

**ADDIS ABABA UNIVERSITY**  
**COLLEGE OF HEALTH SCIENCES**  
**SCHOOL OF NURSING AND MIDWIFERY**

**ASSESSMENT OF NURSES TO PATIENTS COMMUNICATION  
AND BARRIERS PERCEIVED BY NURSES AT TIKUR  
ANBESSA SPECIALIZED HOSPITAL, ADDIS ABABA,  
ETHIOPIA 2018.**

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**ADDIS ABABA UNIVERSITY**  
**COLLEGE OF HEALTH SCIENCES**  
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## **Abbreviations**

AAU- Addis Ababa University

BSc-Bachelor degree

FMOH - Federal Ministry of health

Gyns/obs - gynecology and obstetrics

ICU - Intensive Care Unit

IRB- Institutional Review Board

MSc-Master's Degree

SPSS - Statistical Package for Social Science

TASH - Tikur Anbessa specialized Hospital

WHO -World Health Organization



## ABSTRACT

**Background:** Good communication between nurses and patients is essential for the successful outcome of individualized nursing care of each patient. Effective communication is a two-way dialogue between patients and nurses, or by definition, a two-way road where both speaks and are as well listened to without either interrupting, both ask questions for clarity, express opinions and inter-change information, and both are able completely grasp and understand what other means to say .When nurses communicate effectively with interest, listen actively and demonstrate compassion, patients may be more likely to report their experiences as positive, even at times of distress and ill health

A current research indicates that ineffective communication between the patients and the nurses may result in an increased length of stay, wastage of the resource use as well as patient dissatisfaction. So there is a need of effective and open communication between patients and nurses to improve the patient satisfaction, patient compliance with the treatment provided and health outcomes achieved.

**Objective:** This study aims to assess level of nurse to patient communication and barriers at Tikur Anbessa specialized hospital Addis Ababa, Ethiopia 2018.

**Method:** Institutional based cross sectional study was conducted in nurses working at Tikur Anbessa hospital from march 1to march 30 2018. 296 study participants were selected from nurses by systematic random sampling method. Data was collected using semi structured questionnaire.

### Result

The study concludes that predominantly perceived barriers to effective nurses to patients Communication was lack of time and work overload on the part of the nurses.

No significant difference was found in Perceived Barriers between the socio demographic variables including age, marital status, work of experience, level of education, language, ethnicity, religion.

**Keywords:** communication, barriers, good communication, poor communication.

# 1. INTRODUCTION

## 1.1. Background

Good communication between nurses and patients is essential for the successful outcome of individualized nursing care of each patient. To achieve this, however, nurses must understand and help their patients, demonstrating politeness, kindness and honesty. Also they should devote time to the patient to communicate with the necessary confidentiality, and must not forget that this communication includes persons who surround the sick person, which is why the language of communication should be understood by all those involved in it. Good communication also is not only based on the physical abilities of nurses, but also on education and experience(1).

Communication involves the transfer of information by exchanging verbal and non-verbal messages. It is considered effective if verbal and nonverbal messages align, and the message was decoded in the manner the sender intended. Effective communication is a core skill for all healthcare professionals and nursing staff in particular, since nurses spend more time with patients and relatives than any other healthcare professional. When nurses communicate effectively with interest, listen actively and demonstrate compassion, patients may be more likely to report their experiences as positive, even at times of distress and ill health. (2).

Effective communication is a two-way dialogue between patients and nurses, or by definition, a two-way road where both speaks and are as well listened to without either interrupting, both ask questions for clarity, express opinions and inter-change information, and both are able completely grasp and understand what other means to say(3).

The positive results of effective communication are increased recovery rates, a sense of safety and protection, improved levels of patient satisfaction and greater adherence to treatment options. Aside from these, successful communication through a patient-centered approach also serves to reassure relatives that their loved ones are receiving the necessary treatment(4).

A communication barrier is anything that prevents us from receiving understanding the messages others use to convey their information, ideas and thoughts. A common cause of communication breakdown in a workplace situation is people holding different attitudes, values and discrimination. Valuing people who are different allows us to draw on a broader

range of insights, ideas, experience and knowledge. The behaviors like bias, generalizations and stereotyping can cause communication barriers. Empathy is important for overcoming barriers to communication based on culture. Language barriers occur when people do not speak the same language, or do not have the same level of ability in a language. There are many environmental factors affecting the effective communication process (5).

Nurse perceived barriers to effective nurse-patient communication have been identified as time constraints, language and cultural differences, and nurse discomfort and lack of knowledge, which can lead to poor client outcomes (6).

Communication is more difficult when patients and nurses' languages are different. Such a language barrier is causing inability in exchange of information and therefore a potential for misdiagnosis and mistreatment, especially in the case of patients with acute conditions. Moreover, this results in increased workload and dissatisfaction of the caring staff and possible more communication problems. Even within the same language, there are vocabulary differences based on regions, and profession. The medical and nursing professions have their own nomenclature, that non-medical persons may not be able to understand(7).

Communication barrier themes can overlap based on nurse and patients factors and the relationship between participants. When multiple communication barriers exist in a nurse-patient setting, the nurse must dedicate additional time and effort to communicate effectively in order to maximize patient care. From a patient safety perspective, patients' harmful experiences have been directly and indirectly influenced by patient protocols in a clinical environment. The environment within which communication occurs, past experiences, personal perceptions of the sender or the recipient and the nature of the message are critical determinants of whether communication and corresponding safety is effective or not(8).

## **1.2 Statement of the problem**

A current research indicates that ineffective communication between the patients and the nurses result in an increased length of stay, wastage of the resource use as well as patient dissatisfaction, absence of confidence and frustration for both the nurses and the patients. Therefore, knowledge about communication barriers is necessary to identify possible nurse-patient communication challenges and how to overcome them and promote effective communication(2).

The review indicated that ineffective communication directly impacts the nurses and satisfaction of patients. It also indicates that most barriers to effective communication are associated with the characteristics of health care providers and patients(3)

A study in Canada 2016 showed ineffective Communication of nurses with patients leads to patient dissatisfaction (6)

A study in Iran nurses perceived barriers to effective nurse-client communication have been identified as time constraints, language and cultural differences, and nurse discomfort and lack of knowledge, which can lead to poor client outcomes (6).

nurses with shorter experience in Saudi Arabia perceived greater barriers to communication with respect to the clinical situation of patient and environmental factors than the nurses with longer experience(9).

However, it was seldom known to identify the barriers of effective communication in our country Ethiopia.

Some studies revealed that Lack of time, language ,cultural differences, nurse discomfort, lack of knowledge and shortage in nursing staff which leads to non-effective communication with the patients(10).

To my knowledge there are limited researches concerning the title in Ethiopia, therefore this study will contribute to fill the deficiencies of the literature gap.

### **1.3. Significant of the study**

This study will provide basic information on the nurses to patients' communication and its barriers at Tikur Anbessa specialized hospital with respect to their related factors for the Federal ministry of health (FMOH), Ethiopian nursing association, academic community, service providers, health care professionals and all hospital management bodies like Medical director and Matron. Effective relationship between nurses and patients is minimize mortality, morbidity and long hospital stay, while contributing to country's economic development.

