PERCEIVED NURSE-PATIENT COMMUNICATION BARRIERS BY NURSES IN CLINICAL SETTINGS

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Abstract:

Communication is the intrinsic nature of human which happens every day either intentionally or unintentionally Communication is the core of nursing and the cornerstone for quality nursing care. Barriers to the transmission of the information between nurses and patients affect information exchanged and nursing care. Nurse-patient communication begins when the nurse meets patients to identify health problem, set goals and mutually work together to achieve the goals.

The aim of the study is to uncover the perceived nurse-patient communication by nurses and the consequential effects on patient care in clinical settings. Two research questions were posed to achieve the aim of the study. 1) What are the perceived communication barriers by nurses? 2) What are the consequences of the barriers to patient care?

A literature review of the study was conducted to answer the research questions. The data collection of the articles was carried out using EBSCOhost Academic Search Elite, CINAHL, PubMed, and ScienceDirect. Inclusion and exclusion criteria were used to select ten (10) relevant articles to the research questions. Imogene King Theory of Goal Attainment was used as the theoretical framework to explain potential communication barriers and impact on patient care.

The findings revealed that the barriers are patient characteristics, language and cultural, work environment and nurses' personality and proficiency. The consequential effects are adverse effects on patient health and care outcomes.

The study concluded that nursing is an interpersonal process that makes communication essential. Poor nurse-patient communication grievously affects patient care and their general wellbeing.

Keywords:	Communication, nurse, nursing , patient, barriers
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Table of Contents

Figure

Tables

ABBREVIATION

Nurse -patient communication - NPC

Health care practitioners – HCP

Theory of goal attainment – TOGA

1 INTRODUCTION

Communication is an integral part of humans' life either in verbal or non-verbal forms that begins at birth and ends at death. It is a means for exchange of information, knowledge, and for human relationships with one another. A nurse, who is a member in the healthcare system, is responsible to care for ill people who can speak or cannot speak and use communication to thoroughly assess patients' needs and meet them during nursing care (Vertino, 2014). Communication is a dynamic ongoing process by which a message is conveyed, interpreted and communicators share the same understanding of the message. An individual is a unique being that affects communication and reflects on the quality of the relationships with the other participator(s). A person's ability affects communication and expression of oneself which brings about the need to adjust to suit the other individual in the interaction and the environment in which the communication occurs. A disability can compromise communication and poor communication affects patient care (Jootun & McGhee, 2011). Nurse-patient communication (NPC) starts whenever a nurse meets a patient either in the patient's room or during a consultation. It is an ongoing and dynamic process that occurs throughout the delivery of nursing care. Effective NPC at every contact with patients can positively impact patient care outcomes (Bramhall, 2014).

In the introduction chapter, the author has shortly presented the concept of the study. The background chapter disccuses about general aspect of communication and nurse-patient commnication. The theoretical framework chapter discusses about nursing theory that was used to discuss the study. The aim and objective chapter presents the aim of the research and the research questions used to investigate the study. The methodology chapter explains the methods of data collection and analysis. The findings chapter intepret the findings from the analysed data in categories and sub-categories. The discussion chapter discusses the findings using the theorectical frame and in relation to other articles. The last chapter is the conclusion chapter which includes recommendation and limitation and strength of the study.

2 BACKGROUND

Communication is derived from Latin word *communicare* which means to make common or to share. It is grammatically related to communion and community (Kourakos et al, 2017). Communication is the intrinsic nature of human which happens every day either intentionally or unintentionally. If one decides to talk or remain silent, it still indicates that such an individual is communicating because the silence, body movements and expressions are methods of communication (McCabe & Timmins, 2013 p.3). Communication is the prerequisite of any human relationship. Communication is used to convey messages and meaning about experiences and feelings originating from thoughts and daily activities of human beings. Health status affects the quality of life which makes communication very crucial (Henly, 2016). Communication is effective when there is no barrier to the conveyance of the message that is the sender who is the encoder sends the message in a way that the meaning of the message is understood by the receiver; the decoder (Fleisher et al. 2009; Newell & Jordan, 2015).

However, there are studies on NPC barriers perceived by both patients and nurses. A study to explore nurses' perceptions of difficult communication by Sheldon et al. (2006) indicated that the nursing situation between nurses and patients emerged as a difficulty to NPC. In the study of Citak, Toruner & Gunes, (2013) conducted in pediatric hematology, the pediatric nurses experienced difficulties starting and ensuring communication with children in the ward and their families which resulted to ineffective communication. This study affirms that effective communication is considered overtime as a necessity in nursing care. It enables nurses to perform their roles as case managers, educator, and an active member in the healthcare team. In the pursuit to establish effective communication between nurses and patients, it is important to identify barriers and overcome them thereby enabling nurses to meet patients' needs responsively and efficiently (Jahromi & Ramezanli, 2014). The variability in people which shaped an individual's world views, perceptions and attitudes cause the difference in communication styles (Simons & Roberson, 2002). Fleischer in his work claimed that communication gives the opportunity of self-perception to an individual by consciously or unconsciously expressing emotions and memories to others (Fleischer et al., 2009).

Communication is not only for nurses to understand, respect and respond to patient's needs to give patient-centred care but to establish a good nurse-patient relationship (Caris-Verhallen, et al, 1999).

2.1 Concept of communication

Communication is the process of transmitting information and common understanding from one person to another (Lunenburg, 2010). It is a dynamic process which implies that it is characterized by growth and development. When two same people communicate over time, it is not the same as it was the first time because individuals bring into communication their past experiences, thoughts, perceptions, attitudes. Communication is systematic in that its component is affected by the other components such as the sender, the nature of the message, the goal, the channel/medium, the context/environment, the receiver and the feedback affect one another. If there is a disturbance at any stage, it affects others. Communication is interactive and transactional because it involves an exchange of information and ideas between two or more people that come to the share and have common meaning of the information exchanged. Communication is the transfer of idea or information using symbols such as words, signs, pictures, sounds that are understood by both parties and have the same meaning to them (Rai & Rai, 2008 pp1-3).

2.2 Types of communication

2.2.1 Verbal communication

It is communication through words. It can either be spoken that is oral or written. Oral communication occurs in situations like face to face conversations, telephone chat, interviews, presentations, and meetings. The communicators are present, their body languages must be incongruent with their words and form the same meaning to both communicators (Rai & Rai, 2008 pp18-19). It is an effective way of establishing rapport and expressing one's emotions and thoughts. It has different forms such as intrapersonal which is to communicate within oneself. Interpersonal communication involves an exchange of message between two people. It can also occur in groups both small and large

for conveying information for group patient education or health promotion to improve health literacy (Boyd & Dare, 2014, p.20). The written communication conveys messages through writing depending on style, language, vocabulary and clarity. It is often used in healthcare to provide health information to patients about self-care, perioperative information etc. Information about patient health is written down to provide information to nurses' and other healthcare professionals (Boyd & Dare, 2014, p.21). The written form of communication can be transmitted to a long-distance through electronic media such as email, text messages and does not need the presence of the sender (Rai & Rai, 2008 p 19).

2.2.2 Non-verbal communication

Nonverbal communication is all types of communication through other symbols. There can be conscious and unconscious use of non-verbal communication. It can be created and used consciously in written and oral communication such as the use of graphics in messages, presentation to add quality and clarity. Non-verbal methods such as signs, facial expressions, gestures, body posture, touch, head nodding, space and eye contact can also be consciously used to enhance the speech. Communication can occur through non-verbal methods even when there is no verbal communication (Rai & Rai, 2008 p.22). It conveys numerous messages than verbal communication. In nursing, the use of touch if appropriately used conveys the empathy, care, compassion and warmth. Sitting with relaxed arms in the same level with the patient can convey a message of interest and openness to patients (Boyd & Dare 2014, pp.20-21).

2.2.3 Visual Communication

It uses the visual display tools to transmit information such as posters, photographs and all visual information display systems (Boyd & Dare, 2014, p.21).

