), socioeconomic barriers whose mean score (15.77) with the SD (2.145), physical barriers (15.75) with the SD (2.096), knowledge barriers (15.38) with the SD (2.224) whereas the lowest score of barriers were semantic barriers whose mean score (14.74) with the SD (2.604). The Chi-square analysis was carried out to determine the association between barriers of therapeutic communication and selected demographic variables of nurses in working medical and surgical ward. A significantly association was found only in the area of Gender ( $\chi^2 = 4.254$  \*,  $P = > 0.39$ ). The study revealed that the highest score of barriers were psychological barriers and language barriers. Effective therapeutic communication is very important for overcoming the barriers of communication.

**Key words**

**Effective therapeutic communication, barriers, guidelines, quality care, semantic barriers.**

## I. Introduction

Communication is the act of giving, receiving and sharing information. In other words, talking or writing, listening or reading is communication. Good communication is listening carefully, speaking or writing clearly and respect different opinions. Communication is the sending and receiving of information and can be one-on one or between groups of people. It can be face-to-face or through communication devices. It requires a sender, the person who initiates communication to transfer their thoughts or encode a message and a receiver who receives and decodes or interpret the message. Effective communication requires a shared language and understanding of common concepts. It's also important to bear in mind that a receiver may interpret what the sender intended to convey, and this is more convenient if both share the same culture and language.<sup>1</sup>

Therapeutic communication is based on trust, respect, faith, hope, fulfilment of emotional, physical and spiritual needs. According to the World Health Organization(WHO) report ,communication serves an instrumental role that is at the heart of who are as human beings (WHO,2010) .Virginia Henderson stated that nurse should act as substitute for the patient ,helper to the patient and a partner with the patient(Henderson, 1964). According to Watson, a nurse – patient relationship implies congruence, empathy, non-possessiveness, warmth and effective communication (Watson, 1997).<sup>6</sup>

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 19<sup>th</sup> century until today, specialists and nurses have paid a great deal of attention to communication and interaction in nursing. Effective communication is an important aspect of patient care, which improves nurse- patient's relationship and has a profound effect on the patient's perception of health care quality and treatment outcomes. Effective communication is the key element in providing high-quality nursing care, and leads to patient satisfaction. Most of the study report poor nurse patient relationship due to the communication problem. This strongly affects the quality care provided.<sup>13</sup>

A common cause of communication breakdown in a workplace situation is people holding different attitudes, values and discrimination. The behaviour like bias, generalizations and stereotyping can cause communication barriers. Empathy is important for overcoming to barriers to communication based on culture. Language barriers occurs when people don't speak the same language, or do not have the same level of ability in a language. Valuing people who are different allows drawing on a broader range of insights, ideas, experience and knowledge.<sup>14</sup>

Barriers in communication are anything that create problem in communication, understanding the message feeling and expression. There are different types of barriers of therapeutic communication like psychological barriers, semantic barriers, physical barriers, language barriers, knowledge barriers.<sup>1</sup>

**Table no 1 Frequency and percentage distribution based on the suggestion to overcome communication barriers**

1.	Measures to prevent communication barriers	Frequency	Percentage
	Being clear and using that person understand	3	3
	Local language	30	30
	Educate the staff regarding the effective communication	2	2
	Language translator	8	8
	Maintain good interpersonal relationship	12	12
	Adequate knowledge about language	3	3
	Provide good training to the nurse	4	4
	Good communication skill	24	24
	Continue education	5	5
	Provide correct information	3	3
	Reduce panic	1	1
	Good listener	2	2
	Good rapport	2	2
	Always get feedback	1	1

Table no. 1 Indicates that based on suggestion from nurses to overcome barriers of communication most of nurses ( 30%) expressed being familiar with local language helps in overcoming communication and (24%) suggested having knowledge on communication skill and practicing it whereas only (1%) of the nurses mentioned getting a regular feedback from patient will help in overcoming communication barriers.

**Table 2: Mean and standard deviation of different barriers of therapeutic communication** **N=100**

Barriers of therapeutic communication	Mean	Std. Deviation
Psychological Barriers	16.01	1.967
Semantic Barriers	14.74	2.460
Physical Barriers	15.75	2.096
Socioeconomic Barriers	15.77	2.145
Language Barriers	15.90	2.298
Knowledge Barriers	15.38	2.224

The table no.2 Indicates that overall mean and SD score of barriers of therapeutic communication.

With regards to barriers of therapeutic communication that the nurses had faced highest score of barriers were psychological barriers whose mean score (16.01) with the SD (1.967) and language barriers whose mean score (15.91) with the SD (2.096), whereas the lowest score of barriers were semantic barriers whose mean score (14.74) with the SD (2.604).

**Table no. 3: Association between barriers of therapeutic communication and selected demographic variable among nurses.** **N = 100**

Demographic variable	Respondents	Barriers		Chi square test	p value	Remarks
		Below Median n	Above median			
Age in years	20-25	28	21	3.500	.478	NS
	26-30	17	15			
	31-35	7	10			
	36-40	0	1			
	>40	0	1			
Gender	Male	9	17	4.254	<b>.039</b>	<b>S</b>
	Female	43	31			
Marital status	Married	15	14	1.105	.576	NS
	Unmarried	37	33			
	Divorce	0	1			
Education level	GNM	12	12	3.243	.356	NS
	BSc Nursing	30	32			
	PPBSc Nursing	8	4			
	Msc Nursing	2	0			

Demographic variable	Respondents	Barriers		Chi square test	p value	Remarks
		Below Median	Above median			
Clinical Experience in year	0-5 years	40	34	.575	.750	NS
	06- 10 years	10	11			
	11-15 years	2	3			
Designation of the nurse	Nursing officers	49	42	1.381	.240	NS
	Nursing Incharge	3	6			
Area of work-ward	Emergency	8	11	4.599	.331	NS
	Medical Ward	16	10			
	Surgical Ward	5	3			
	MICU	4	9			
	SICU	19	15			
Previous exposure to source of information on communication barrier	Yes	28	24	1.215	.749	NS
	No	24	24			
	Continuing nursing education	12	10			
	Nursing curriculum	7	5			
	Previous life experience in hospital	5	7			
	Discussion with peer group	4	2			
Have you faced communication problem with your patients	Yes	23	20	.067	.796	NS
	No	29	28			
	Language barrier	21	20	1.824	.402	
	Lack of interest and knowledge	1	0			
	International patient	1	0			

Table no. 3 : The above table depict that the association of barriers of therapeutic communication with their demographic variables of nurses in age, gender, marital status ,educational level, clinical experience , designation of the nurses ,area of work, previous exposure to source of information on communication barrier, occurrence of communication problem among nurses .

The Chi-square analysis was carried out to determine the association between barriers of therapeutic communication and selected demographic variables of nurses in working medical and surgical ward. A significantly association was found only in the area of Gender ( $\chi^2= 4.254 *$ ,  $P = > 0.39$ ).

Hence, the research hypothesis stated as **H<sub>1</sub>: Gender is statistically associated with communication barriers and other demographic variable is not associated with therapeutic communication barriers.**

**Conclusion:**

The following study was conducted to assess the barriers of therapeutic communication among nurses in hospital, Bangalore, with a view to develop a guideline for effective therapeutic communication. And also, to determine the association between barriers of therapeutic communication with their selected demographic variable. The study concluded that majority of respondents had faced language barrier. Bring awareness regarding language barrier to nurse is very important to have to overcome the barriers of communication and maintain good interpersonal relationship with the patient.

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