



ASSOCIATION OF EFFECTIVE COMMUNICATION BARRIERS WITH SOCIO-DEMOGRAPHIC CHARACTERISTICS OF NURSES WORKING AT A TERTIARY CARE HOSPITAL IN KARACHI.

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ABSTRACT

BACKGROUND: Good communication between healthcare professionals and the patients can positively lead to a successful treatment. Moreover, the quality of nursing care is highly needed for the well-being of patients, which can only be achieved if the patients are satisfied with the nurses' interaction and care provided. **OBJECTIVE:** To determine the association of demographic characteristics with effective communication barriers among nurses working at a tertiary care hospital in Karachi. **METHODS:** This analytical cross-sectional study was conducted through adopting purposive sampling among nurses working at Dr. Ruth Pfau Civil Hospital Karachi from 1st September 2019 to 31st December 2019. An ethical approval was obtained, and a written informed consent was obtained from each participant of the study. The data were collected by using demographic information sheet and a Likert-scale tool including 44 questions related to barriers of effective communication among nurses. The SPSS Version-23 was used for data analysis. Frequency and percentages were used for demographic variables. Furthermore, a Mann-Whitney and Friedman tests were used to check the association between demographic characteristics and barriers of effective communication. **RESULTS:** A total of 213 samples of nurses were included in this study with a mean±SD of age was 30.49±8.65. Moreover, 69.0% of the participants were male and 57.3% were married, 58.6% holding Diploma education, 34.7% were found with professional experience between 3-5 years, 55.3% had regular job and 69% had rotations in nature of duty. The study results showed that there were no significant mean differences found in number of barriers with respect to gender, nature of job and nature of duty. However, a significant association was observed with respect to marital status $p=0.01$, education $p=0.01$, and professional experience $p=0.001$ of the study participants. **CONCLUSION:** The findings of this study suggest that marital status, education level and professional experience play a significant role in shaping communication barriers. Strategies and interventions designed to meet the particular needs of nurses based on their demographic characteristics can be developed to mitigate these barriers and enhance communication skills in nursing practice.

KEYWORDS: Effective Communication, Barriers, Nurses, Tertiary Care Hospital

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INTRODUCTION

Effective communication is the principle of quality healthcare delivery¹. It plays an important role in nursing profession. Nurses are backbone of the healthcare system and they have always been known as the forefront of patient care, accountable for determining and

continuing significant interactions with patients, families, and other healthcare professionals². Communication is not only mandatory for exchange of precise information but also for endorsing patient-centred care, ensuring patient engagement, and promoting

nurse-patient trust. Conversely, in healthcare settings, several barriers can inhibit effective communication, leading to potential harmful outcomes for patients and eventually affecting the overall quality of nursing care³.

In nursing staff, the significance of effective communication cannot be recognizable. A previous study showed that effective communication is correlated with enhanced patient satisfaction, appropriate adherence to treatment plans, decreased medical errors, and overall greater patient outcomes⁴. On the other hand, communication interruptions can lead to disagreement, disappointment, heightened medical errors, and even patient harm. Identifying and addressing communication barriers in nursing practice is essential for enhancing patient care and safety⁵.

Language barrier is considered as one of the major barriers to effective communication among nurses. Nurses may confront patients from different cultural backgrounds while working in diverse healthcare settings, making language differences a substantial problem. Miscommunication due to language barriers can lead to incorrect patients' assessments, misunderstanding of symptoms, and challenges in describing medical information. Bridging the language gap needs a comprehensive approach including the use of translators, translated materials, and language training of nurses⁶.

Another major challenge that nurses face in effective communication is time limitations. The fast-paced environment of healthcare settings regularly affects limited time for nurses to involve in through patient interactions. Quick conversations may lead to essential information being ignored, patient concerns being forgotten, and lack of opportunity to address the emotional needs of patients⁷. Effective time management approaches and sufficient staffing are essential for supporting nurses to commit adequate time to profound patient interactions. Workload stress and low motivation among nurses are the key contributors to low job dissatisfaction. A previous study found that the workload among the staff, challenging roles of nurses, and shortage of competent nurses distracts the nurses' attention and lead to poor communication among them⁸. Another study also stated that shortage of skilful nurses and increased nurse-patients ratio leads to increases and work pressure among nurses presented as barrier of communication between nurses and clients⁹.