2.3 Models of communication

The models explain the communication process. The linear model of communication is devised by Shannor & Weaver (1949) and known as a mathematical model of communication. It is a simple linear model that involves a sender transmitting a message to the

receiver without any feedback. It has five main parts namely the message source, transmitter, carrier or channel, receiver, and destination. It is communication that occurs between two people but only a person transmits information at a time while the receiver receives and absorbs the message. The role may change from receiver to sender and vice versa, and it is called a one-way communication (Shannor & Weaver 1949: Boyd & Dare 2014 pp. 2-3). Nurses unconsciously use the linear model of communication because they are busy than to pay attention to patients' concerns or lack of time to listen attentively. This one-way communication gives the nurse the power to control interaction and often use when they are busy. This model has its consequences because the patient who is supposed to be at the centre of the care model is not recognized hence, this makes it difficult to create a nurse-patient relationship (Mc Cabe & Timmins, 2013).

Interactive model of communication is a slightly complex communication process that requires both the sender and receiver to interpret the message. It is a two-way process where both the sender and the receiver provide and receive either verbal or non-verbal feedback during an interaction. In the model, the participants actively take rounds to speak and listen to each other. The quality of voice, pitch, accents, gestures, tone and expressions can affect the message and both participants need to find a common ground to have good interactive communication (Boyd & Dare 2014 pp.4-5). The transactional model of communication is a model that recognizes communication as a reciprocal and simultaneous process. Participants are communicators, not sender and receiver. It is not a one-way process but an ongoing, complex and dynamic process that acknowledges the impacts of intrinsic and extrinsic factors on the communication process (Mc Cabe & Timmins, 2013). Communication is affected by an individual's own field of experience such as culture, gender, history, personal values, social values, and experience. Nurses need to understand that everyone brings field of experiences into a conversation and they may overlap and share common experiences, or may not which can make understanding, interpreting and giving feedback difficult (Boyd & Dare 2014 pp. 5-6).

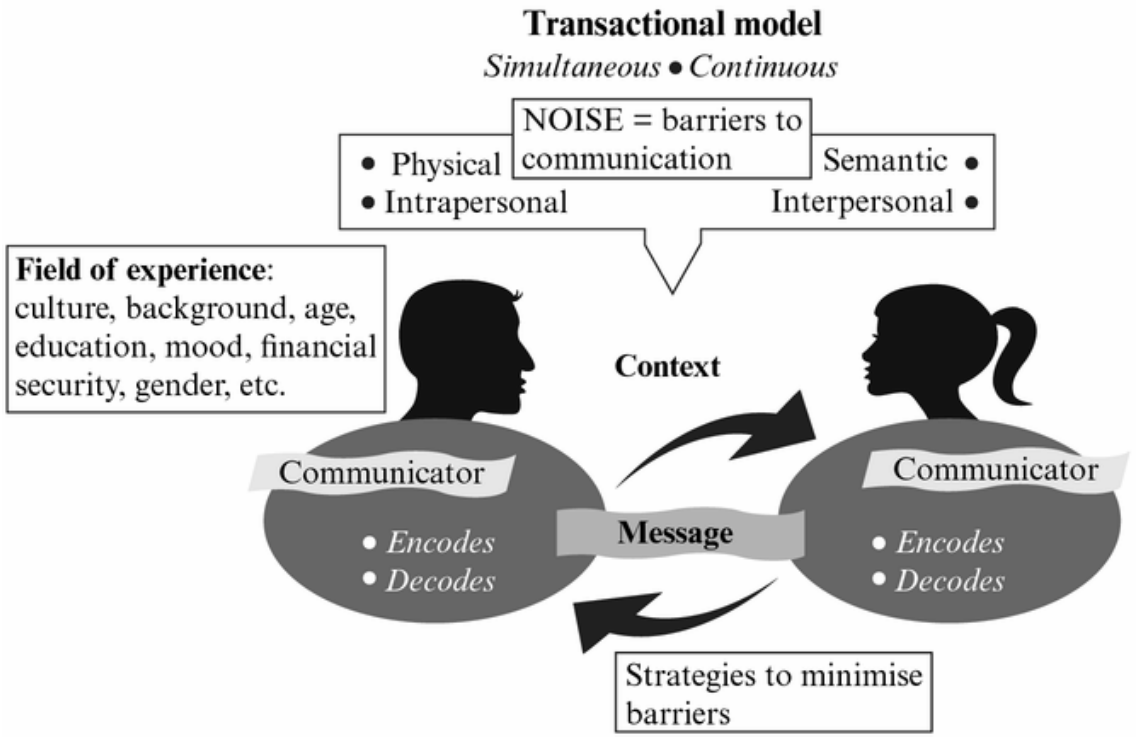

Figure 1: Transactional model of communication

(Communication theory and its applications in nursing and healthcare, 2020)

2.4 Nurse

According to ICN (1987), a nurse is a person who has been prepared by completing a standard nursing education and authorized by the appropriate regulatory authority in the nurse's country to carry out the general scope of nursing practice involving full participation as a member of the health care team, health promotion, prevention of illness, care for patients in all health care and community settings, health care teaching, transfer knowledge and participate in research. Nurses collaborate with other health care professionals (HCP) and other divisions of public service to carry out the duties of planning, implementation and evaluation to ensure the adequacy of the health system for health promotion, prevention of illness and provision of care to the ill and people with disability.

Clinical nursing career is a continuum; that is progress from basic nursing education and work experience. It progresses from a bachelor's degree which is referred to as Registered nurse. Specialist training or continuing education will give specialist nurse. Mas-

ter's degree and Academic postgraduate degree (Report: New roles for nurses - Suomen sairaanhoitajaliitto ry, 2020 p.32).

2.5 Nurse-patient communication

Communication between nurse and patient is initiated first by contact either by face-face, written or non-face to face method. The nurse needs to first win the patient's using the learnt effective communication skills (Kourkouta & Papathanasiou 2014). Nurses play a unique role in healthcare because they have more encounters with patients than other healthcare professionals which makes communication vital and the cornerstone of quality nursing care (Mullan & Kothe, 2010). Effective communication with patients involves understanding patients' perspectives of health and illness, give helpful information that will promote health to patient and grant patients the opportunity to be active participants in their nursing care.

2.6 Nursing ethics in nurse-patient communication

Nursing ethics are meant to guide nurses in their daily practices, set primary goals and values for the profession. Nurses are crucial members of the healthcare team and patient advocates. There are four main ethical principles for nurses and are autonomy, beneficence, justice, and non-maleficence. Nursing requires interactions with patients and sometimes with patients' families or relatives. Effective patient communication is the basis for good nurse-patient relationship and essential to provide ethical, high-quality care. A patient, who is an individual with own cultural values and beliefs, social values, language, and health literacy level and these relatively affect patient's health beliefs, ability to communicate and reactions in interactions with nurses. Nurses are expected to be aware of their responses and find balance when delivering patient care to have the best care outcomes (Haddad & Geiger, 2020).

3 THEORETICAL FRAMEWORK

The theoretical framework for this study is Imogene Martin King's theory of goal attainment. This theory was derived from her conceptual framework, interrelated and can be used to identify the purpose of nursing. A formal conceptual system of personal, interpersonal and social systems was established in 1981. The theory explicitly focusses on how nurses interact with patients to achieve health goals. There was a reformation in the concepts in which additional concepts were added and some were redefined until 2008 (Alligood, 2014a p.161). The three interactive systems identify persons as the basic element in each system. The personal system is denoted as a nurse or a patient. The concepts help to understand each human being as a unique person. Interpersonal systems are formed by two or more personal systems where two are called dyads and three personal systems are referred to as triads who are in interaction. A nurse and a patient who needs to be helped form dyad interpersonal system in nursing situation. The interpersonal systems can be understood by the concepts. The social systems in which religion, family, educational institution, and healthcare systems are examples that influence behavior of a personal system. The concepts of these systems create an understanding interaction inside and between the systems (Alligood, 2014b p.262).

