

 <p>INNOVATIVE JOURNAL ЮНКВАТ НАУКА И ОБРАЗОВАНИЕ</p>	<p>Contents lists available at <a href="http://www.innovativejournal.in">www.innovativejournal.in</a></p> <p><b>INTERNATIONAL JOURNAL OF NURSING DIDACTICS</b></p> <p>homepage: <a href="http://innovativejournal.in/ijnd/index.php/ijnd">http://innovativejournal.in/ijnd/index.php/ijnd</a></p>	 <p><b>IJND</b> ISSN: 2231-5454</p>
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## Nurses Communication Barriers in Healthcare Centers: Patients' Perspectives

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DOI: <http://dx.doi.org/10.15520/ijnd.2018.vol8.iss01.271.24-34>

**Abstract:** While community health nurses in different healthcare settings, provide competent and qualified services, they have been confronted by numerous types of communication barriers that hindering their necessary functions. The nurse as a community servant should have fitting communication skills to maintain excellent care provision and overcoming the barriers that may hinder these targets. Thus, the current study aims to identify and describe patients' perceptions about nurses' communication barriers in healthcare centers in KSA. Cross-sectional, descriptive exploratory design is used in three health care centers in the rural governor of Afif in the Riyadh city, KSA. 300 patients were selected by a stratified proportionate random sampling technique in the three healthcare centers, and for each center, systemic random sampling approach was implemented. The Health Communication Feedback questionnaire (HCFQ) was used for data collection which was developed by Yorkshire Cancer Network in 2006 and modified by Fathi A et al., in 2015. The present research study found that patients in rural healthcare centers have accepted views regarding nurses' communication behaviors in healthcare centers. While, they perceived some barriers in this communication, such as: 1- Barriers in the side of the patients which including; the disease process, language difficulties, physical and psychological complaints like pain, fever, anxiety, and graving. 2- Barriers in the side of the nurses which involving; limited communication skills and insufficient time. 3- Barriers regarding staff and health care center environment which containing; work crowdedness, noise and uncooperative routine system of management. The last type of barriers is 4-Barries in dealing with health messages which representing that nurses' health messages may be not related to clients' need and it may involve terminology which hinders their communication. On the other hand, the study participants provided some suggestions to overcome the previous barriers, for examples: increasing of patient-nurse cooperation, training of nurses on communications skills in health centers and considering that in nursing curricula, and decreasing nurses' workload. **Conclusion:** Patient's views are very effective indicators for healthcare professional work. Community health nurses in healthcare centers have some communication barriers which may negatively affect their performance. Moreover, patients illustrated some solutions which should be taken into considerations among stakeholders and nursing curricula planners in KSA. **Recommendations:** In-serve training programs about communication skills, culture, religious norms and role models should be taken by the nurses in simulated virtual environments or reality. The further major study needed in the light of the current study is, develop and implement nursing curricula included real scenarios about nurses-patient communication skills.

**Key words:** Patients Perception, Communication, Barriers, Nurses

### INTRODUCTION

Communication is a core element of healthcare activities with community health nurses. All nursing activities such as assessment, planning, intervention, evaluation, health teaching, encouragement, counseling, and caring are never be achieved without effective communication. Therefore, effective communication in healthcare is defined as the interactive dynamic process that emphasized on promoting client well-being physically and emotionally. Communication is an art and discipline that required high attention and continuous training. Because community nurses are working in several community health settings and dealing with diverse population classes, they have to apply a lot of techniques and strategies in their communication. Nurse-patient communication is an essential opportunity for both parties for learning, supporting, motivating, experience constructing real situations of education, healthy decision making and promoting healthy behaviors. [1, 2]

Effective communication skills are significant for professional nurses, particularly, in community health settings, because community health nurses should communicate successfully with clients, relatives, groups,

societies, population, and colleagues. It is considered a critical indicator of professional nursing practice and a positive sign for patient's outcomes. It is a foundation of Community Health Nursing Standards and Public Health Nursing Competencies. [2, 3, 4] The community health nurse should obtain suitable preparation on the talent of communication skills which played the main function in community health education development. [3, 4]. Nurse-patient relationship entails; confidence, dependence, compassion, and shared acceptance; those are fully dependent on valuable communication. The patients should put their trust in nurse' competency in healthcare, but, frequently they confront misunderstanding and conflicts during interaction. Therefore, patients have apparent factors that affect nurses' communication.[5,6] additionally, communication context and work circumstances are strong factors to strengthen or inhibit nurse-patient communication. Nurses are repeatedly determined as poor communicators because they have a little informational base about the meaning and the art of effective communication. Moreover, evidently, nurses were perceived that they lacked communication knowledge and concepts, empathy and awareness of communication techniques. [1, 7] Therefore, the nursing discipline still, necessitates discovering nurse-

patient communication dynamics and obstacles and how equips nurses with expert communication skills.