Moreover, this study will contribute to better understanding of the impact of the factors that affect nurse-patients' communication on quality of patient care delivered as well as nurses' feeling of satisfaction with the professional duties. In this study information will be generated on the impact of health care team communication effectiveness on the quality of care patients receive and hence help health institutions to identify and act on areas where gaps are identified in communication between nurses and patients and improve their care's quality which in turn attract clients to their institutions as well as increase retention of nurses within their institution.

Hence, this study is assumed to have significant importance in providing information in view of communication barriers among nurses of health care service provided by Tikur Anbessa specialized hospital Addis Ababa Ethiopia. Study findings can also be used to inform decision makers in health and nursing about what needs to be done to improve communications patterns between nurses and their patients. Areas for future research in nurse-patient communication will also identify. It will also be of help to other educational institutions especially those involved in health education, health research and health training programs

## **2. LITERATURE REVIEW**

### **2.1. Level of Nurse to patient's communication**

In Crete general hospital Greece on the assessment of nurse to patient communication by using comparative cross sectional design from 120 patients and 120 nurses the researcher found 58.7% of the patients considered the frequency of information given by nurses not be satisfactory. Instead, the 34.2% of the nursing staff was satisfied with the time they dedicated on communicating with their patients. Based on the results, a bidirectional communication is efficient when the objectives of the communication are accomplished, and thus interactive relationship is enhanced (11).

In Korea investigated the communication barriers perceived by nurses. The authors developed a 50-item communication-barrier questionnaire 136 nurses were asked to rate the importance of each communication-barrier item. nurses reported higher scores on patient-related communication barriers, there were significant differences nurses in 57%. Based on these findings, it is necessary for nurses to understand older patients' perceptions about communication barriers and acquire better communication skills and attitudes (15).

### **2.2 Socio demographic related factors**

A quantitative cross-sectional survey was administered to 80 nurses using stratified random sampling. The hospital was a World Health Organization Collaboration Center that specialized in training and research and served the inhabitants of twenty local governments and thirty-seven Local Council Development Areas of Lagos State and other states of the country. Nurses perceived barriers to effective communication between nurses and patients. Language (31.25%), religion (23.75%), and gender (8.75%) were reported as negatively effecting nurses' communication with clients. Time constraints were significant influences on nurses' interactions with patients (7).

The study about barriers and facilitators of patient to nurse communication in Saudi Arabia using the Nurses' Self-Administered questioners. For 291nurses working in medical - surgical departments at five hospitals in Saudi Arabia. nurses with shorter experience in Saudi Arabia perceived more barriers to communication than the nurses with longer experience (10).

A descriptive exploratory survey was conducted in 8 mid and large-size hospitals in Thailand. The majority of participants are female (96.8%) with mean age 35.5 years (range=23-54). Research reports Nurses perceived greatest support from a Head ward than other colleagues. Nurses with 11-20 years of nursing experience had higher reported barriers than those with 1-10 years of nursing experience. (16)

The study in Singapore showed that The factors affecting effective communication were evident in the characteristics of the patient, the nurse and the environment. Apart from distinct promoters or inhibitors, this study has found several factors with positive and negative influences, and also strategies used to overcome the challenges encountered in nurse patient communication. Additionally, nursing in Singapore was believed to be of a low occupational prestige; communication is greatly inhibited as patients see nurses similar to foreign domestic workers. For the nurses, passion for nursing (as compared to seeing nursing as a task) promoted communication. Conversely, when nurses were about to complete their shift or if the physical needs were not met; they were more reluctant to engage in communication. The patients' family was also seen to impact on communication. The limitations of language translators, especially in multi-cultural Singapore, were highlighted. (12)

Cross-sectional survey was conducted in Jahrom city from two educational hospitals, with a sample of 200 patients and nurses from the hospitals. The results of this study indicated that the greatest barriers of nurse-patient communication were characteristics of nursing job with an average score of  $71.05 \pm 10.18$ . The most communication barriers including: sex, age, and language difference between nurse and patients (13)

The Study conducted among 100 staff nurses of various departments of Kasturba Hospital, shows that majority of samples (71%) belonged to the age group of 20-30, (88%) are females, (58%) were diploma holders and about (49%) work in general wards. Majority with (71%) were from Karnataka and most of the samples (48%) included in the study have years of experience between 1-5 years. The verbal and nonverbal communication barriers were assessed and found that 79% of nurses' experience moderate level of difficulty in communicating with patients. found a significant association between gender and communication barriers ( $\chi^2=15.203$ ,  $p<0.01$ ) (20).

Nurses perceptions of facilitating a therapeutic relationship were assessed in a study conducted in private general hospital wards south Africa. In that article, nurses' perceptions of facilitating genuineness were discussed. a quantitative, contextual, deductive and descriptive study was conducted. A purposive sample of nurses was taken from private general hospitals in Gauteng, South Africa. Nurses' (n = 181) perceptions of facilitating genuineness in a nurse patient relationship were self-assessed on a five-point scale in a questionnaire. Data analysis: Descriptive statistics and non-parametric statistical techniques were used. Specific hypotheses were tested to identify whether statistically significant differences in perceptions of facilitating genuineness existed between two or more groups. The Results showed statistically significant differences were identified in nurses' perceptions of facilitating genuineness with respect to age, years' experience as a nurse and qualifications. (21)

A study at Taif Armed Forces Hospitals Showed Saudi Arabia has a shortage of nursing staff and depends on expatriate nurses, difficulties in communication because of language barriers may affect patient satisfaction or at the worst may lead to healthcare errors. To determine the effect of language barriers on quality of nursing care at Taif Armed Forces Hospitals and to suggest possible interventions to mitigate the effect of language barriers on quality of nursing care. Methods. Total number of respondents was 343 nurses. The results indicated Forty-nine percent of the nurses reported they have difficulty in dealing with patients because of the language barrier (23).

### **2.3 Nurses related factors communication barriers**

The present Cross sectional, descriptive analytic study was conducted on 70 nurses in two hospitals associated to Alborz University of Medical Sciences, in 2012.the reliability and validity of the questionnaires were assessed. nurse-related factors (mean scores of 2.45) .a significant difference was observed between the mean scores of nurses and patients regarding nurse-related (p=0.012)(6).

The research samples 90 nurses were selected through simple sampling method from two academic hospitals affiliated to Tehran University of Medical Sciences and Health services. The barriers were classified into four categories: barriers related to nurses, patients, and environment. The results showed that from the nurses' perspective the most and the least important barriers



were patient– related communication barriers, and nurse– patient-related communication barriers, respectively (11).

Cross-sectional survey was conducted in Jahrom city from two educational hospitals, with a sample of 200 nurses from the hospitals. The results of this study indicated that the greatest barriers of nurse-patient communication were characteristics of nursing job with an average score of  $71.05 \pm 10.18$  (13).

A descriptive study was carried out in three randomly selected educational hospitals in a large urban city in Iran. the study sample consisted 75 nurses. Participants were asked to rate the importance of each communication barriers item. The result indicates, from nurses' views, 'heavy nursing workload', 'hard nursing tasks' and 'lack of welfare facilities for nurses' were the main communication barriers (14).