King states that the domain of nursing includes human beings, families and communities as a context within which nurses transact with in natural environment having health as a goal. The linkage between transaction and health is human's behaviour which nurses must be able to observe, interpret and intervene in the behaviour domains to help a person or group cope with illness, health or crisis (Alligood, 2014a p.162).

3.1 Concepts of the Theory of Goal Attainment

a) **THE PERSONAL SYSTEM:** This system refers to human or person. The theorist describes humans as open systems, unique with varying needs, wants and motivations. They are logical, reactive, action and goal-oriented. Patients, family member, friend, clergy, nurses and other healthcare professionals are the examples of few individuals who interact in a nursing environment, (Alligood, 2014a, p.162) Some of the concepts for the system that can help to accept each person as a unique individual are perception, self, growth and development, body im-

age, personal space, learning, coping and time. Perception is the awareness that an individual's behaviour and decision are influenced by organizing and interpreting information from memories. Self on the other hands is the awareness of oneself which helps in understanding human behaviour. The subjective environment of an individual's mind. Self is a dynamic, action-oriented open system. Growth and development are processes of maturity in self which is influenced by the environment. It is the process that moves a person from a potential capacity for achieving self-actualization. Body image is the way a person sees own self and from others' reactions. Learning is evaluated by observing behaviours an individual exhibit from changes that have occurred in an individual's concepts, skills, symbols, habits and value. Time is the interval between one incident and the next. Personal space is the boundary, same, and exist everywhere (King 1981: Alligood 2014a pp.162-163). A nurse and a patient must accurately understand themselves to interact effectively. This implies that a nurse and a patient must have shared meaning of information exchange. The perception of differences in their personal systems is a potential barrier to understanding each other (Adib-Hajbaghery & Tahmouresi 2018).

b) **THE INTERPERSONAL SYSTEM:** This system emerged from interactions between two or more individuals. This theory is mainly about the interpersonal system between a nurse and a patient. It is very important to care quality because the nursing process starts with communication (Adib-Hajbaghery & Tahmouresi 2018). The concepts of this system are interaction, communication, transaction, role, stress and stressors. Interaction is established through communication which leads to perceptions development. The sustenance of the interaction is dependent on the judgement formed from the perceptions. Interaction characterized by a series of verbal and non-verbal behaviours that are purposefully for goals. Communication is a cornerstone for establishing relationships. It is the process of exchanging information from one person to another and it can be a verbal or non-verbal. A transaction occurs when there is a meaningful interaction between people and the environment to achieve goals. A transaction occurs when personal systems in interaction mutually identify goals and explore the means to achieve them. A role is determined by the social system in the interaction sys-

tems. The position in social system decides behaviour in-relation to a role. Stress is a transaction of energy and information between an individual and the environment to regulate the stressor to maintain physical, emotional, and mental balance. A stressor is a situation that causes stress (King, 1981: Alligood, 2014a p.163). Interpersonal is established from the interaction which is a process of communication and understanding between the parties in interaction. Communication is the basis for interpersonal system and an important requirement for a transaction to occur (Adib-Hajbaghery & Tahmouresi 2018).

c) **THE SOCIAL SYSTEM:** This system that defines social role, behaviours and practice to control practice and maintain values. Social systems include organization, schools, hospitals, skilled nursing facilities, etc. Interactions with social systems affect human behaviour. These concepts are organization, authority, power, status, and decision making. The organization is a system which has organized activities to achieve set goals. Power is the ability to achieve goals by effectively and efficiently use organizational resources. Decision making is a process of identifying and choosing from perceived alternatives to make a goal-directed choice and individuals or group act appropriately to achieve the goal. Authority is a transactional process that is influenced by an individual's values, background and perceptions to define validate and accept other people's directions in an organization. Status is an individual's position in an organization (King, 1981: Alligood 2014a pp.163-4).

King's conceptual system gives structure and function for nursing. The concepts assume that persons, environment, health, nursing, and systems offer as an orientation of holism and dynamic interaction, state health as the goal of nursing which actively include the patient (individual, family, or community) in decisions about setting goals and the attitude necessary to achieve health goals (Alligood, 2014a, p.164).

The basic propositions of the theory are (a) if there is accurate perceptions between nurse and the patient, transactions to occur (Alligood 2014b, p.264). Perception is an important prerequisite for fostering nurse-patient interaction. Accurate perception of self significantly influences the perception of others resulting in good nurse-patient interaction (Adib-Hajbaghery & Tahmouresi 2018); (b) If nurse and patient mutually transact,

goals will be attained thus, satisfaction and effective nursing care will occur, (c) if transaction occur in nurse-patient interactions, growth and development will occur. (d) if there is congruence in role expectations and performance, there will be transaction whereas if the nurse and patient or both experience role conflict, it will affect their relationship, hence goals the attainment of goals. (e) If nurses possess adequate knowledge and skills to communicate information to patients, goals will be mutually set and achieved. King's theory of goal attainment is based on the nursing process and defined nursing meta-paradigm (Alligood, 2014b p.264).

3.2 Implication of the theory of goal attainment to the study.

King identified that perception, communication and interaction are essential factors for transaction to occur. In the nursing process, nurse and patient meet as strangers in a natural environment, mutually interact to identify health problems, concerns and disturbances, have perceptions of the disturbance and share information for achieving the goals. The nurse and the patient form dyad interpersonal system, perceive each other, makes judgments and take actions. When they are interacting, both parties need to actively exchange information to mutually set goals and explore the means to achieve them hence the need to communicate. Some interactions employ both verbal and non-verbal communication, some non-verbal only, and some employ third-party. At a point in the interaction when both parties cannot have the same meaning to the information exchanged which could be caused by their personal systems influenced by the environment in which the social systems operate, then communication is ineffective. When communication is not effective, nursing transactions cannot be achieved thus affect the health outcome (Alligood, 2014b).

4 AIMS AND RESEARCH QUESTIONS

4.1 The aim of the study

Effective and appropriate communication is one of the best ways in the health care system to gain patients' satisfaction. This study is to uncover the perceived nurse-patient communication by nurses and the consequential effects on patient care in clinical settings in order to create an understanding of such barriers and opportunity for eliminating them.

4.2 Research questions

To achieve the aim of this study, the following research questions were posed:

1. What are the perceived communication barriers by nurses?
2. What are the consequences of the barriers to patient care?

5 METHODOLOGY

5.1 Literature review

The method for this study was a literature review to identify the perceived nurse-patient communication by nurses and the consequences on patient care. The literature review is a critical analysis and interpretation of pieces of literatures that relate to the study topic (Aveyard, 2010). The researcher used a literature review for the study to assess the perceptions of nurses on nurse-patient communication barriers and the consequences of such barriers to patient care. The search for articles was carried out through electronic sources.

5.2 Data collection

The data collection of the articles was carried out using EBSCOhost Academic Search Elite, CINAHL, PubMed, and ScienceDirect. The major keywords used for the search were communication barrier*, nurs*, patient*, patient perspective, doctor* or physician* or provider*, effective communication, nurse-patient relationship, and barriers or obstacles or challenges. The first search was conducted using communication barrier* AND nurs* and patient* NOT patient perspective NOT doctor* or physician* or provider*. Communication barrier*and NOT patient perspective NOT doctor* or physician* or provider* were searched from the field "title" while nurs* and patient* was from the field of "abstract". In Science direct, the search combination was done without the asterisks because no result was generated. The combination was communication barriers AND nurses and patient NOT patient perspective NOT doctor* or physician* or provider*. The second search was conducted effective communication AND nurse-patient relationship AND (barriers or obstacles or challenges).