There are several studies revealed that patients' satisfaction, compliance, and cooperation are expected results from effective patient-nurse communication. Moreover, proper nurse-patient communication has an observable role in improving patients' emotional and physical health status. The only one, who reflected the level of quality performance and community nurses' success, is the patient. He/she has continuously visited the healthcare centers and used to seek home care counseling and information. [4,8,9] The common health conditions that regularly needed to visit healthcare centers and need careful and continuous nurse communication, are those who have persistent health problems, for example; diabetics, hepatic disorder, vaccination, pregnancy, respiratory problems, elderly health problems, hypertensive disorders, oncology condition and kidney dialysis cases. In such conditions, the patients wished to learn and acquire many skills, knowledge, and behaviors to manage their health condition. [6,7] Thus, good health communication is the heart of community health nursing activities, but it is still a challenge. Nurse's field should investigate how to be effective communicators and overcome the discrepancy between expected communication roles and its practice in reality. Incompetent health staff communication was a serious trouble that encountered nurses in most of the healthcare settings to attain the desired goals of healthcare services. [9, 10]

It is a prevalent phenomenon in Arabian countries, in which communication barriers are apparent among nurses. In Egypt, Fathi et al., in 2015 reported that nurses could not use basics of communication skills in their interaction with patients which may lead to conflicts and failure to attain a high quality of care. In Jordan, Mrayyan in 2006 found that deprived communication skills among healthcare professionals and clients, leads to a deficiency in job satisfaction, confidence and lack of obtaining of care desired outcomes. Furthermore, Mani and Abutaleb in 2017 in KSA discussed that there are many communication barriers that confronted barriers among Saudi nurses. But, it is not expected from health staff to work with communication obstacles that will affect negatively on nurse-patient interactions. The healthcare professionals should have self-confidence and proficiency during patient communication to ensure target achievement from their healthcare services. [11, 12, 13]

In Kingdom of Saudi Arabia healthcare centers, community health nurses dealt with various population types, classes, and cultures that necessitate communication competency. Multiple healthcare and nursing services put the community health nurse in a great challenge. Maternal and child healthcare, Dental care, Medical and surgical management, Health promotion and education services, Rehabilitation and health restoration activities, Vaccinations and occupational health care, Emergency and referral interventions, are the major healthcare services in community health nursing. These services required staff effective communication to achieve healthcare goals and considered a great challenge for nurses. [4, 5, 12]

Norouzinia et al., in 2016, Li et al., in 2012 and Abd El Mohsen in 2009 found that there are some barriers and difficulties which are faced by nurses in health communication in relation themselves, patients and their families, healthcare team and healthcare environment. As well, this result is supported by Fathi et al., in 2015 who stressed that the nurses' communication barriers are multisource that found in the work environment and work activities and the communication parties themselves. [3,6,9,13]

One of the most common barriers encountered nurses in health communication is their limited training in using proper strategies in communication with patients and families such as listening, focusing or assertiveness. Also, many nurses provided intervention, counseling, health education and caring without using the principles and different types of therapeutic interaction and empathy. Lack of nurses' preparation with skills, knowledge, and experiences in the communication aptitudes, is the most obvious difficulty confronted nursing field in this era. Furthermore, language nature, type, and jargons considered other hinders for effective communication. Abilities, initiation, self-confidence, self-responsibility, Deficiency in cooperation and interviewing skills are others factors that may limit the effectiveness of nurses communication. [9, 10, 13]

Other types of barriers represented in the patients and their families are: culture variations, level of education, health belief, and level of acceptance of the disease, nature of signs and symptoms, and language misunderstanding. It is evident that patients' complains are obvious factors affecting healthcare communication, such as pain, vomiting, psychological problems, headache, cough, and anxiety. Moreover, sensory, physical, social and physiological needs are strong provoking factors that may affect negatively on patient communication with nurses. [13, 14] As well, the experience of seeking help, which is a regular experience with geriatrics and patients with chronic illness, is a continuous source of stress and considered a burden physically and emotionally for both patients and families. [6, 15] Additionally, all types of patient disabilities; socially and physically put remarkable obstacles in hindering patient and nurse-communication. Furthermore, religion and ethnicity may contribute unconstructively with effective communication of the nurses. [9, 13, 16] Further common communication barriers that affect nurse's communication with the patient, those presented with peers and colleges.