The research is a cross-sectional descriptive survey conducted at NKST Hospital Nigeria. Benue State to study the nurse-patient relationship as it affects recovery of patient at the Hospital. Target population for the study was 150. Convenience sampling technique was used to select the participants. Data was collected through the use of self-constructed questionnaire which was administered by the researchers and trained assistants. Data collected were presented in frequency and percentage. The findings showed that there was relative cordial nurse-patient relationship and this has impacted positively on the care of patient as most patients agreed to have been cared for psychologically- a very important aspect of patient recovery from ill-health. However, some barriers such as shortage of nurses, lack of incentives from the management to the nurses were identified as impeding on the adequate expected nurse-patient relationship (17).

A study in Holy Family Hospital Ghana, in all, twelve State Registered Nurses participated in semi-structured questioners. Factors which induced positive nurse-patient interaction included availability of adequate time, showing empathy, giving prompt care, and rendering holistic care. Factors which induced negative nurse-patient interaction included differences in beliefs between the nurse and the patients, perceptions of unfair treatment, payment requirement and processes, issues with patients 'relatives, patients issues, miscommunications and misunderstandings about treatment needs, coercion, forced dependence, human resource issues, professional nursing issues, issues with work environment, nurse issues, lack of communication and good interaction, and dropping of professional ethics(19).

In Alexandria, Egypt. The study revealed that generally have a significantly positive perception regarding nurses 'communication during health education. In relation to the problems that detected in nurses as perceived by study subjects, lacking of nurse' time and limitation in communication skills. In health settings, the most apparent problems were insufficient facilities or materials for patient teaching and excessive interruptions and crowding (22).

#### **2.4 patient related factors communication barriers**

A descriptive study was carried out in three randomly selected educational hospitals in a large urban city in Iran. the study sample consisted of 75 nurses. Participants were asked to rate the importance of each communication barriers item. The result indicates, from patients' views, 'unfamiliarity of nurses with dialect', 'having contagious diseases' and 'sex differences between nurses and patients' were determined as the main communication barriers (14).

In Korea investigated the communication barriers perceived by older hospitalized patients and nurses. The authors developed a 50-item communication-barrier questionnaire that includes patient, nurse, and environmental factors. 136 nurses were asked to rate the importance of each communication-barrier item. patients reported higher scores on the nurse-related barriers. There were significant differences 62%, of patient-related communication barriers. (15).

In Alexandria, Egypt. The study revealed that generally have a significantly positive perception regarding nurses 'communication during health education. Such as: they detected some problems that nurses encountered in this communication; these problems may be in patient him/herself as 46.2% of subjects having pain and can't mutually interact with nurse in health education, or unable to understand nurse's information. For the perceived problems in relation to health messages, about 45% of patients found jargons in nurses' health messages and 27% of them reported that messages were not attractive or interesting enough. Furthermore, results showed that there is no specific relation between the nature of patients' chronic disease and their perception regarding nurse communication during health education (22).

#### **2.5 Environment related factors communication barriers**

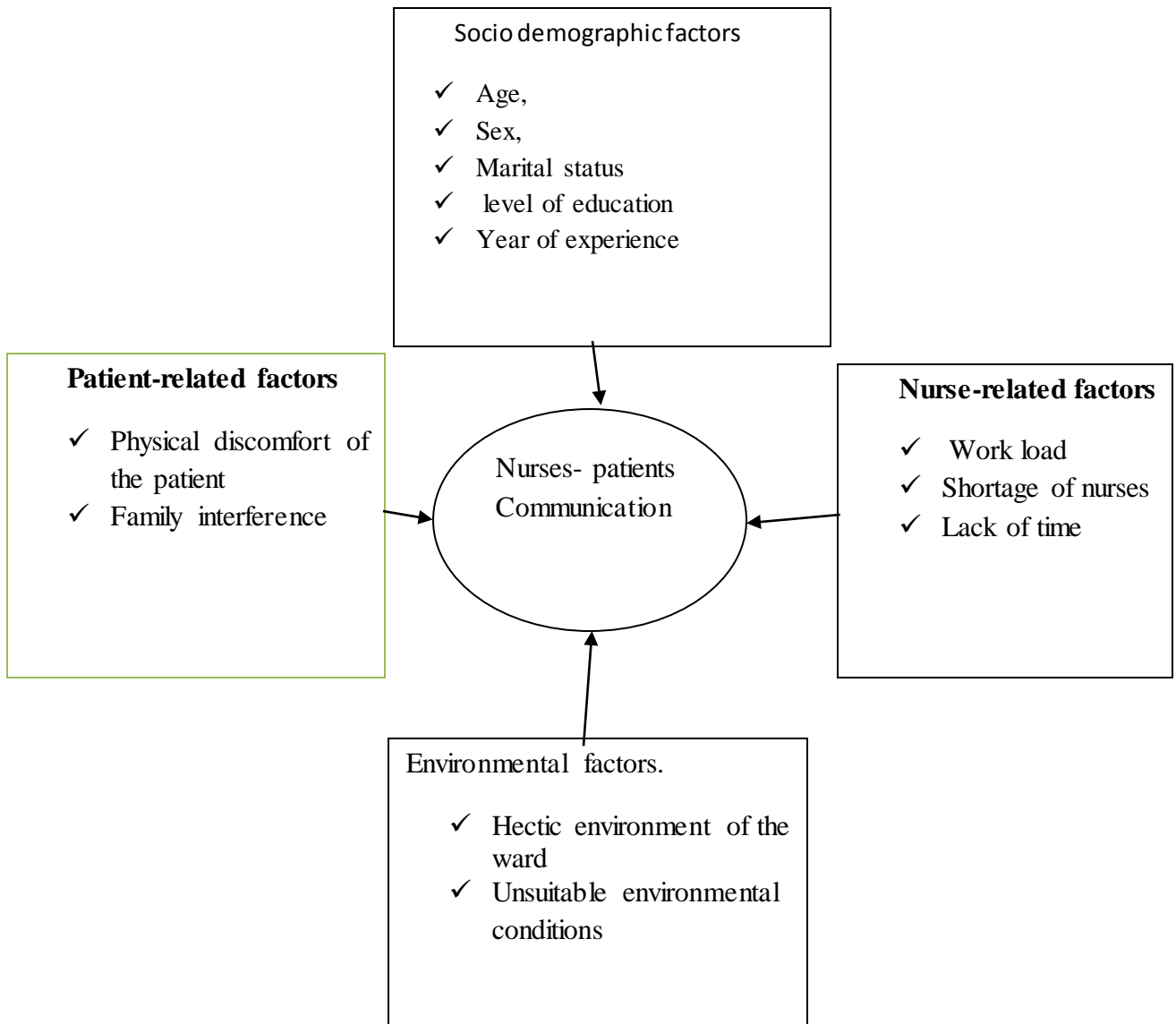
The study about barriers and facilitators of patient to nurse communication in Saudi Arabia using the Nurses' Self-Administered questioners. For 291 nurses working in medical-surgical departments at five hospitals in Saudi Arabia. The results indicated that the Philippine and Saudi

Arabian nurses perceived more barriers to communication with respect to personal/social characteristics, and environmental factors than nurses of other nationalities (10).