5.3 Inclusion and Exclusion criteria

Inclusion criteria included scholarly peer-reviewed, academic journals, reviews and research articles. A period, not more than 10 years that is from 2010-2020 to guarantee that relevant and up-to-date literature was reviewed in this study. The search included

articles from all countries, different clinical settings and published in English. The exclusion criteria included patient perceptions, physicians, nurse-nurse communication and students. A total of 1910 articles was initially generated and after using the inclusion criteria, a total of 445 was generated. After deleting repeated articles, checking the titles and reading through the abstracts, 32 articles were selected from all the databases. A total number of 10 articles that were relevant to the research questions were finally selected. Table 1 below shows the processes of data collection and selection criteria.

Table 1: Search words and results on data collection and selection criteria

No	Date of search	Search words combination	EBSCOhost Academic Elite Search	CINAHL	PubMed	ScienceDirect
1.	20/02/2020	Communication barrier* AND nurs* and patient* NOT patient perspective NOT doctor* or physician* or provider*	343	846	10	250
2.	21/02/2020	Effective communication AND nurse-patient relationship AND (barriers or obstacles or challenges)	45	52	334	24
3.		**After exclusion and inclusion criteria**	**43**	**46**	**184**	**172**
4.		**After reading through the titles and abstracts**	**9**	**4**	**13**	**6**
5.		**Final articles mostly relevant to the research questions and meet the inclusion and exclusion criteria**	**3**	**2**	**3**	**2**

5.4 List of chosen articles

The following ten articles were chosen based on the inclusion and exclusion criteria as shown in the above table likewise their relevance to the research questions.

1) Radtke, J. V., Tate, J. A., & Happ, M. B., (2012). Nurses' perceptions of communication training in the ICU. Intensive & critical care nursing, 28(1), 16–25. https://doi.org/10.1016/j.iccn.2011.11.005

2) Amoah, V., Anokye, R., Boakye, D., Acheampong, E., Budu-Ainooson, A., Okyere, E., Kumi-Boateng, G., Yeboah, C. and Afriyie, J., (2019). A qualitative assessment of perceived barriers to effective therapeutic communication among nurses and patients. BMC Nursing, 18(1), pp.1-8. https://doi.org/10.1186/s12912-019-0328-0

3) Ali P.A., Watson R., (2018) Language barriers and their impact on provision of care to patients with limited English proficiency: Nurses' perspectives. J Clin Nurs.;27(5-6): pp1152-1160. doi: 10.1111/jocn.14204. PMID: 29193568.

4) Banerjee, S., Manna, R., Coyle, N., Shen, M., Pehrson, C., Zaider, T., Hammonds, S., Krueger, C., Parker, P. and Bylund, C., (2016). Oncology nurses' communication challenges with patients and families: A qualitative study. Nurse Education in Practice, 16(1), pp.193-201.

5) Chan, E., Jones, A., Fung, S. and Wu, S., (2011). Nurses' perception of time availability in patient communication in Hong Kong. Journal of Clinical Nursing, 21(7-8), pp.1168-1177. doi: 10.1111/j.1365-2702.2011.03841.x.

6) Wune, G., Ayalew, Y., Hailu, A. and Gebretensaye, T., (2020). Nurses to patients communication and barriers perceived by nurses at Tikur Anbessa Specilized Hos-pital, Addis Ababa, Ethiopia 2018. International Journal of Africa Nursing Sciences, 12, p.100197. doi: https://doi.org/10.1016/j.ijans.2020.100197

7) Shafipour, V., Mohammad, E. and Ahmadi, F., (2014). Barriers to Nurse-Patient Communication in Cardiac Surgery Wards: A Qualitative Study. Global Journal of Health Science, 6(6), pp.234–244. doi: 10.5539/gjhs.v6n6p234

8) Alshammari, M., Duff, J. and Guilhermino, M., (2019). Barriers to nurse–patient communication in Saudi Arabia: an integrative review. BMC Nursing, 18(1), pp.1-10. doi: 10.1186/s12912-019-0385-4.

9) Lewis, P., Gaffney, R. and Wilson, N., (2017). A narrative review of acute care nurses' experiences nursing patients with intellectual disability: underprepared, communication barriers and ambiguity about the role of caregivers. Journal of Clinical Nursing, 26(11-12), pp.1473-1484.. doi: 10.1111/jocn.13512.

10) van Rosse, F., de Bruijne, M., Suurmond, J., Essink-Bot, M. and Wagner, C., (2016). Language barriers and patient safety risks in hospital care. A mixed meth-ods study. International Journal of Nursing Studies, 54, pp.45-53. https://doi.org/10.1016/j.ijnurstu.2015.03.012

5.5 Data analysis

The researcher used an inductive content analysis utilising abstraction to reduce and group data to enable the researcher to answer the study questions using themes or categories and sub diving into sub-categories or sub-themes. The process of Elo & kyngäs, (2008) was used which involves open coding, categorising and abstraction. Open coding is the writing of notes, and headings in the text when reading it. The articles were read many times and many headings were written in between the texts. The headings were collected from the margins of the coded materials. Categorising began at the same time when the open coding was done. Creating categories is not about putting together observations that are related or similar but to group data to reduce the number of categories. The research used manifest and latent content interpretation to extract similar contents to create the categories. The manifest content is the obvious meaning while the latent content is the underlying meaning of the text. The third process is an abstraction which is the formulation of a general description of the study topic through generating

categories. The categories are further divided into sub-categories to help in the presentation of the study result.

5.5.1 Reading and coding

The author used open coding process to code the ten selected articles. The articles were read repeatedly, manifest and latent content interpretation used, headings, and the text was highlighted with a coloured marker for easy identification. Similar headings were combined into broader categories and the author ensured that there was no overlap between content in the categories and was sub-divided.

Table 2:Theme, categories and sub-categories used in the data analysis

Theme	Perceived communication barriers by nurses				Consequences on patient care	
Categories	Patient characteristics	Language and cultural diversity	Work environment	Nurses' personality and proficiency	Adverse effects to patient health	Care outcome
Sub-categories	Age, religion, health and mental status, family member, emotions, know it all attitude.	Language barrier, cultural differences	Time constraints, workload, shortage of nurses, task-oriented, interprofessional relationship with other HCP, ambience.	Emotions, wellbeing and motivation, incompetence,	Medication safety, care procedures and management, and risk communication.	Recovery rate, hospital discharge, wellbeing and care quality.
Unit of analysis	1,2,3,4,6,7.8, 9	2.3,4,6,7,8,10	1,2,4,5.6,7,8, 9	1,2,4,6,7,8,9	2,3,8,10	1,3,5,7,8,9

5.6 Research ethics

Ethics is a vital element in the research process. Research ethics is about acting morally and legally right in research. Researchers have the sole responsibility to ensure that their research is ethically conducted (Parveen & Showkat, 2017). In this study, the researcher used good scientific practice in studies at Arcada to guide own's conducts during the research to ensure reliability, credibility and trustworthiness of the study. The researcher avoided the following. Fabrication of data which can occur by presenting data that cannot be obtained through the data collection methods described in the study. The data collection in this study was not conducted through primary sources but secondary sources through the use of the school approved databases to obtain articles that are relevant to the study. Plagiarism that is presenting someone's work as one's own. To avoid this, the researcher ensured that texts were not copied rather well paraphrased and all sources used were properly referenced. Falsification which could happen in observations by distorting the results through intentional alteration of original findings or in results by intentionally altering, selecting or omitting results that are relevant to conclusion were avoided.

6 FINDINGS

Ten articles relevant to the study were selected and evaluated for nurse-patient communication barriers perceived by nurses and consequential effects on patient care. The results are in two themes namely, nurses' perceived NPC barriers and consequences on patient care and subdivided into sub-categories. The codes are numbers representing the chosen articles used for data analysis.

6.1 Perceived communication barriers by nurses

The findings of this research work revealed the nurses' perceived barriers to nurse-patient communication and the consequential effects on patient care and were presented in categories.