Environmental factors can also play a substantial role in communication barriers among nurses. Interruptions such as noise levels and congested clinical areas can interrupt the flow of communication and impede effective nurse-patient interactions¹⁰. Nurses may feel less heard or respected while working in such environment. Establishing a favorable environment that supports effective communication is critical for improving patient care involvements.

In addition, inadequate training in communication skills can hinder ability of nurses to effectively navigate complex patient interactions¹¹. Effective communication is not natural, but rather a skill that can be developed and filed via training and practice. Unfortunately, communication training is not always highlighted in nursing education programs, leading to communication gaps in practice. Encompassing communication training into nursing curriculum and providing continuing professional development chances can provide nurses with the mandatory skills to communicate effectively with patients as well as their families.

Although the existing literature on effective communication barriers among nurses, limited research has found on the association between these barriers and demographic characteristics of nurses. Hence this study was aimed to determine the association of demographic characteristics with effective communication barriers among nurses working at a tertiary care hospital in Karachi.

METHODS AND MATERIALS

This study adopted a cross-sectional analytical design and was conducted from 1st September 2019 to 31st December 2019 by adopting purposive sampling technique on the population of nurses working at Dr. Ruth Pfau Civil Hospital, Karachi. The participants of this study were comprised on nurses who have minimum qualification of diploma in nursing and at least had one year of professional experience. Moreover, technicians, nursing assistants and nurses who had less than one year of professional experience were excluded. The sample size was calculated through Open-Epi online software, by using 72.5% as percentage of nurses' satisfaction about communication¹², 6% margin of error, and 94% of confidence interval, the calculated sample was 213. Prior to the study, an ethical approval was taken from the Institutional Review Committee of the Dow

Institute of Nursing and Midwifery, Dow University of Health Sciences, Karachi. Permission was also obtained from the medical superintendent of Dr. Ruth Pfau Civil Hospital Karachi. Each participant of the study signed a written informed consent form before filling out the questionnaire form. Data were collected into 2 parts; the first part of data were included on demographic information of the participants including age, gender, education professional experience and nature of job whereas to find the association between demographic variables and effective communication barriers, a valid Likert-questionnaire form was used¹³. This questionnaire form consists of 44 items. Each item included 5 options: none, little, average, high, and not included. The reliability of these questionnaire forms is 0.82. Data were analyzed by using SPSS version-23. Demographic data of the study sample was summarized by descriptive statistics, which was presented by using frequency tables and expressed as mean \pm SD, percentages. For the inferential statistics, a Mann-Whitney and Friedman tests were used. P-value of <0.5 was taken as statistically significant.

RESULTS

Table-1 displays the socio-demographic characteristics of the study participants. In the present study there were 213 samples with mean age 30.4 (SD= ± 8.6) years, among them 69% were male gender, 57.3% were married, 58.6% holding diploma education while 41.3% of the participants had BS-Nursing degree. As per professional experience perspective, majority of the participants had 34.7% were found with professional experience between 3-5 years. Moreover, 55.3% had regular job and 69% of the study participants had rotational duty.

Table-1 Socio-demographic characteristics of study participants (n=213)

Variables	Categories	Frequency	Percentage
Age (Years)	Mean \pm SD	30.4 \pm 8.6	
Gender	Male	147	69.0
	Female	66	30.9
Marital Status	Single	91	42.7
	Married	122	57.3
Education	Diploma	125	58.6
	BSN	88	41.3
Professional Experience	1-2 Year	65	30.5
	3-5 year	74	34.7
	6-10 year	40	18.7
	>10 years	34	15.9

Job Nature	Regular Job	118	55.3
	Contract Job	95	44.6
Working Shift	Fixed	66	30.9
	Rotation	147	69.0

Table-2 illustrates the mean comparison on number of barriers of effective communication with respect to socio-demographic characteristics of study participants. Results show that there was no significant mean difference in number of barriers with respect to gender, nature of job and nature of duty with $p>0.05$, however a significant mean difference was noticed with respect to marital Status ($p=0.01$), education ($p=0.01$), and professional experience of nurses with $p<0.001$. Married nurses have significantly higher mean on barriers as compared to single, BSN nurses also found with higher mean count of barriers as compared to diploma education and significant mean difference for number of barriers was observed among nurses who had more than 10-years of professional experience.