The absence of teamwork and sense of cooperation may be a big difficulty to establish the nurse-patient communication. These difficulties may affect job motivation, satisfaction, and retention. [13, 15] Likewise, many research studies agree that the work atmosphere, healthcare setting, and environment considered apparent factors and may develop strong barriers to nurses' communication. Routine policies, procedures, available spaces, managerial dynamics, organizational culture, role modeling, and enough facilities and resources, are the major aspects that influence on nurse communication with the patient. [3, 13, 17] Moreover, healthcare centers in KSA are the common healthcare settings that focused on providing primary health-care

activities, health counseling, and referrals. Language variability influences nurses' communication frequently which is documented in those health-care centers and leads to poor contact and availability of healthcare advice, ineffectiveness supervision, and inadequate health education and referral services. [4, 18]

Hence, all previous nurses' communication barriers vary from population to another and from the community to another. But there are some facts that: nursing has traditionally been an invisible profession almost as if playing in the dark and it is our time to turn on the field lights and remove all obstacles that may hinder the progress of our field paradigm. Nursing is moving towards a model where bright and respected professions can. Nursing education has a key responsibility in ensuring that nursing curricula is enabling rather than disabling about nursing students, registered nurses and patients or within society, more generally. [19, 20]

The Kingdom of Saudi Arabia (KSA) has an intense shortage of nursing professionals while there is an observable current rapidly development in health care services and workforce. Different nationalities, races, and languages of the healthcare professionals are expected to be observable factors that may hinder or facilitate health care system growth in KSA. These factors have to be investigated and determined to overcome any hindering one, but with maintenance of the conventional Islamic values of KSA community culture. With different ethnicities, races, and foreign traits and habits, nurse's communication barriers will be increased, and community health nursing discipline should have the initial step for investigation and treatment of such problems.

#### **Significance of the Study:**

Healthcare centers in KSA play a significant role in health promotion, disease prevention, immunization, chronic illness care and maternity and child health care. Community nurse in such centers have different roles and deal with various populations, but nurses' communication is still suffering and encountering numerous barriers. On the other hand, nurses are the professionals, who should give high qualified care with very effective communication. The current study highlighted the communication barriers among nurses, particularly in healthcare centers from patients' perspectives. This study is beneficial for both, patients and nurses. The patients are our target and, their perceptions and opinions considered the guide for us to discover our pitfalls and providing us the tools for healthcare reform. Additionally, awareness of nurses' communication barriers will enable nursing sector in KSA, to develop suitable strategies for correction and train nurses to overcome such barriers. Consequently, the present study aims to determine patients' perceptions about nurses' communication barriers in healthcare centers in KSA. Patients' sights are significant to provide us alarm for repair, develop and improve nursing performance and communication in healthcare centers.

#### **Research Questions:**

1. What are nurses' communication behaviors in Healthcare Centers from patients' perspectives?
2. What are nurses' communications barriers in Healthcare Centers from patients' perspectives?

3. What are patients' suggestions to overcome nurses' communication barriers in Healthcare Centers?

## **METHOD**

**Settings and sampling:** Cross-sectional, descriptive exploratory design is used in three health care centers: East Afif, West Afif, and North Afif centers that are in the governor of Afif in the Riyadh city, KSA. Permissions to conduct this study were officially obtained from the respective principal of each healthcare centers. Study participants were selected by a stratified proportionate random sampling technique in the three healthcare centers, and the least sample size required is 270, which determined by epidemiological information statistical program from the three settings. Therefore, 300 patients (100 from each healthcare center) was selected by systematic random sampling. They were recruited in the study sample according to some inclusion criteria. This inclusion criteria in terms of: both sexes, having a certain complaint to seek healthcare, able to read and write, age from 18 to 60 years old, alert, able to communicate, have experiences in dealing with nurses in the healthcare center, ready to be involved in the study and signed a written informed consent. For data collection, subjects were asked to fill a self-report questionnaire on an individual basis, In the presence of the researcher to give clarifications or explanation for any vague questions. Therefore the researcher presented in the healthcare centers everyday morning, for two months. Participants were reassured for data confidentiality by anonymity procedure.

**Study tool: The Health Communication Feedback questionnaire (HCFQ)** which was established in 2006 by Yorkshire Cancer Network [22] to assess clients' feedback about nurse communication. This tool was modified and translated into Arabic by Fathi A., in 2011[8] Then, tailored again by Fathi A. et al. in 2015 [6] by adding some clarifying questions about communication barriers. It involved a five-point Likert with twenty-four items of measurement. The scale ranged in between 5 points of response: strongly disagree = 1 and strongly agree = 5. The total score of this tool is 120; high scores were representing positive patient's feedback about nurse' communication (from 61 to 120). The items of measurement were about nurses' attention, the simplicity of language, verbal and nonverbal expressions, accept and respect of a patient, use confidence and the value of data given ...etc. There are four questions about barriers types and other four of client's suggestions. The researcher checked the tool for validity by a jury of four experts in community health nursing, nursing education, administration, and health education fields. Also, reliability was calculated using the Cronbach Alpha Reliability Test on seventeen patients out of the study sample, and revealed accepted value (0.74). A pilot study was implemented on thirty patients who were excluded from study subjects.

## **DATA ANALYSIS**

Data was entered, coded, calculated and analyzed using a PC with Statistical Packages for Social Science (SPSS, 20), Version 10.0 for Windows. The results were estimated,

tabulated & calculated using numbers, percentage, and arithmetic mean and mean average scores.