6.1.1 Patient characteristics

The findings in this category were from eight articles and the following salient characteristics were highlighted. The age, religion, health and mental status, family members, emotions, and know it all attitude. Age difference between nurses and patients was noted as a barrier to NPC (1,2,3,4,6). Conditions relating to ageing such as dementia which causes a decline in cognitive abilities making communication difficult. Although, sometimes younger ones behave as if they understand what nurses have discussed with them, but they really do not understand (2). One of the articles revealed that communication material was taking away from patients and families because it was assumed inappropriately for them being older patients with cognitive impairment (1). One of the findings identified that nurses related age to language proficiency of immigrant patients that young patients do not obviously have a language issue but the elderly (3). Religion differences between nurses and patients were figured out as a roadblock to communication (2,6,7,8). Some studies carried out in areas where religious practices are highly valued and formed the basis for their behaviours. Some of the attributes were identified as barriers; gender segregation and way of dressing (2,8). One of the studies identified that limited religious knowledge limits the communication process between non-Saudi ex-

patriate nurses and patients (8). Gender segregation created difficulties in communication where a gender prefers the service of the same gender (2,8).

The health and mental status of patients were also revealed as barriers to NPC. Communicating with patients who are sedated, unresponsive, in pains, discomfort, patient anxiety and in need of communication assistive devices can be challenging (1,2,4,6,9). A nurse revealed that it is difficult to communicate with unconscious patients and those with mental disorientation (2). Communication or the use of assistive communication strategies were assigned low priority and impracticable because of patients compromised mental status (1). In a study, nurses reported that stereotype attached to patients with intellectual disability as being unable to actively participate in interactions or perceived as difficult made them to reluctantly communicate with them (9). The critical condition of a patient or not willing to accept prognosis or reality of the resulting effects of the condition could result in anger or conflict which therefore making communication difficult (4). Family members also pose challenges to NPC as perceived by nurses (2,4,6,7). The presence of patients' families and friend at bedsides were also reported as NPC barrier (6). Family interference in care processes and their physically and verbally abusive behaviour were identified as a problem to effective NPC due to the additional stress to nurses thereby making communication difficult (2,7). Patient's emotion was also expressed as a barrier to NPC (2,4,7). Nurses expressed that it can be difficult to empathically communicate with a patient who is verbally abusive and impatient (4). Nurses identified patients' dissatisfaction with nursing services as a barrier to effective NPC (2).

Know it all attitude was also highlighted as a barrier to NPC. Many nurses reported that patients know it all attitude either owing to their long stay in the hospital or literacy level impede communication (2).

6.1.2 Language and cultural diversity

Seven of the articles revealed that nurses reported language and cultural diversity as barriers to NPC (2,3,4,6,7,8,10). In the study conducted by Ali & Watson (2018); there is an indication that language barrier affects nurses' ability to effectively assess patient's care needs which invariably hinders their capability to meet those needs. A study indi-

cated that nurses were forced to use sign language to communicate with patients who could not speak the nurses' language (2). In a study, some nurses avoid conversations with patients or families because of language difference (8). Certain level of nursing practices designed to ensure patient safety were neglected because of the language barrier (10). In the study of Banerjee et al. (2016) nurses reported that the cultural differences between patients and nurses made communication challenging.

6.1.3 Work environment

Time constraints were reported by nurses in different nursing fields as an obstacle to NPC (1,4,5,6,7,8,9). In a study conducted to describe nurses' perceptions on communication intervention for nonspeaking, critically ill patients found that the use of the communication techniques to be interesting and helpful but it requires ample time hence, it was perceived as too time-consuming. The study participants reported that time constraints are part of the causal agents of low priority in facilitating patient communication in the Intensive Care Unit (1). The study performed in an oncology ward revealed that one of the key challenges in communicating perceived by nurses was lack of time (4). Communication is measured in relation to nurses' other functions if they are perceived as part of their daily routine hence nursing tasks and time are rationed. Increased documentation consumed nurses' time because it has been prioritized above communication. Time seemed to be a prerequisite for meaningful interactions which affects nurses' motivation to begin communication with patients (5).

The workload is a factor that has been commonly identified by nurses as a barrier to effective nurse-patient communication (2,6,7). From the findings of a study conducted in the cardiac surgery ward, the heavy workload was related to high paperwork, patient admissions and discharges, continuous care resulting from surgical complications,
abusive patients imposed long shifts and working under stress were some other related factors (7). Shortage of nurses was clearly reported in articles (2,6,7) as a hindrance to effective NPC. A study indicated that shortage of highly skillful and competent nurses in ratio to a large number of patients to nurses (7). A nurse reported that the number of nurses attending to patients will not allow the nurses to communicate with their patients effectively (2).

Nurses in different studies indicated that being task-oriented contributed to the inability to engage patients in communication (1,4,5,7). A nurse reported that it is strange communicating with patients when other team members value clinical issues than communication (4). Nurses in the cardiac surgery setting reported they prefer to concentrate on doing technical works, caring and meeting patients' clinical needs than effectively communicating with patients. They reported that utmost attention is given to wean the patient off ventilator instead of communicating to meet their spiritual and mental needs (7). Some nurse participants indicated that their communication with patients is task-oriented which is based on the nature of work and contains contents that suits each ward (5).

The interprofessional relationship also posed a nurses' perceived barrier to NPC (6,8,9). In a study, some of the nurses perceived relationship with other health care professionals as a cause of poor NPC (6). Alshammari et al. (2019) revealed that interprofessional communication barriers which mostly occur between nurses from Saudi Arabia and non-Saudi expatriate nurses were due to differences in language, culture and religion were some of the threats to effective NPC (8). The ambience was perceived by nurses as an obstruction to effective patient communication (2,6,7) Patients internal environment in relation to anxieties at the time of admission and the unconducive hospital environment influence communication negatively (2). Nurses reported heavy stressful environment due to tiredness that resulted from less relevant duties which preoccupied the nurses (7). The busy environment was reported by nurses to affect NPC (6).

6.1.4 Nurses' personality and proficiency

This category concerns about nurses' personality in relation to their emotions, well-being and motivation. Proficiencies are in relation to incompetence. Nurses perceived their emotions as a barrier to NPC (1,4,8). Nurses recognized that their personal emotions when responding to clinical situations made patient communication difficult. The balance between attachment and detachment to patients' situation sometimes got them caught up in their own emotions. The frustrations nurses felt because of the complexity of patients' requests, and limited autonomy to grant the requests also posed as barriers

to NPC (4). Nurses also felt frustrated because they struggle to communicate with patients from different culture and religion (8). Nurses' wellbeing and motivation were perceived as roadblocks to effective NPC (6,7). In a study, nurses perceived decreased motivation as a result of attitudes of patients and their families. Disrespectful attitudes, physical and verbal abuse by patients or their relatives contributed to the low motivation to communicate with patients (7). It was also reported that low motivation is a resultant effect of actions of the nurses' leadership in respect to lack of appreciation, welfare, support, recognition of nurses' efforts, income rate, and ignorance to meet the required nursing resources (6,7). Incompetence was highlighted in relation to insufficient or lack of skills in communication or clinical practices. In some studies, nurses reported that insufficient knowledge on how to communicate in clinical encounters due to ineffective training (2,4,6,9) while some nurses expressed that they are uncomfortable to communicate due to the lack of medical knowledge in the clinical field (4). Lack of training in the clinical field posed as an obstacle to communicate with patients (1). Nurses reported that they have difficulty in interpreting nonverbal communication and understand terminology from people with intellectual disability are difficult to interpret (9).

6.2 Consequences on patient care

This category is sub-divided into two sub-categories: Adverse effects to patient health and patient experience.