The present Cross sectional, descriptive analytic study was conducted on 70 nurses in two hospitals associated to Alborz University of Medical Sciences, in 2012. the reliability and validity of the questionnaires were assessed. a significant difference was observed environmental factors ( $p=0.019$ ) (6).

In Korea investigated the communication barriers perceived by older hospitalized patients and nurses. The authors developed a 50-item communication-barrier questionnaire that includes patient, nurse, and environmental factors. 136 nurses were asked to rate the importance of each communication-barrier item. There were significant differences 71% of environment-related communication barriers. (15).

## 2.2 Conceptual frame work



**Figure 1:** conceptual framework for this study adapted from literature review (6,11)

## **3.OBJECTIVES**

### **3.1 General objective**

1. To assess the level of communication and barriers perceived by nurses at Tikure Anbessa specialized hospital, Addis Ababa, Ethiopia 2018.

### **3.2 Specific objectives**

- 1-To describe level of communication between the nurse and patients.
- 2- To indicate barriers which affect the communication between the nurses and the patients.

## **4. METHODOLOGY**

### **4.1 Study design**

An institution based cross sectional study design was conducted to describe nurses' communication barriers at Tikure Anbessa specialized hospital, Addis Ababa, Ethiopia.

### **4.2 Study area and period**

This study was conducted in Tikure Anbessa specialized hospital, Addis Ababa, Ethiopia from March 1-30, 2018.

Tikur Anbesa specialized hospital is a teaching hospital for Addis Ababa University, School of Medicine. Beside this It is a referral hospital which offered different services for patients who are coming from different regions of the country.it gives services for approximately 370,000-400,000 patients flow per year. The hospital has 800 beds, with 169 specialists, 65 non-teaching doctors, and 986 nurses. The hospital provides multi-dimensional aspects of care to clients who need health care services the major clinical services are classified as pediatrics, medical, surgical, and Obs/gynecological departments. The hospital also has special units (Referral clinics), those are Chest, Renal, Neurology, Cardiology, Dermatology and Sexually Transmitted Diseases, Gastrointestinal, Infectious Diseases, Orthopedics, General Surgical, Gynecologic and Obstetrics, Diabetic, Hematology, oncology and Medical-surgical ICU.

### **4.3 Source population**

The source population for this study was all nurses who are working in Tikur Anbesa specialized hospital and teaching hospital during the study period.

### **4.4 Study population**

Nurses working in Tikur Anbesa specialized hospital during the study period.

## 4.5 Eligibility criteria

### 4.5.1 Inclusion criteria

- Nurses working in Tikur Anbesa specialized hospital and
- Nurses who were working for more than six months prior to the data collection period.

### 4.5.2 Exclusion criteria

- Nurses who were not found during the data collection period due to annual leave and some other social problem.
- Nurses who were working for less than 6 months prior to the data collection
- Nurses on study (learning)

## 4.6 Sample size

The Sample size was determined by using single population proportion formula. The best estimate expected population proportion was

$$n_i = \frac{(z_{\alpha/2})^2 * p(1 - p)}{d^2}$$

Where,  $n_i$  =initial sample size

$a$  = confidence interval (95%)

$p$  = since there was no study conducted in Ethiopia so  $p=50%=0.5$

$d$  = is the margin of sampling error tolerated (5%) = 0.05

For possible non-response rate, 10% was added to the sample size.

The total numbers of nurses who are working at Tikur Anbesa specialized hospital are 986. Since our study unit is less than 10,000 the researcher used a correction formula.

$$n_i = (1.96)^2 * 0.5(1-0.5) / 0.0025$$

$$n_i = 384$$

$$N_f = \frac{n}{1 + \frac{n}{N}} = \frac{384}{1 + \frac{384}{986}}$$

$N_f=276$  by added 10% non-respondent rate  $276+27.6=303.6=304$  nurses

#### 4.7 Sampling Procedure

All nurses working in Tikur Anbesa specialized hospital has been contacted and a proportional sample size was allocated to the department (medical, surgical, pediatrics, emergency, ICU, OPD, and gynecology/obstetrics) based on number of nurse working in the units during the data collection period (Table 1).

$$nc = \frac{n * Nx}{N}$$

Where; n = total sample size

nc = sample size in stratum x

N = number of source population

$N_x$  = population size in stratum x = number of stratum (Wards, Medical, Surgical, Pediatrics, Emergency, Gynecology and obstetrics, OPD).

Table 1 allocation of samples for nurses working at Tikur Anbessa specialized hospital Addis Ababa, Ethiopia 2018.

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Units	Medical	Surgical	Gyn/obs	Pediatrics	emergency	OPD	ICU	Total
No of nurses	126	273	53	108	143	223	60	986
Sample	39	84	16	33	44	69	18	304

---

#### 4.8 Data collection procedures

The data collection was facilitated by four BSc qualified nurses who were given a one-day training to familiarize them on data collection procedure and instrument. Shift of the respondents was arranged in contact with head nurses. The data collection facilitators distributed the self-administered questionnaires to the respondents to fill it out. In the absence of respondents repeated revisits were done.



## **4.9 Data collection tools**

To assess nurses' characteristics, the data collection instrument was prepared in English because the participants were nurses. The questionnaires were pre-tested to check whether the questions are simple, clear and easily understandable. To assess nurses' characteristics questionnaires were used to obtain demographic information relevant to the study. Participants were asked to provide information with regard to their age, gender, marital status, educational level, title of work, area of work and years of service employed.

The questionnaires consisted of three sections. The first part included demographic questions, the second part is concerned with the present barriers to nurses to patients' communication and the third part is about level of communication. The questionnaire concerned with the barriers to nurses to patients' communication contained 27 items; each item included 5 options: none, low, average, high, and very high and The questionnaire about level of communication contain 20 items, each items included 5 options; strongly disagree, disagree, neutral, agree and strongly agree.

Responses median and above median value were collapsed into binomial variables of factor "High" and those responses below median were collapsed into a factor "Low".

And finally to assess overall level of nurses-patients' communication median and above median value were collapsed into binomial variables of "Good communication" and median and below median were collapsed in to "Poor communication".

### **4.10. Study Variables**

#### **4.10.1 Dependent Variable**

- Nurse to patient communication barriers

#### **4.10.2 Independent Variable**

- **Socio-demographic factors**; Age, sex, language, religion, marital status, educational status, work experience
- **Nurses related factors** Being overworked, Shortage of nurses, Lack of time, low nurses' salary, lack of knowledge
- **patients related factors** Family interference, Anxiety, pain, Physical discomfort of the patient,

- **Environment related factors** Hectic environment of the ward, Unsuitable environmental conditions

#### 4.11. Operational Definition

- **Good communication:** when nurses' answers median and above median about communication questions.
- **Poor communication:** those who answers below median about communication questions.
- **Barriers:** refers to anything's and conditions that hinder the exchange or sharing of any information between nurse and patients.
- **High barriers:** those responses median and above median value were collapsed into binomial variables of factor "High"
- **Low barriers:** those responses below median were collapsed into a factor "Low"
- **Nurse:** refer to a health care profession who had training in nursing profession at Diploma level and higher.
- **Patient:** refers to a person who is under medical care or treatment
- **Nurse patient communication** refers to the exchange or sharing of any information regarding to patients by means of verbal (speech), or nonverbal,

#### 4.12 Data processing and analysis procedures

Data were checked for completeness, edited and entered into Epi INFO version 3.5.3 and exported to SPSS version 23.00 for analysis. The univariate analysis such as percentage and frequency distribution of different characteristics of the questionnaire were analyzed. Bivariate analysis was used to see the association of independent with the dependent variable. Logistic regression model was employed to control confounding variables, variables included in the model were restricted to those significantly related to communication barriers at the bivariate level and some of the statistical test like, odds ratio (crude & adjusted) was used to measure their association and some of the results were compared with results of other studies

available. Variables with p- value  $<0.25$  in bivariate analysis were entered in the final model. Finally, the result was summarized and presented in statements, tables and graphs.