## RESULTS

**Table I** clarifies that exactly there is an equal proportion (33.33% is one third) was recruited from each health care center. About 56% of the study sample was in their fourth and fiftieth. About two-thirds of the subjects (63.33%) were females. As well, more than one half of them (54.66%) were married and similar to this percent of study participants (37% and 15%) were Saudi and Jordanian patients. Also, about two-thirds of participants (33.66%, 29.33%) had a moderate and high education. As well, more than one half of them (26.66 and 24.66) were employees and farmers. Additionally, more than one half of them (51.66%) came to the health center with acute complain while about the same percent (48%) visited the center monthly.

Table I: Participants profile.

Participants profile	Total (n= 300)	
	No	%
<b>Visited Healthcare center</b>		
West Afif health center	100	33.33
East Afif health center	100	33.33
North Afif health center	100	33.33
<b>Age</b>		
18 ≤ 30	55	18.33
30 ≤ 45	78	26
45 ≤ 55	81	27
55 ≤ 60	86	28.66
<b>Gender</b>		
Male	111	37
Female	191	63.66
<b>Nationality:</b>		
Saudi	111	37
Jordanian	45	15
Egyptian	30	10
Sudanese	45	15
Pakistani	34	11.33333
Syrian	35	11.66667
<b>Social status</b>		
Married	164	54.66
Single	42	14
Divorce	37	12.33
Widow	57	19
<b>Education</b>		
Low literacy♦	54	18
Moderate literacy ♦♦	101	33.66
High literacy♦♦♦♦	88	29.33
High education♦♦♦♦♦	57	19

<b>Job</b>		
Worker	56	18.66
Employee	80	26.66
Farmer	74	24.66
Retirement	34	11.33
Unemployed	56	18.66
<b>Health Complain</b>		
Chronic problem	56	18.66
Acute problem	155	51.66
Pediatric problem	46	15.33
Surgical Wound	42	14
Dental problem	25	8.33
Got monthly medication	32	10.66
<b>Frequency of visits</b>		
Every 2-3 month	45	15
Monthly	144	48
Every 2 weeks	35	11.66
Every week	23	7.66
Every 2 days	21	7
Daily	32	10.66

♦=Read & write ♦♦=Primary and preparatory school ♦♦♦♦=Secondary school ♦♦♦♦♦=Faculty certificate

**Table II** illustrates males and females subject's feedback about nurse communication. The bold items are the negative communication behaviors. Almost all of the male and female study subjects perceived agreement and have positive attitudes for the presence of positive behaviors in nurses' communication such as: Receiving of suitable greeting, Nurses' communication put the patient at ease and Nurses provide helpful written information (red color behaviors). As well, the majority of male and female study subjects perceived disagreement and approved absence of almost all of negative behaviors (bold font) in nurse communication. Except in two behaviors: "Communication was interrupted by phone calls" and "The same information was given without any additions", considerable percents of both participants groups; male and female (25% and 28% for male) and (20% and 30% for female) found those negative behaviors happen among nurses. (blue colors behaviors)

Correspondingly, in general, all study subjects reported agreement and have a positive perception of nurse communication in the three health care centers. They perceived all good behaviors and didn't find the negative ones with nurses' communication. Respectfully, table II answered the first research question.

Table II: Patients' perceptions regarding nurses' communication behaviors in Healthcare Centers. (According to participants' gender)

Patients' Communication feedback	Males (n= 111)		Females (n= 191)	
	Agree	Disagree	Agree	Disagree
	%	%	%	%
1. Receiving suitable greeting.	<b>98</b>	<b>8</b>	<b>100</b>	<b>0</b>
<b>2. I feel not free to speak like an equal.</b>	10	90	3	97
3. Did not maintain appropriate eye contact.	79	21	86	14
4. Communication with him/her put me at my ease.	<b>99</b>	<b>1</b>	<b>98</b>	<b>2</b>
5. Encourage me to ask questions.	77	23	95	5
<b>6. I did not trust the person who was talking to me.</b>	11	89	14	86
7. Give information in a clear and understandable manner.	90	10	88	12
<b>8. Communication was interrupted by phone calls.</b>	<b>25</b>	<b>75</b>	<b>20</b>	<b>80</b>

9. I felt rushed and hurried.	0	100	9	91
10. I was asked about my feelings as well as my physical health.	79	21	86	14
11. Communicate in a manner that was open and honest.	93	7	91	9
12. I received helpful written information	98	2	100	0
13. Communicate using appropriate body language.	11	89	95	5
14. Communicate without paying attention to me.	8	92	20	80
15. Showed emotions appropriate to the content of the conversation.	91	9	88	12
16. Talked to me like if I was not there.	11	89	6	94
17. Give alternatives to help me talking important decisions.	93	7	86	14
18. The same information was given without any additions.	28	72	30	70
19. Communicate in a routine and robot manner	12	88	4	96
20. I was not given the information I wanted.	6	94	20	80
21. Given enough time & encouragement to voice my concerns.	88	12	90	10
22. I was not encouraged to express my ideas.	10	90	12	88
23. I was given too much information to deal with all at once.	2	98	1	99
24. Show rigid in communication with loud voice	14	86	11	89