6.2.1 Adverse effects to patient health

This study found that communication barriers cause adverse effects on patient health. This category consists of medication safety, care procedures and progress, pain evaluation and risk communication. Medication safety is found out in this study as one of the factors that are adversely affected by poor NPC. The literature highlighted that difference in religion-cultural practices created challenges in medication safety such as an increase in medication errors and inadequate adherence to nurse's instructions (8). A nurse revealed that language barriers make it difficult for patients to understand medication side effects (3). Language barriers posed a risk to medication administration due to the drop out of the protocolised checks (10). Care procedures and management can be

impeded by ineffective NPC (2,3). A study indicated that patients found it difficult to understand instructions during care procedures and treatment course because of the language differences between the nurse and patient. Appointments were missed or cancelled (3). Care support was delayed because of the inability of nurses to comprehend the patients' language barriers hence needed to wait for family members to interpret (2). A study indicated that nurses' lack of awareness of patients' cultural values and language resulted in misunderstanding the patients' needs. Communication barriers at the interprofessional level have implications on the planning of health services (8). From a study finding, language barriers were identified to have negative implications on care management, patient's fluid balance management and pain evaluation. A nurse reported that when there is a language difference between nurse and patient, it is difficult to explain the pain measurement tool to a patient hence leading to inadequate pain measurement (10). Inadequate risk communication with the patient can pose an adverse effect on the patient. A nurse found it difficult to communicate risk with the patient due to the language barrier. A nurse said it was difficult to explain to the patient not to get out of the bed to avoid falling (10).

6.2.2 Care Outcomes

This includes recovery rate, hospital discharge, well-being and care quality. Recovery rate is one of the consequences of poor communication on patient care in this subcategory (1,7). A study reported that poor communication as a primary barrier to recovery from critical illness (1). Timeless presence of patients' relatives as visitors and their interferences with patients' care and treatments were perceived by nurses as a threat to good NPC hence resulting to delay in patient's recovery (7).

Hospital discharge that explains patient experience, was another factor identified as a resultant effect of ineffective NPC (1,3,5). A nurse reported that poor communication is a primary barrier to timely hospital discharge (1). In a study, language barrier resulted in unnecessary delay in nursing service provisions such as home care instructions thereby increased patient's length of stay in the hospital (3). A nurse revealed that hospital discharge is enhanced with early planning and communication by which nurses are able to assess either family or social issues that might impede the discharge (5).

Care quality is also highlighted as a factor that can be impacted by communication barriers (1,5,7,8). One of the studies indicated that misunderstandings and complaints are minimized when nurses can effectively communicate (5). Complications are on the increase when patients' families interfere with care and treatment. A nurse cited an example where family members of a patient objected the nurse's postoperative instruction to patients which may result in complication (7). Patients are less satisfied with nurses due to the barriers created by language, culture and religion differences. Communication also has implications on patients' wellbeing: emotional, psychological, spiritual and spiritual domains. A study indicated that the differences in religion-cultural practices created challenges in the wellbeing of patients and family members (8). The passivity of patients is a resultant effect of miscommunication (1).

7 DISCUSSION

The purpose of this study is to uncover the perceived nurse-patient communication by nurses and the consequential effects on patient care in clinical settings which helps to create the understanding of such barriers and proffer possibilities of resolving them. The discussion of the findings was in relation to the theory of goal attainment and as well as the reviewed articles.

7.1 Discussion in relation to King's Theory of Goal attainment

The findings will be discussed in relation to the three interactive systems: personal, interpersonal and social systems.

The personal system of TOGA defines an individual which has its internal environment, external environment, the field of experiences and perception can influence communication that needs to be effective for a transaction to occur. In a nursing situation, the coming together of a nurse and patient will result in an exchange of information about health situations and they need to share the same meaning to make plans, implement and evaluate. In this study, there are factors that affect the personal systems of the nurses and the patients which cause incongruent in exchange, interpretation and understanding of the information shared. Age is one of the factors found in the study which was related to its resultant effects such as the decline in cognitive ability. Age is related to an internal environment of human (Miglani, 2002) transferred to the external environment. The decline in cognitive ability causes interpretation and understanding of message differ from the nurse (Amoah et al., 2019). Nurses and patients bring their internal and external environments during conversations which can post a threat to effective communication. The patient's health and mental status were also found as a barrier in this study. When the personal system of the patient is suppressed by a stressor, the ability to function in social roles is reduced hence, the stressors, patient's health and mental status, interrupt bilateral communication between the nurse and the patient. Religion is an environment that influences human behaviour and belief. It is inseparable from people's way of life because it shapes human beliefs and values (Gill & Burnard, 2008). Religion reflects in the concept of self because it can influence who and what one thinks about oneself hence, act as a barrier in communication. Emotion is one of the features of the personal

system in that it explains how an individual feel about an environment which determines his or her reactions, either positive or negative. Emotions are found in both nurses and patients. When the internal and external environments surrounding the personal systems have stressors such as illnesses, fatigue, stress and others, then the reaction can either be adaptive or maladaptive. If the reaction is maladaptive attitudes such as anger, aggression and others are then expressed as emotions which obstruct their communication.

The interpersonal system is formed when two personal systems come together. Nurses function chiefly through interaction with individuals and groups in the environment. Nurses need to assume their expected roles and responsibilities to be able to function during the interaction (Alligood, 2014b p.265). In this study, the patient's know-it-all attitude also affected communication. The expected behaviour of personal systems are influenced by their roles (George, 2010). When a personal system (patient) shows an attitude that is not in correspondence with his or her role or coincides with the role of another personal system (nurse), communication will be affected. Language and cultural differences are also findings in this study which can affect the system. Language is a symbolic method that enables the exchange of thoughts and feelings (George, 1980 p. 185). If the nurse and patient do not share the same language during interactions, exchange of information cannot occur. Culture is capable of influencing perceptions which form the attitudes personal systems in interaction. Nurses need to be aware of the patient's cultural perceptions and assess own too. If their cultural perceptions differ, communication will be difficult (Alshammari et al, 2019). The interpersonal system can also be formed between nurses and other HCP. The role is a relationship of two or more people in interaction for a purpose in a particular situation and entails expected behaviour (George, 2010). The behaviour of the nurse or other HCPs can impact each other's behaviour. The nurse and other HCPs have to display behaviour that support the organizational goals and have respect the patient's well-being.

The social system consists of personal systems in social relationships to achieve the same goal. This system supports nurses to achieve both personal and organizational goals. The support provided by the social system can affect the workload, time constraint, shortage of staff, task-oriented attitude, ambience, wellbeing and motivation,

incompetence as found in this study as barriers to communication. The personal systems possess power in social system is power which is the ability to use organizational resources to meet goals. Nurse and nurse leaders have power to influence communication. Nurse leaders can influence the work environment by adequate staffing to reduce burnout from workload which will give nurses time and increase nurses' wellbeing.

Nursing is an interpersonal process which uses communication to help human function with maximum capacity in daily living (Alligood, 2014b p.263). The delivery of satisfactory nursing care to patients depends on the personal systems of nurses and patients in dyadic interpersonal system and the influence of the social systems. This study found out that poor communication between nurses and patients resulted in adverse effects to patient and care outcomes. The theorist stated that the function of a professional nurse is to be skillful in interpreting information. When nurses misinterpret information because of language barriers or could not interpret the non-verbal messages because of personal differences such as culture this negatively impacts patient care during hospitalization or after hospitalization will not occur.

7.2 Discussion in relation to the literature

The findings of this study showed factors that affect communication between nurses and patients in four categories and the consequences in two categories. Age in relation to its effects was perceived by nurses as a barrier. The study of Norouzinia et al. (2015) found the age difference between nurses and patients as a barrier but was not related to its effects. In contrast, the study of Caris-Verhallen (1999) reported that the age of nurses seemed to be insignificant in NPC hence, nurses were able to communicate regardless of the age. Communication with patients is not one size fits all because there are different generations in nursing care hence, nurses need to tailor communication to suits each patient. Religion was also found as a barrier to communication. A study showed that patients reported religion difference as the cause for gender preference by patients during nurse-patient communication (Jahromi & Ramezanli, 2014). This implies that a female patient will not speak with a male nurse because it is an abomination in her religion. This study revealed that the nurse-patient communication is affected by the patient's health and mental state was also identified in the study as a barrier. The finding is

similar to the studies of Chan et al. (2019), Norouzinia et al. (2015), Wang, Hsieh & Wang, (2013), and Sheldon, Barrett & Ellington, (2006). The effects of disease on human's body, mind, and social life affect communication between nurses and patients (Zamanzadeh et al, 2014). Patients in pains, discomfort, depression, mood disorder or anxiety cannot actively participate during communication.