#### **4.13 Data quality management**

The quality of data was assured by pre-testing the questionnaire on 5% of the actual sample size in the Zewditu memorial hospital Addis Ababa two weeks before the actual data collection. This was helpful for the researcher to screen out vague questions and modify some of the question item as soon as possible. Based on the pretest appropriate modifications of the questionnaire were made. Moreover, the data collectors were given one-day training and data were checked for completeness every day. These incomplete questionnaires were discarded during data entry. During data cleaning phase each data was entered in to a templet prepared on Epi info and then exported to SPSS for analysis.

#### **4.14 Ethical consideration**

Ethical clearance and approval was obtained from the Institutional Review Board (IRB) of the College of Health Sciences, A.A.U. the permission letter was obtained from the Tikur Anbessa hospitals in order to conduct the study. A letter of consent that outlining the main aim and details about the study was prepared in conjunction with the questionnaire. In addition to this, prior to administering the questionnaires, oral informed consent was obtained from the study participants. to assure anonymity and confidentiality the name of participants was replaced by codes.

#### **4.14. Dissemination of the Results**

The thesis will be presented to Addis Ababa University, department of Nursing and Midwifery as partial fulfillment of master's degree in Adult Health Nursing. The results of the study will be communicated to Tikur Anbessa referral and teaching hospital. The findings will also be presented in different seminars, meetings and workshops and published in a scientific journal. Hard and soft copies will be made available in the library of AAU, for graduate students as well as for other researchers and readers

## 5. Results

### 5.1 Socio-demographic characteristics of the study participants

A total of 304 participants were involved in the study and 296 completed the questionnaires giving a response rate of 97.4%. The participants' age ranged from 20 to 58 years, with a mean age of  $31.72 \pm 8.236$  years. The majority of the respondents were in the age group of 20 to 30 years 179(60.5%). Whereas 81(27.4%) were males and 215(72.6%) were females. Regarding to marital status of the participant 152(51.4%)were single and 144(48.6%)were married (Table 2).

Table 2: the distribution of respondents by Gender, Age and Marital Status of nurses in Tikur Anbessa specialized hospital Addis Ababa, Ethiopia 2018.

Variables		Frequency (N)	Percent (%)
Gender	Male	81	27.4
	Female	215	72.6
	<b>Total</b>	<b>296</b>	<b>100</b>
Age	20-30	179	60.5
	31-40	79	26.7
	Above 41	38	12.8
	<b>Total</b>	<b>296</b>	<b>100</b>
Marital status	Single	152	51.4
	Married	144	48.6
	<b>Total</b>	<b>296</b>	<b>100</b>

Regarding educational qualification 258(87.2%) of the nurses hold a bachelor degree and 38(12.8 %) of them was a master's degree graduated. Similarly, the study participants work experiences were ranged from one year up to 37 years with a mean of  $8.12 \pm 7.937$  years. But majority of the respondents were in the range between 1 up to 5 years of work experiences, which was 156(52.7%)year of experience (Table 3).

Table 3: Academic qualification and experience of nurses in Tikur Anbessa specialized hospital Addis Ababa, Ethiopia 2018.

Variables		Frequency (N)	Percent (%)
Academic qualification	BSc Nurses	258	87.2
	MSc Nurses	38	12.8
	<b>Total</b>	<b>296</b>	<b>100</b>
Year of experience	1-5 years	156	52.7
	6-10 years	74	25.0
	11-15 years	26	8.8
	Above 15 years	40	13.5
	<b>Total</b>	<b>296</b>	<b>100</b>

The departments where the nurses working are medical 39 (13.2%), surgical 83(28.0%), Gyn/Obs 17 (5.7%), emergency 41 (13.9%), ICU 17(5.7%), pediatrics 31(10.5 and OPD 68(23.0%) departments (figure 2).

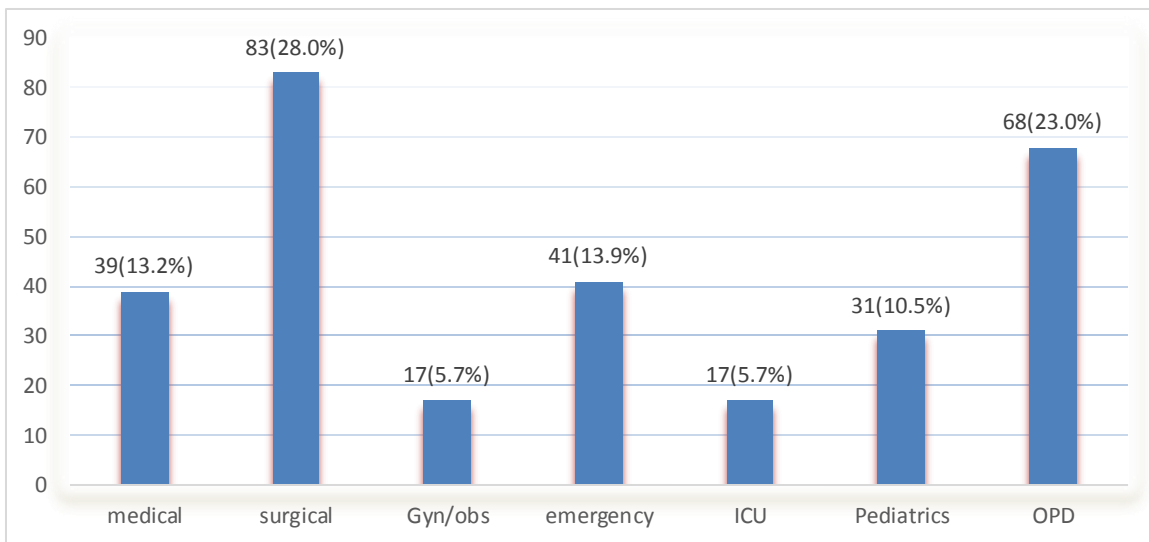


Figure 2 working department of nurses at Tikur Anbessa specialized hospital. Addis Ababa, Ethiopia 2018.