Table III describes nurses' communications barriers in Healthcare Centers as perceived by study subjects that answer the second research question. Concerning the first rank barrier (according to clients' response rate) as perceived by study subjects: barriers in patients themselves, which are including four major barriers (red color) respectively out of seven that mentioned by high percents of the subjects. Almost all of the subjects (88.33%) mentioned that the disease process in a patient might hinder nurse communication, followed by language difficulties that reported by more than two third (70.33%) of subjects. Then, about two thirds (66%) of them found psychological complain (Anxiety, social isolation & graving) is an observed barrier to nurse communication. In the last rank, about two thirds (59.33%) of participants reported that physical complains (Cough, pain, vomiting, fever & colic) are another strong communication barriers regarding patients themselves.

About, the second ordered barriers that perceived by study subjects, and represent the nurses themselves, such as; poor communication skills and inadequate time for

communication, correspondingly two barriers out of five (red color). These barriers are the most apparent barriers perceived by about two-thirds of patients (74.33% and 72.33%).

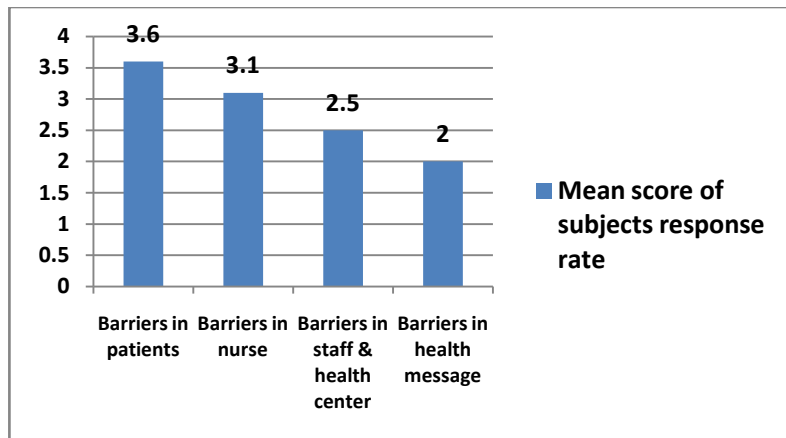
For the third rank perceived barriers that regarding staff and health center, There are three recognized barriers by participants out of five (red color). Work crowdedness, noise and uncooperative routine system of management were the major determined barriers as perceived by study participants (37% and 43.33%).

Finally and for the fourth perceived barriers type that is included in nurses' health message. The major apparent barriers were two out of five (red color). The study participants found that nurses' health message may be not related to client need as mentioned by approximately half (48%) of them. Moreover, about one third (32.33%) of the study subjects reported that nurses' health message involved terminology which hinders their communication understanding.

Table III Nurses' communication barriers in Healthcare Centers from patients' perspectives. (Barriers are ranked according to the patients' response rate)

Nurses' communication barriers	n= (300)	%
<b>A. Barriers in patients and their families: first rank with high percents of responses</b>		
1. Cultural diversity	75	25
2. Language difficulties	211	70.33
3. Lack of trust in nurse	89	29.66
3. Poor attention and misconception	56	18.66
4. Poor cooperation	47	15.66
5. Disease process	265	88.33
6. Physical complain (Cough, pain, vomiting, fever & colic)	178	59.33
7. Psychological complain (Anxiety, social isolation & graving)	198	66
<b>B. Barriers in the nurse: second rank with moderate percents of responses</b>		
1. Poor communication skills	223	74.33
2. Poor knowledge base	89	29.66
3. Have no time	217	72.33
4. Overload with nursing activities	97	32.33
5. Poor personality traits	54	18
<b>C. Barriers in staff and health center: third rank with moderate percents of responses</b>		
1. No team work & no cooperation	55	18.33
2. Inadequate communication means (computers, bulletins with instructions)	78	26

3. Insufficient policies & rules for communication	81	27
4. Work crowdedness & noise	111	37
5. Uncooperative routine system of management	130	43.33
<b>D. Barriers in health messages: fourth rank with moderate percents of responses</b>		
1. are not related to client need	144	48
2. are vague and not understood	35	11.66
3. are not attractive or motivating	23	7.66
4. are involving terminology	97	32.33
5. are involving sensitive meaning (maternal topics & family planning)	32	10.66
Each participant gave more than one answer		



**Figure (1)** Rank of mean score of study subject's response rate for all different types of nurse communication barriers

Figure (1) illustrates the rank of the mean score of study subject's response rate for all different types of nurse communication barriers. The first rank involves the barriers in patients, and the last is the barriers to nurses' health message.