Table-2: Association of effective communication barriers with socio-demographic characteristics of study participants (n=213)

Variables	Categories	Barriers	p-value
		Mean \pm SD	
Gender	Male	35.29 \pm 5.04	0.44
	Female	34.54 \pm 7.10	
Marital Status	Single	34.10 \pm 6.74	0.01*
	Married	36.04 \pm 4.08	
Education	Diploma	34.03 \pm 6.26	<0.01*
	BSN	36.30 \pm 4.65	
Professional Experience	1-2 Year	33.88 \pm 6.68	<0.001*
	3-5 year	36.14 \pm 3.87	
	6-10 year	35.12 \pm 5.31	
	>10 years	37.53 \pm 4.21	
Job Nature	Regular Job	34.73 \pm 6.91	0.14
	Contract Job	35.84 \pm 3.68	
Working Shift	Fixed	35.77 \pm 5.04	0.33
	Rotation	34.93 \pm 5.94	

* <0.05 p-value of was presumed as statistically significant.

DISCUSSION

This study was aimed to identify the association of demographic characteristics with effective communication barriers among nurses working at a tertiary care hospital in Karachi.

The study shown that there were no significant mean differences found in the number of barriers relating gender, nature of job, and nature of duty. These results were inconsistent

with a previous study that suggested that study participants believed that gender was determinant in performing compassionate behaviours and an important barrier to communication and compassionate care¹⁴. On the other hand, the findings of the current study illustrate a significant mean difference in communication barriers and demographic variables of study participants such as marital status, education, and professional experience of nurses. Nurses who were married shown significantly higher mean of communication barriers compared to those nurses who were single. This finding may be recognized to the additional responsibilities and potential role differences linked with marriage and family life, leading to increased challenges in managing effective communication in professional interactions. This finding is inconsistent with the study by William and Brown (2018), which also reported higher communication barriers among married nurses¹⁵.

The findings of current study revealed that those nurses with Bachelor of Science in Nursing degree were found to have a higher mean of communication barriers as compared to those nurses who had only diploma in nursing ($p=0.01$). These results oppose some previous studies that implied higher educational levels could improve communication skills^{16,17}. One potential justification is that nurses with higher education may have higher expectations of their communication proficiencies, leading them to be more self-critical and perceive more communication barriers. Conversely, this finding declares further exploration in future research to better understand the underlying causes for this association.

The results of our study showed a significant observation with a significant mean difference in the number of communication barriers based on professional experience of nurses ($p=0.001$). Nurses with more than 10 years of experience reported a higher count of barriers compared to those with less experience. Long term exposure to stressful work environment, organizational challenges, and cumulative effects of burnout may contribute to those difficulties, leading to challenges in effective nurse-patient interactions. This finding aligned with a past narrative review that was published in 2016 which also identified communication barriers associated with increased years of professional experience¹⁸.

The findings of our study emphasize the importance of addressing communication barriers among nurses and adapting interventions to specific demographic groups. Effective communication is necessary for patient satisfaction, safety, and overall quality of healthcare delivery^{19,20}. Understanding how demographic characteristics overlap with communication barriers can inform targeted training programs and support systems. Moreover, future research should investigate deeper into the complex relationship between the levels of education and communication barriers among nurses. Discovering the inherent factors that contribute to this unexpected association could provide valuable insights for both nursing practice and education. Furthermore, longitudinal studies could explore how communication challenges change over the course of a nurse's career, considering changes in personal and professional environment.

CONCLUSION: The findings of this study suggest that marital status, level of education, and professional experience play a significant role in shaping communication barriers. Strategies and interventions designed to meet the particular needs of nurses based on their demographic characteristics can be developed to mitigate these barriers and enhance communication skills in nursing practice.

LIMITATION: This study was conducted by using a cross-sectional study design that limits causal interferences, therefore the results may not be generalized to other healthcare settings or nurses' population.

ETHICS APPROVAL: The ERC gave ethical review approval.

CONSENT TO PARTICIPATE: Both written and verbal consents were taken from every participant of the study.

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CONFLICT OF INTEREST: No competing interest declared.

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