## 5.2 level of communication

The study participant reported that 34.5% of them had a good level of communication, whereas, the remaining 65.5% of them had poor communication level with patients (figure 3)

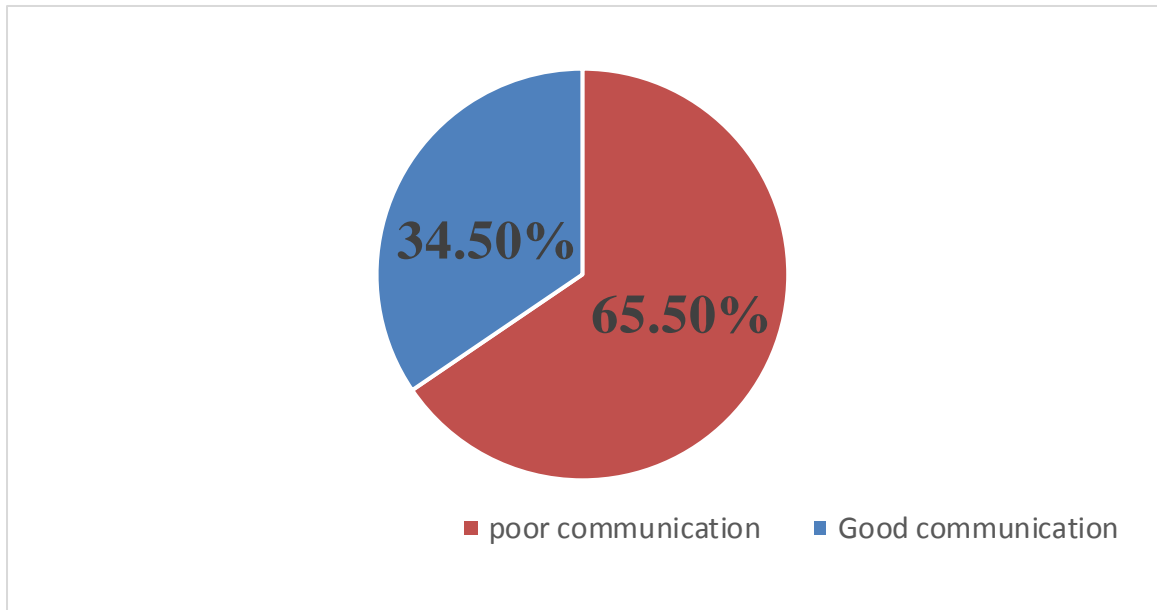


Figure 3 Level of communication nurses with patients reported by nurses in Tikur Anbessa specialized hospital Addis Ababa, Ethiopia 2018.

## 5.3 The distribution between socio demographic variables and level of communication

Regarding the level of communication 70.6% females have poor communication and 29.4% are males. The younger nurses aged between 20 and 30 years have poor communication (75.3%), nurses aged 31-40 years (21.6%), nurse age 41-50 (1.5%) and nurse age above 50 (1.5%). Regarding marital status single individuals 61.95% have poor communication whereas those married 38.15% have poor communication. BSc nurses have poor communication 93.8% compared to MSc nurses. Nurses have poor communication 94.3% compared to head nurses. Nurses with 1-5 years of experience 67.5% have poor communication, nurses with 6-10 years' experience 22.7%, nurses with 11-15 years of experience 6.7% and nurses above 15 years 3.1% have poor communication. (Table 4)

Table 4 demographic Characteristics and level of communication in Tikur Anbessa specialized hospital Addis Ababa, Ethiopia 2018.

Independent Variables		Level of communication	
		Poor communication	Good communication
Sex	Male	57(29.4%)	24(23.5%)
	Female	137(70.6%)	78(76.5%)
Age	20-30	146(75.3%)	33(32.4%)
	31-40	42(21.6%)	37(36.3%)
	41-50	3(1.5%)pc	18(17.6%)
	>50	3(1.5%)	14(13.7%)
Marital status	Single	120(61.95%)	32(31.4%)
	Married	74(38.1%)	70(68.6%)
Educational level	BSC nurse	182(93.8%)	76(74.5%)
	MSC nurse	12(6.2%)	26(25.5%)
Position	Nurse	183(94.3%)	82(80.4%)
	Head nurse	11(5.7%)	20(19.65%)
Year of experience	1-5 years	131(67.5%)	25(24.5%)
	6-10 years	44(22.7%)	30(29.4%)
	11-15 years	13(6.7%)	13(12.7%)
	>15 years	6(3.1%)	34(33.3%)

#### 5.4 Nurse-related communication barriers reported by nurses

The scores for nurse-related communication barriers reported by nurses are listed in Table 5. The most important nurse-related barriers reported by nurses were ‘language difference between nurses and patients’, ‘shortage of nurses related to patient numbers’, ‘not have enough time’, ‘having several job sand fatigue due to extra work’, ‘lack of welfare and facilities’ and ‘low nursing salary’.

Table 5 the most important communication barriers reported by nurses in Tikur Anbessa specialized hospital Addis Ababa, Ethiopia 2018.

Barriers	Category	N	%
Age difference b/n nurses and patients	Low	78	26.4
	High	218	73.6
Gender difference b/n nurses and patients	Low	118	39.9
	High	178	60.1
Cultural difference b/n nurses and patients	Low	104	35.1
	High	192	64.9
Religion difference b/n nurses and patients	Low	129	43.6
	High	167	56.4
Language difference b/n nurses and patients	Low	38	12.8

	High	<b>258</b>	<b>87.2</b>
The relationship of other members with the nurse	Low	61	20.6
	High	<b>235</b>	<b>78.4</b>
Shortage of nurses relatively to the patients number	Low	63	21.3
	High	<b>233</b>	<b>78.7</b>
Lack of time and opportunity	Low	78	26.4
	High	<b>218</b>	<b>73.6</b>
Having several jobs and fatigue due to extra work	Low	87	29.4
	High	<b>209</b>	<b>70.6</b>
Lack of interest to work	Low	171	57.8
	High	125	42.2
Lack of welfare and facilities for nurses	Low	66	22.3
	High	<b>230</b>	<b>77.7</b>
place of working (Department)	Low	88	29.7
	High	208	70.3
Low nurses salary	Low	32	10.8
	High	<b>264</b>	<b>89.2</b>

### 5.5 Patient-related communication barriers reported by nurses

The scores for patient-related communication barriers reported by nurses are listed in Table 6. The most important patients-related barriers reported by nurses were Anxiety, pain and discomfort of the patient, high interference with patient attendants, and the presence of patient's family on the patient's bedside.

Table 6. The most important barriers of nurses to patient factors reported by nurses in Tikur Anbessa specialized hospital Addis Ababa, Ethiopia 2018.

Barriers	Category	n	%
Resistance and unwillingness to communicate patients	Low	218	73.6
	High	78	26.4
Lack of patient awareness of position and description of nurse's duties	Low	84	28.4
	High	212	71.6
Lack of attention and concentration of the patient	Low	121	40.9
	High	175	59.1
Anxiety, pain and discomfort of the patient	Low	57	19.3
	High	<b>239</b>	<b>80.7</b>
High interference with patient attendants	Low	58	19.6
	High	<b>238</b>	<b>80.4</b>
The presence of patients' family or friend on the patient's bedside	Low	56	18.9
	High	<b>240</b>	<b>81.1</b>



## 5.6 Environment-related communication barriers reported by nurses.

The most important environment-related barriers reported by nurses were presence of severely ill patient in the unit (nurses are busy with the ill patient), busy environment, being in an unfamiliar hospital environment and Inappropriate environmental conditions (inadequate ventilation in the environment, heat and cold, inappropriate light). (Table 7)

Table 7 The most important barriers of environmental factors reported by nurses in Tikur Anbessa specialized hospital Addis Ababa, Ethiopia 2018.