According to table IV, there is a clear answer to the third question of the study. The table shows the suggestions of the study participants to overcome the nurses' communication barriers in healthcare centers. Considerable percentages of the subjects (28.66%, 37%, 63.66% and 54.66%) found that

(red color) increasing of patient-nurse cooperation, training of nurses on communications skills in health centers and considering that in nursing curricula, and decreasing nurses' workload, are the significant solutions to overcome nurses' communication barriers in healthcare centers.

Table IV: Subjects suggestions to overcome nurses' communication barriers in Healthcare Centers.

Subjects suggestions	n= (300)	%
1. Increase Saudi nurses recruitment	55	18.33
2. Use Arabic language in communication	78	26
3. Recruitment of bachelor and professional nurses	81	27
4. Increase patient- nurse cooperation	86	28.66
5. Train nurses on communications skills and include that in nursing curricula	111	37
6. Decrease nurses' workload	191	63.66
7. Put policies for proper communication between nurse and patient	164	54.66
8. offer enough facilities for communication	42	14
9. Decrease noise and rooms crowdedness	37	12.33
10. Provide all information without terminology, sensitivity, and vague data	57	19
Each participant gave more than one answer		

## DISCUSSION

The Kingdom of Saudi Arabia passed through a vast era of growth and improvement in different healthcare services by Islamic beliefs. Islam obligated all health care practitioners dealing according to its values and rules and all Saudi

citizens and none Saudi, are consequently broadly influenced by it. In healthcare centers, community health nurses are expected to consider a wide range of communication skills to attain this significant role. [23, 24] Furthermore, in healthcare centers, the nurses have to be ascertained that she/he realizes the existing health challenges in such Islamic circumstances and its relation with the rapid development in KSA's healthcare system.



The first challenge encountered the community health nurses, is the communication competency. This competency will help them in carrying out public health interferences and meet the population health requirements. [25, 26, 27]

The current study provided special views about nurses' communication and its barriers as from patient's insights in healthcare centers. Because and according to literature review there are a few studies in such community health settings, particularly in rural places such as Afif governor. The following results will provide enough required details, to answer the first question of the current study. Firstly; the study highlighted that the most of all participants from both sexes have positive insights regarding nurses' communication in the healthcare centers. This result is congruent with the nature of kindness and cheerfulness of Arab population in KSA governors. Healthcare system in KSA, particularly, in the nursing field, attracted a workforce from different nationalities and consequently, they do their best to be retained in their jobs. While they are facing some difficulties such as limited staff, over-load work and time constrain, they have got patient confident views.

In the same line with this result, AbuRuz in 2014 conducted a comparison between Jordanian and Saudi nurses about the impact of stress and work burdens on job satisfaction. He found that although health staff is exposing to workload stress and staff shortage, they got better perceptions and appreciation of patients. Moreover, Fathi A. et al., who conducted a study in Egypt in 2015, discussed that the patients recognized the real and great effort of the nurses in healthcare services. Additionally, nurses communicated positively with patients with open, attractive and honest way. [6, 28] Patient's appreciation for nurses' communication behaviors was apparent in many pieces of evidence, even the nurses still incompetent communicators. Contradicting to this point, Aghabarari et al., in 2009, recommended that even the patient accept the nurses as healthcare professionals to meet their needs, patients perceive many difficulties in communication interaction. [29] In general, nurses are the key resource of support and carrying out the responsibility of caring and advice. Therefore, patients appreciated this role with awareness; even nurses' have some communication obstacles.

Considerable percentages of patients in both sex groups disagreed about some of the nurses' communication behaviors such as "Communication was interrupted by phone calls" and "The same information was given without any additions." This result was expected due to an overload of nurses' work and advancement in using technology in patient management data. Furthermore, and, up till now, nurses didn't use communication skills competently and had no enough time to prepare themselves for this role. [6, 29] Congruent with these perceptions, Abdel Mohsen in 2009 reported that healthcare professional requires practical and clinical training on the art of communication and how to concentrate in their communication without interruptions and with sufficient time. [13] Furthermore, and support to this point, Saudi nurses involved in patient care activities and managerial activities that put them in a great burden during their communication and let them without enough time for this communication. They involved in all health-

care work aspects, practices and productions plus administrative activities as discussed by Alshmemri in 2014. [30]

Concerning the findings that answer the question two of the study which about, nurses' communications barriers in Healthcare Centers as perceived by study subjects. The first type of barriers that reported by the patients was about themselves. Almost all of them mentioned that the disease process might be a hinder of the nurse-patient communication process, followed by language difficulties, then, psychological complain (Anxiety, social isolation & graving), and the fourth barrier is the physical complain such as a cough, pain, vomiting, fever & colic. Study participants found that their barriers are greatly affected nurses' communication; therefore, the management of those barriers will be mutually managed from the two sides, nurse and patient. In the same line with this result, Pino et al., in 2013 and Li et al., in 2012 illustrated that there are several communication barriers may result from widespread aspects in between nurse and patient, which may bound to personality features. Difficult language in the daily routine of healthcare activities, different culture, age, and gender diversity, are the most apparent factors may have a great effect on proper communication. [32, 33] Most of the Saudi patients in healthcare centers commented on their language which is not familiar with most of the nurses 'language fluency, even they are Saudi. Not only due to various verbalization and pronunciation manner, but also, due to different rural native speech modes.