The family member is another factor identified in the patient characteristics as a barrier to NPC. The study of Loghmani, Borhani & Abbaszadeh, (2014) reported that the visits of family members come for visit outside that scheduled hospital visiting hours which caused conflicts. Other studies that showed similar results are Sheldon, Barrett & Ellington, (2006), Norouzinia et al. (2015), Chan et al. (2019), and Zamanzadeh et al. (2014). Family is the best social institution and tie where a bond of affection exists holding its members together. Family at a point in life undergo changes either economical and financial changes cause governmental decisions or natural phenomenon or changes to health and wellness to the family life cycle caused by psychological or genetic factors (Ortiz, Suárez-Villa, & Expósito, 2017). Illness of a patient brings changes to the family economically and socially. The burden and the stress resulting from the changes can cause family members to express negative emotions such as anger, verbal abuse or aggression which will not allow a free flow of conversation hence obstruct shared meaning of information between the patient and nurse. In this study, nurses reported that patient's emotions were an obstruction to communicating with patients. Results of Sheldon, Barrett & Ellington, (2006) showed that the stress of illness provoked negative reactions which were transferred to the nurses. Chan et al, (2019) a study carried out in an oncology ward showed a similar result that patient's emotions affect NPC. Nurses had to manage patient's emotions that elicited from denial, anxiety, frustration and organizational factors affecting nurses. This is a very common factor that affects communication between nurses and patients in all care setting even though the emotions are usually not deliberate. Know it all attitude was also found as a barrier. This finding is not inconsistent with the finding of Zamanzadeh et al. (2014), as the educational level of patients was found to be an influential factor on NPC. Attitude of patients is influenced by their perspective about nurses and past experiences which are subjective to people. A patient who had encountered a nurse with low competence will assume nurses

do not have knowledge. This generalisation is a factor that subconsciously surfaces during the nursing process hence affects NPC.

In this study, language and cultural diversity were identified as a barrier. The findings showed language differences as a communication barrier between nurses and patients. Some studies also showed similar results that languages differences between the nurse and the patient plays a deterrent role in NPC. (Norouzinia et al. 2016, Wang, Hsieh & Wang, 2013, Zamanzadeh et al. 2014) Human language allows people to exchange information about their thoughts, feelings and ideas. (Pagel, 2017) Through language, nurses can assess patient health state, health literacy and carry out effective nursing care. If language is different, the exchange of information cannot occur. In this study, the difference in culture is an important element that obstructed effective NPC. Similar to the findings is Norouzinia et al. (2016). Culture is a very sensitive factor that dwells in the subconscious and influences human's behaviours. Everyone is a cultural being (Cronk, 2016). When cultural behaviours of a patient and a nurse differ, communication will be obstructed.

The work environment is a set of barriers that was found in this study. The study reported time constraints as an obstacle to communication which is consistent with findings of other studies. Nurses group in the study of Norouzinia et al. (2016) reported lack of time as a challenge to communicating with the patient. Loghmani, Borhani & Abbaszadeh, (2014) reported that nurses could not give training to the patient's family and provide information to patients. Chan et al. (2019) findings showed that nurses only talked to patients when carrying out their tasks. Time constraint is a commonly reported barrier by nurses in all nursing fields. It results from other working environment challenges such as workload, shortage of nurses, stress, fatigue, and so on. Another reported barrier in this category is workload. This is finding is similar to the study of Zamanzadeh et al. (2014) which found nurses' communication with patient was lessened due to their high workload which is as a result of other factors in the organization. The workload is a complex multidimensional concept which has many factors in a working environment that could result in it. When the nurses' workload is high, it will be impossible to initiate a conversation with patients. Shortage of nurses is a factor in the working environment that acts as a barrier to NPC. In Norouzinia et al. (2016), nurses reported that

shortage of nurses as a barrier to communicating with patients. Loghmani, Borhani & Abbaszadeh, (2014) reported that staffing shortages. Shortage of nurses is a common organization challenge in healthcare which is yet to be resolved and can result to other challenges such as stress, working for long hours, burn-out, and others. If the ratio of nurses-to-patient is low, communicating with the patient will be challenged. Task-oriented was reported as perceived NPC barrier by nurses. The study of Wang, Hsieh & Wang, (2013) reported task-oriented as nurses using communication basically to generate information from patients for caring purpose and not relationship-based. Task-oriented communication occurs first during the assessment. Nursing is a relationship-based action therefore, communication with patients needs to go beyond carrying out care. Interprofessional relationship with other HCP was found as a barrier to communication. Disconnection between nurses and other HCPs due to some personal differences can lead to barriers in communication.

Findings from this study showed that ambience was perceived by nurses as a barrier. The study of Norouzinia et al. (2016) reported environmental barriers that include, the presence of critically ill patients, hectic environment and unsuitable environmental conditions in the hospital. Jahromi & Ramezanli, (2014) found that the working environment such as crowded wards, crowded rooms and patients in critical conditions posed obstruction to NPC. The dictionary meaning of ambience is the atmosphere of an environment or surrounding influence that affect the behaviour or mood. (Vocabulary.com, 2020) If an ambience can influence mood, so noise in the ward due to overcrowding or patients crying or shouting because of pain or poor amenities can have a negative influence on NPC.

This study findings also found that Nurses' personality and proficiency were found as barriers to NPC. Emotions of nurses were reported as barriers to NPC. This study has similarities with other studies. Sheldon, Barrett & Ellington, (2006) reported that negative emotions expressed by nurse made communication with patient challenging. Nurses have increased stress that results from overwork, patients' emotions, critical condition, death or family member's negative emotions. When a nurse is not able to perceive, understand and regulate one's emotions, the ability to communicate effectively with the patient will be decreased which implies that the nurses' emotions block communication.

This study also found wellbeing and motivation as a barrier to NPC. Nurses face different challenges ranging from emotional or physical abused from patients, family members and work colleagues down to fatigues and burn out experienced from a heavy workload. Motivation can decrease when there is a failure to recognize nurses' efforts and make provision to support them both emotionally and otherwise. Nurses reported in the study of nurse-patients' family communication in ICU that "managers were unsupportive and unresponsive to nurses' needs" (Loghmani, Borhani & Abbaszadeh, 2014). In the study of Dithole et al. (2017), nurses said that managers' support will aid to improve NPC. Wellbeing and motivation are essential factors that affect all human being. When nurses' wellbeing and motivation are ignored, it affects their physical and psychological soundness which reduce their ability to act socially. Incompetence displayed by nurses was found as a barrier in this study. Dithole et al. (2017) found that during the orientation to ICU, communication was not emphasized, and they realized that communicating with ventilated patients was challenged due to their incompetence. There is also a situation where a nurse perceives his or her communication skill inadequate; this level of incompetence takes away confidence as a nurse shy away from having a heart-to-heart conversation with patients.

This study found out that poor communication between nurses and patients have consequences which were in two sub-categories. The first category is adverse effects to patient health which includes medication safety, care procedures and management, and risk communication. The second category is the care outcomes which include recovery rate, hospital discharge, wellbeing, and care quality. Poor communication is grievous in nursing care such as misinterpretation of patient's message can occur when nurses and patient do not have shared understanding of the message could delay care until the family members or an interpret come around to interpret the message to the patients. Furthermore, nurses educate patients before, during and after care procedures and patients-related factors such as religion, culture, language, age and so on can interfere with the understanding of the message. When the message is not understood, then it can affect care outcomes.