Barriers	Category	N	%
Patient presence in an unfamiliar environment	Low	108	36.5
	High	188	63.5
The busy environment	Low	38	12.8
	High	258	87.2
Inappropriate environmental conditions	Low	78	26.4
	High	218	73.6
The presence of a serious illness in the department	Low	97	32.8
	High	199	67.2

## 5.7 Bivariate and multivariate logistic regression

From the Bivariate Logistic regression analysis 22 independent variables was associated with the dependent variable. After that variables which have P value less than or equal to 0.25 were entered in Multivariate logistic regression and 4 of them have significant association with the outcome variable. Those are relationship of other member of health professional( $p=0.012$ ) AOR 3.568(1.33-9.57), lack of adequate time ( $p=0.003$ ) AOR 5.621 (1.79-17.68), having several jobs and fatigue due to extra work( $p=0.022$ ) AOR 7.122 (1.33-38.12) and presence of patient family or friends on the patient's bedside( $p=0.001$ ) AOR 5.768 (2.04-16.33).

The relationship of other health professional to nurses were 4 times more likely to have poor communication than nurses who have no relationship. Nurses who did not have adequate time with patients had 6 times more likely to have poor communication. Nurses who have an additional work had 7 times more likely to have poor communication than nurses did not have additional works to communicate with patients. And those nurses communicate with presence patients' family on the patients bed side had 6 times more likely to have poor communication than those communicate with patients' family at bed side (Table 8)

Table 8 Bivariate and Multivariate logistic regression in Tikur Anbessa specialized hospital Addis Ababa, Ethiopia 2018.

Variables	Barriers	Good com	Poor com	COR(95%CI)	AOR(95%CI)	P Value
Shortage of nurses	Low	61(59.8%)	2(1.0% )	1		
	High	41(40.2%)	192(99.0%)	25.29 (13.21-48.42)	4.772(0.67-34.27)	0.120
R/ship of other members	Low	38(37.3%)	23(11.9%)	1		
	High	64(62.7%)	171(88.1%)	4.414(2.44-7.98)	3.568( 1.33-9.57)	<b>0.012*</b>
Lack of Time	Low	73(71.6%)	5(2.6% )	1		
	High	29(28.4%)	189(97.4%)	43.39(21.39-88.02)	5.621(1.79-17.68)	<b>0.003*</b>
Having extra work	Low	69(67.6%)	18(9.3%)	1		
	High	33(32.4%)	176(90.7%)	20.444(10.80-38.70)	7.122(1.33-38.12)	<b>0.022*</b>
Discomfort of patients	Low	44(43.1%)	13(6.7%)	1		
	High	58(56.9%)	181(93.3%)	10.562(5.320-20.969)	1.331(0.41-4.34)	0.635
Interference of attendant	Low	33(32.4%)	25(12.9%)	1		
	High	69(67.6%)	169(87.1%)	3.233(1.792-5.834)	1.088(0.39-3.04)	0.872
Presence of patient family	Low	40(39.2%)	16(8.2%)	1		
	High	62(60.8%)	178(91.8%)	7.177(3.755-13.719)	5.768(2.04-16.33)	<b>0.001*</b>
Busy environment	Low	30(29.4%)	8(4.1% )	1		
	High	72(70.6%)	186(95.9%)	9.687(4.241-22.127)	1.305(0.33-5.19)	0.705
Inappropriate environment	Low	36(35.3%)	42(21.6%)	1		
	High	66(64.7%)	152(78.4%)	1.974(1.161-3.356)	0.664(0.24-1.79)	0.420
Lack of welfare to nurses	Low	37(36.3%)	29(14.9%)	1		
	High	65(63.7%)	165(85.1%)	3.239(1.842-5.696)	1.277(0.46-3.56)	0.641
Place of nurses working	Low	50(49.0%)	38(19.6%)	1		
	High	52(51.0%)	156(80.4%)	3.947(2.333-6.678)	0.867(0.32-2.35)	0.780
Low salary of nurses	Low	24(23.5%)	8(4.1% )	1		
	High	78(76.5%)	186(95.9%)	7.154(3.080-16.616)	2.685(0.66-10.84)	0.165

## 6. DISCUSSION

This study assessed the level of communication and communication barriers among nurses working in different departments at Tikur Anbessa specialized hospital, Addis Ababa, Ethiopia. The overall level of communication (65.5%) Nurses have ineffective communication of the respondent in this study was the same compared to the study done at Athens, Greece (65.8%) (10). Whereas study in Kasturba Hospital showed 79% of nurses' experience moderate level of difficulty in communicating with patients(14). In Korea the communication barriers perceived by nurses were significant differences nurses in 57%(13).

The findings of this study showed that there was no relationship between most of socio demographic variables including age, marital status, work of experience, level of education, language, ethnicity, religion. This could be due to the fact that most of socio demographic variables did not affect overall level of communication.

In this study there is no difference between year of experience and level of communication but study conducted in Saudi Arabia shows that there is a significant difference between the participants' years of experience and gender with their communication skills towards patients. The implications are that nurses with shorter experience perceived greater barriers to communication with respect to the clinical situation of patients due to lack of communication experiences (3). And also in surgical clinics in Crete, results indicated that nursing staff with the longest work experience provided hospital care of better quality(10).

In this study 4 of them have significant association with the outcome variable. Those are not having enough time and opportunity ( $p=0.003$ ), having several jobs and fatigue due to extra work ( $p=0.022$ ), relationship of other member of health professional( $p=0.012$ ), and presence of patient family or friends on the patient's bedside ( $p=0.001$ ). This is line with previous studies done in Canada Lack of enough time (0.001 \*\*) family' interference (0.026 \*) (7) and also study in Singapore showed The patients' family was also seen to have an impact on communication (12).

According to nurses mention, 'heavy nursing workload', 'lack of time 'family interference and relationship of other health professionals' were the main communication barriers. The

study showed related to effective communication barriers, the most frequently checked by nurses was heavy nursing workload' (1)

The results indicated that nurses work load was perceived as barrier to effective communication. This support a study conducted by (5,7,17,23). which increases work load, and therefore, there is not enough time to establish a good relationship. Presence of patient family (lack of privacy) and relationship of other members also perceived as barriers to Communication.

On this study revealed that Nurses not have enough time due to other factors with patients 7 times more likely to have poor communication compared to those have time to communicate with patients. those nurses communicate with presence patients' family on the patients bed side 6 times to have poor communication than those communicate with patients' family at bed side. nurses who have work load 7 times more likely to be poor communication than those who had not work load to communicate with patients. And The relationship of other health professional to nurses 4 times more likely to have poor communication than nurses who have no relationship with other health professional.