Also and harmonious to the previous patient's views, Aghabarari et al., in 2009, clarified that patients' complains from illness such as fatigue, anxiety, pain, dependence, and stress are most common factors that block healthcare communication. Sometimes and under stress, patient and family can't recognize nurse's responsibilities and to which extent she/he is overloaded, and consequently, misconceptions are taking place. In contrast to the current result, the same authors discussed that it is the role of the nurse to accept patients' suffering and manage all patients' needs and problems to attack all communication barriers. [29, 30]

As regards, the patient's perceived barriers in nurse's communication concerning nurses themselves, as the second type of barriers; participants recognized that nurses may have limited communication skills and lacked educational preparation in this aspect. Additionally, patients reported that nurses have insufficient time to handle patient-communication properly. These findings are objectively represented a common communications' problems among nurses. Matching to patients' perspectives in this aspect, Norouzinia et al., in 2016, stressed that nurses acquired curricula that included theoretical and practical scientific content which may be lacked to real communication experiences, therefore, nurses, still cannot apply communication basics in reality.[9,13] Similarly, Fathi et al., in 2015 found that nurses in different healthcare areas can't use effective communication skills such as active listening, focusing, clarifying and implementing empathy, because, they have a serious limitation in communication skills and have inconsistency between their educational

preparation and real application of those valuable skills. [6, 9] Contradictable to this view, Mani in 2017 stressed that the professional nurse couldn't carry out nursing role and fit job duties without effective using of communication skills clinically. Therefore, all nurses have some communication skills, but they didn't aware how to activate them. [12]

Moreover and particularly, in KSA, and due to our strict culture that is strictly tied with Islamic beliefs and values, the majority of Saudi female patients found some verbal and non-verbal communication is not suitable to their Islamic obligations, such as touch, uncovered face, or some non-verbal cues. Furthermore, in our Saudi Islamic culture, females as patients or nurses, in most of the time, covered their head and face during communication. Therefore, some difficulties may happen such as misunderstanding, vague speech, denial of some communication aspects, no eye contact and low voice with disturbed phonetics. [21, 34] Culture and religion are the most evident factors that can affect communication in healthcare centers and hinder implementing of communication skills which were taught to the nurses before in their previous education.

Furthermore and in the same track and past decade, stock in 1997 reported that despite the efforts of nursing schools in teaching communication skills and training them, nurse-patient communication continues has obstacles and lacks competency. Accreditation guidelines in communication science, principles of communication and health education or counseling must be integrated and implemented in the nursing curricula. [35]

For the patient's perceptions toward that nurses have a time constrain for managing good patient-nurse communication, this idea was discussed by many studies which approve this perception. Congruently with this issue, Park & Song in 2005 clarified that nurses are continuously overloaded, and almost all of the healthcare setting suffered from an intense shortage of nurses. Therefore, time constrain is an expected barrier that without any doubt, is a tangible barrier to nurse-patient communication. Moreover, in 2009, Abdel Mohsen discussed that nurses have huge responsibilities and work burden that affected negatively on client communication. [13, 36] In healthcare centers, particularly, in rural areas such as Afif governor, in KSA, nurse responsibilities are increased, because the number of nursing workforce is decreased and places of healthcare are very limited in such areas.

Emphasizing the third type of nurses' communication barriers that recognized by the study subjects, were regarding staff and health setting (healthcare center). Work crowdedness, noise and uncooperative routine system of management were the noticed barriers as perceived by patients. Of course, the healthcare environment and healthcare team considered the corner stone's for nurse-patient communication and may be positively encouraged communication or negatively suppress it as understood in current result. In the same line with this result, Fathi et al. in 2015 explained that the deficiency in facilities and tools for health communication, too many disturbances, and over-crowdedness in the work area, lack of suitable rules and regulations in healthcare settings about patient

communication are observed difficulties that face healthcare system in general in communication issue. [6,9,33] Even in waiting areas in the healthcare centers, nurses may not find a suitable environment for discussing care and treatment issues with patients. Consistently with this insight, many types of research documented that there is no suitable environment in healthcare areas to support nurse-patient communication. But and incompatible with current finding, Collins R. in 2014 recommended that the positive patient outcomes, motivation, communication, satisfaction, and commitment are found, if we have prepared, and positive care environment. [6, 37]