8 CONCLUSION

Nursing is an interpersonal process which makes communication essential. Nurses meet patients with different communication capabilities which necessitate the use of both verbal and non-verbal communication. However, the findings of this study showed that multiple factors such as patients' factors, nurses' factors, as well as the work environment posed as barriers to NPC. The understanding of NPC barriers can help identify means of overcoming them or/and utilize them to foster effective communication required for establishing rapport with patients and efficient nursing care. The implication of NPC barriers is grievous to patient care and their general wellbeing.

8.1 Recommendation

The study recommends that a further study can be carried out in different clinical settings to further differentiate factors that posed as barriers and facilitators to effective nurse-patient communication. Furthermore, nurses relate with family members if the patients are unable to talk due to their health situation hence, the need for additional study to find out patients' family perspectives on nurse communication. Most of the literature reported work environment as a barrier to NPC thus the need for further study to investigate the nurse leaders' awareness about barriers to nurse-patient communication.

8.2 Strength and Limitation

The study has its own strengths such as the used of inclusion and exclusion criteria to select relevant literature for the study. More so, researcher's awareness of own's pre-understanding of the study topic and avoided its influence in the results to forestall bias in the presentation of the findings and conclusion. Lastly, other studies were used in discussion to compare similarities and contradictions of the findings.

One of the study limitations is that only articles published in English were used in the review while other good quality studies which clearly stated the authors' interest, ethical considerations and a statement of strength and limitation published in other languages that would have supported this study could have been missed. The study reviewed arti-

cles in the range of ten years hence, the elimination of older articles irrespective of their significance to the study. In addition, some studies that met the inclusion criteria could not be accessed because of financial subscriptions that were required. The data sources used for this research were secondary, which implies that they were drawn from other researchers and hence, the completeness of the data cannot be absolutely guaranteed.

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APPENDIX

Appendix 1: Characteristics of the articles reviewed

No	Author(s)	Title	Journal, (year, volume, pages)	Aim/Purpose	Design (Qual/Quan/MM)	Sample	Relevant Results to the research
1	Radtke J.V., Tate J.A., Happ M.B.	Nurses' perceptions of communication training in the ICU.	Intensive and Critical Care Nursing, 2012, vol. 28, pp 16-25	"To describe the experience and perceptions of nurse study participants regarding a communication intervention (training and communication tools) for use with nonspeaking,critically-ill patients."	Qualitative content analysis	Individual interview in Small focus groups of six critical care nurses	Physical needs were prioritised than communication by nurses. Patients' mental status, time constraints were the primary barriers to integration practice.
2	Amoah V. M. K., Anokye R., Acheampong B. E., Budu-	A qualitative assessment of perceived barriers to effective therapeutic	BMC Nursing, 2019, vol. 18, pp 1-8	"To investigate the barriers to effective therapeutic communication among patients and nurses at	Qualitative approach	Unstructured interview of 13 nurses and patients	Socio-demographic characteristics, patient-nurse relationship, language, misconception and pain were patient-related barriers to

	Ainooson A., Okyere E., Kumi-Boateng G., Yeboah G., & Afriyie J. O.	communication among nurses and patients		the Komfo Anokye Teaching Hospital in Kumasi."			NPC. Lack of knowledge, all-knowing attitude, work overload and dissatisfaction were found as Nurse-related barriers. Environmental-related barriers identified were noisy environment, new to the hospital environment and unconducive environment.
3	Ali P. A., Watson R.	Language barriers and their impact on provision of care to patients with limited English proficiency: Nurses' perspectives.	Clinical Nursing, 2018, vol. 27, pp.1152-1160	"To explore nurses' perspectives of language barriers and their impact on the provision of care to patients with limited English proficiency from diverse linguistic background."	Qualitative descriptive approach	Individual interviews and focus group discussions of 59 nurses working in tertiary care hospitals in England	Language barriers were found as significant obstacles to provide adequate, appropriate, effective and efficient patient care.
4	Banerjee, S., Manna,	Oncology nurses'	Nurse Education in Prac-	"To present a summary of	A qualitative study	An anonymous online	Nurses' emotions, lack of skills, pa-

	R., Coyle, N., Shen, M., Pehrson, C., Zaider, T., Hammonds, S., Krueger, C., Parker, P. and Bylund, C.,	communication challenges with patients and families:	tice. 2016, vol 16. Pp. 193-201	communication challenges faced by oncology nurses."		pre-training survey of 121 inpatient nurses in the oncology ward at Memorial Sloan Kettering Cancer Center in United States from November 2012 to March 2014	tients and family's emotions, age, personality and cultural differences,
5	Chan, E., Jones, A., Fung, S. and Wu, S.	Nurses' perception of time availability in patient communication in Hong Kong.	Journal of Clinical Nursing, vol. 21, pp. 1168-1177	"To explore nurses' perceptions of their patient communication in practice and to identify their ways of communicating."	Qualitative descriptive research	Five focus groups for semi-structured interview of 39 nurses.	Task-oriented, time constraints , workload resulting from increased documentation.
6	Wune, G., Ayalew, Y., Hailu, A. and Gebretensaye	Nurses to patients communication and barriers perceived	International Journal of Africa Nursing Sciences, vol. 12, 2020, p. 100197	"The objective of the study was to assess level of nurse-patient communication	Quantitative study	A questionnaire response of 296 participants out of 304 select-	Barriers to communication identified were lack of time and work overload, engaging in multiple jobs,

	, T	by nurses at Tikur Anbessa Specilized Hospital, Addis Ababa, Ethiopia 2018		and its barriers among nurses in the study area."		ed.	fatigue and family and friends at bed side.
7	Shafipour, V., Mohammad, E. and Ahmadi, f.	Barriers to Nurse-Patient Communication in Cardiac Surgery Wards	Global Journal of Health Science, 2014, vol. 6. Pp.234-244	"To explore the experiences of nurses and patients on communication barriers in hospital cardiac surgery wards."	Qualitative study	Unstructured interviews of 10 nurses and 11 patients from the cardiac surgery wards of three teaching hospitals in Tehran, Iran.	NPC barriers were categorised into three themes. (1) Job dissatisfaction-workload tension, decreased motivation. (2) Routine-centered-Habitual intervention, routine and technical intervention, supervisors' objective evaluation. (3) Distrust in nurses' competence - cultural difference, nurses' irresponsibility, nurses' apathy towards the patients.
8	Alshammari, M., Duff, J.	Barriers to nurse–patient	BMC Nursing, 2019, 18, pp.1-10	"To identify and synthesize on the com-	An integrative review	Mixed Methods Appraisal	Language. Religion and cultural diversity, quality of

	and Guilhermino, M.	communication in Saudi Arabia		munication practices among nurses and patients in Saudi Arabia and their effect on patient satisfaction, quality of care and safety."		Tool was used to check the quality of 20 literature selected.	care, patient safety and patient satisfaction.
9	Lewis, P., Gaffney, R. J. and Wilson, N. J.	A narrative review of acute care nurses' experiences nursing patients with intellectual disability: underprepared, communication barriers and ambiguity about the role of caregivers	Journal of Clinical Nursing, 2017, vol. 26, pp.1473-1484	"To describe how nurses experience caring for people with intellectual disability in an acute care setting."	Narrative literature review	14 articles selected using inclusion and exclusion criteria	Barriers to communication between nurses and their patients identified were time constraint, stereotypes of patients as "difficult". Patient health status.
10	van Rosse, F., de Bruijne, M., Suur-	Language barriers and patient safety risks in hospital	International Journal of Nursing Studies,	" To investigates patient safety risks due to lan-	A mixed methods study	576 ethnic minority patients in 30 wards of four urban hospitals. Qualitative	Language barrier between nurses and patient threatened patient safety such as daily nursing tasks in-

	mond, J., Essink-Bot, M. and Wagner, C	care.	2016, vol, 54, pp.45-53	guage barriers during hospitalization, and the way language barriers are detected, reported, and bridged in Dutch hospital care."		analysis of nursing and medical reports of 17 hospital admissions of patients with language barriers. In-depth interviews of 12 care providers and patients and/or their relatives.	volving medication administration, pain management, fluid balance management.