The fourth type of nurses' communication barriers that was determined by study subjects is how the nurse was dealing with a health message. The majority of the subjects found that nurses' health message may be not related to clients' need and it might involve terminology which hinders their communication. Fitting, the subjects' views, Fathi in 2015, discussed that patients found messages' barriers among nurses were represented with jargon and difficult terminology that of course, lacked in attraction and interesting or understanding. Inconsistent with this view, Baraz et al. in 2010, described that health message must be clear attractive; patients' based need, to the point and goal-directed. Language, culture and nurses' experiences are important factors that should be considered in developing healthcare messages. Therefore, in community health nursing and especially, in healthcare centers, health messages are the weapons that fight the disease complains among patients. Furthermore, and mismatching to the previous participant perception, health communication messages required to be emphasized on patient concerns without any unneeded details. Particularly, the informational messages must be developed by nurses with careful preparations for grammar, clarity, objectivity, simplicity, and credibility. [6, 37, 38] Handling health message may be a shard barrier among patient and nurse. In the side of the nurses, they should have enough knowledge, skills, and experiences to tailor the health messages to patients' needs. From the side of patients, they should try to understand carefully, build trust on nurses and consider cultures and languages variations.

Consequently, nurse-patient communication ought to be considered carefully by both nurses and patients. Both must be understood that is shared experience and to reach healthy promoting behaviors and high quality of healthcare services, mutual understanding of must taken place among them. [12, 39] Finally, as regards the answer to the third question about patients suggestions to overcome nurses' communication barriers, the following part gave enough details. Significant percentages of the study subjects reported: increasing of patient-nurse cooperation, training of nurses on communications skills in health centers and considering that in nursing curricula, and decreasing nurses' work-load. These were the significant solutions to overcome nurses' communication barriers in healthcare centers; from patient's perspectives.

Similarly to patients' points of views, Albougami in 2016 illustrated that nurses are necessitated to attend teaching programs about culture and religion communication



consciousness. [21] Moreover, Abdel Mohsen in 2009, Mrayyan in 2007 and Mani in 2017 clarified that nurses in Arabian countries suffered from an obvious limitation in practicing communication skills, not communication knowledge. All those authors stressed that nurses took valuable courses about communication in their nursing schools but still there is a discrepancy between what are they have been taught and what are they implemented with patients.[11,12,21] As well, Heaven et al., in 2006, found that the nurses have been already educated to use communication skills and to be effective communicators; but, they never applying these skills with their patients in real clinical practice.[40] Correspondingly, In Iran Rejeh et al., in 2012 recommended that nurses should be obtained educational programs that focused on spiritual religion, culture, norms and concepts, role modeling in real patients situations. [41] Training on communication skills among nurses should be simulated first in nursing labs for several times and then letting nurses practice those skills in reality. Moreover, and fitting to patient's perceptions in this point, various evidence found that raining nurses on communication, in reality, decreasing nurses' workload, assignments, and administrative burden, may affect positively and support constructive communication in between nurses and patients. Teaching nurses to find enough time for explanation, clarifications and proper persuasion their patients, is the target of communication teaching programs. Finally, and most important solution, cooperation must be taken from both sides; nurses and patients, particularly to overcome religious, culture and attitudes misunderstanding. [13,21, 36]

## CONCLUSION

The current study puts a spotlight on a significant healthcare problem in KSA, especially in the rural sector. It concluded that patients in healthcare centers had accepted views regarding nurses' communication behaviors in healthcare centers. While, they perceived some barriers in this communication, such as 1- Barriers in the side of the patients which including; the disease process, language difficulties and physical and psychological complaints like pain, fever, anxiety, and graving. 2- Barriers in the side of the nurses which involving; limited communication skills and insufficient time. 3- Barriers regarding staff and health care center environment which containing; work crowdedness, noise and uncooperative routine system of management. The last type of barriers is, 4-Barries in dealing with health message which representing in that the nurses' health message may be not related to clients' need and it might involve terminology which hinders their communication. On the other hand, the study participants provided some suggestions to overcome the previous barriers, for examples: increasing of patient-nurse cooperation, training of nurses on communications skills in health centers and considering that in nursing curricula, and decreasing nurses' workload.

These results highlighted that community health nurses in healthcare centers have some communication barriers which may negatively affect their performance. Moreover, patients illustrated some solutions which should be taken into considerations among stakeholders and nursing curricula planners in KSA.

## RECOMMENDATION AND FURTHER STUDIES

The major recommendations based on the current study are; the healthcare system in KSA should put into consideration the barriers to communication among nurses which reflected negatively on their nursing performance. The nurses should take in-serve training programs about communication skills, culture, religion norms and role models in simulated virtual environments or reality. Because of the practicing of these type of soft skills such as communication, is a necessary for Saudi nurses, efforts should be taken by all healthcare centers in KSA. The further studies that may be suggested are: replicate the current study on patients in hospitals in urban places. Develop and implement nursing curricula included real scenarios about nurse-patient communication skills. Develop and implement in-service training programs in various health care centers in KSA about effective communication skills but in simulated situations or with standardized simulated patients. Finally, descriptive studies should be developed in nursing colleges all over KSA regions to investigate the nursing curricula inclusion for communication skills theoretical, practically and clinically wise.

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