In a research conducted about nurse to patient's communication, nursing workload definitely affects the time that a nurse can assign to various tasks. Under a heavy workload, nurses may not have sufficient time to perform tasks that can have a direct effect on patient safety. A heavy nursing workload can influence the care provider 's decision to perform various procedures (7).

Through the literature review five main barriers were identified by nurses as affecting the nurse-client communication process and relationship. Nurses perceived barriers to be their lack of comfort, lack of knowledge, environment, time, and cultural differences. Across the studies conducted in different countries, the same barriers were present and reported by nurses' in varying degrees (4). From this literature review in this research time shows significant communication barriers.

A research results indicated that nursing staff with the low work provided hospital care of better quality. This was not however observed when taking their work load into account since these nurses mentioned that their work load is one of the main factors that barriers effective

communication. indicated in them study that there is lack of information due to time limitations and the increased work load of the nursing staff(10).

Nurses must learn to manage time effectively in order to complete the many tasks that fall under their responsibility. By spending time with the patient, the nurse allows the patient to feel cared for, valued, and ideally, understood. When the busy nurse is unable to spend time with the patient, that patient may negatively affect the ability of nurses to build meaningful relationships (8, 12).

The amount of time available for nursing care is found to influence the type of interaction and amount of care given. Many of the activities undertaken by nurses are dependent on availability of sufficient time. In study, various reasons were given by nurses for the availability of time mainly relating to the number of nurses on duty and client workload. Having sufficient time to meet clients' needs was considered a major factor facilitating positive nurse-client interaction(13).

## **7. STRENGTH AND LIMITATION OF THE STUDY**

### **7.1 Strength of the study**

This study is probably the first research related to communication barriers among nurses in Ethiopia. It will be helpful as baseline information for other researchers

The study contributes to promoting awareness, and the importance of, recognizing the barriers and facilitators of nurse-patient communication

### **7.2 Limitation of the study**

- It is limited to compare with other studies due to absence of similar study
- Since level of patient's communication were not known by respondent it was difficult to see the relationship between levels of nurses with patients' communication.
- Since the study was cross sectional, it shows only temporal relationship between variables

## **8. CONCLUSION AND RECOMMENDATION**

### **8.1 CONCLUSION**

To communicate effectively, we need to be recognizing the barriers. Nurses must communicate effectively in order to perform their roles as educator, nurses' manager, and active member of the health care team. Communication is essential in order to provide high quality healthcare, promote patient satisfaction and patient adherence with treatment. Nurses should, therefore, understand communication barriers between patients and nurses, and practice strategies to reduce the associated communication barriers.

The study concludes that predominantly perceived barriers to effective nurses to patients Communication was lack of time and work overload on the part of the nurses.

No significant difference was found in Perceived Barriers between the socio demographic variables including age, marital status, work of experience, level of education, language, ethnicity, religion. It can be concluded that nursing managers and healthcare system planners should focus on eliminating or minimizing the barriers stated by nurses.

### **8.2 RECOMMENDATION**

It is well known that communication is very essential to give nursing care. The following measures should be taken to minimize the communication barriers among nurses. The principal investigator would like to give the following recommendation.

- The hospital authorities should ensure that nursing workload is reduced in order to facilitate effective communication.
- Nurses minimize the relationship of with other health professional other than related work relation to improve effective communication with their patients.
- During nursing care and when nurses communicate with their client's patient family must be outside to protect patient's privacy.
- Also, Nurses should be encouraged by hospital authorities to spend time with patients and speak in simple language they could understand as well as provide frequent in-service training on effective communication strategies for all health professionals.

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## **Annex 1: Subject Information Sheet**

Dear colleague Hello

The questionnaire you have available is designed to examine the barriers to using communication skills by nurses in dealing with patients at Tikur Anbessa Specialized Hospital. Your exact answer to questions can provide more accurate results and is very important in achieving the goals of this research.

Obviously, the results of this research will be addressed to the authorities in order to eliminate barriers and communication problems between nurses and patients. The researcher assures that all information obtained will remain confidential and will be used to complete this research.

Thank you sincerely for your cooperation.

G/kidan Wune  
Master of Adult health Nursing

Addis Ababa University Health Sciences College of Nursing and Midwifery

## **Annex 2: Consent form**

In undersigning this document, I am giving my consent to participate in the study entitled as “assessment of nurses to patients’ communication barriers among nurses at Tikur Anbessa Specialized hospital, Addis Ababa, Ethiopia”. I have understood that participation in this study is entirely voluntarily. I have been told that my answers to the questions will not be given to anyone else and no reports of this study ever identify me in any way. I understood that participation in this study does not involve risks. I understood that G/kidan Wune is the contact person if I have questions about the study or about my rights as a study participant.

Respondent’s signature \_\_\_\_\_

Interviewer

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you**

## Annex 3: Questionnaire

Addis Ababa University, College of Health Sciences, Department of Nursing and midwifery Graduate Studies

Questionnaire ID number-----

### Section I demographic characteristics

Note: Encircle from the given option and write if any other idea.

S no	Questions	Answer
101	Sex	1. male 2. female
102	Age	_____
103	Marital status	1 Single 2.Married 3.Widowed 4.Divorced
104	Religion:	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other specify _____
105	Ethnicity:	1. Oromo 2. Amhara 3. Tigray 4. Gurage 5. others(specify)_____
106	Educational level:	1. BSC 2. MSC and above
107	Position	1.Nurse 2.Head Nurse
108	Name of the section you are currently working on	1 Medical 4. emergency 7. OPD 2. Surgical 5.ICU 3. Gyni/obs 6.pediatric
109	Year of experience	_____

**Section II:** concerned with the present barriers to nurses' use of communication skills

Score as follows: none= 1 , low= 2 , average= 3 , high= 4 scores and 5=very high

Note: Encircle from the given option and write if any other idea

	<b>Questions(Nurse-to-patient) related communication barriers among patients and nurses</b>	<b>Response</b>				
		none	low	average	high	Very high
201	Age difference between nurse and patient	1	2	3	4	5
202	Gender differences between nurse and patient	1	2	3	4	5
203	Cultural difference Between Nurse and Patient	1	2	3	4	5
204	Religious difference Between Nurse and Patient	1	2	3	4	5
205	Language differences between nurse and patient	1	2	3	4	5
206	Nurse's unwillingness to communicate with the patient	1	2	3	4	5
207	Resistance and unwillingness to communicate patients	1	2	3	4	5
208	Nervous inconvenient experiences from past encounters with patients	1	2	3	4	5
209	The relationship of other members of the health team with the nurse	1	2	3	4	5
210	Shortage of nurses relatively to the patients number	1	2	3	4	5
211	Not having enough time and opportunity	1	2	3	4	5
212	Having several jobs and fatigue due to extra work	1	2	3	4	5
213	Lack of patient awareness of position and description of nurse's duties	1	2	3	4	5
214	Lack of attention and concentration of the patient	1	2	3	4	5
215	Anxiety, pain and discomfort of the patient	1	2	3	4	5
216	High interference with patient attendants	1	2	3	4	5
217	The presence of patients' family or friend on the patient's bedside	1	2	3	4	5
218	Patient presence in an unfamiliar environment	1	2	3	4	5
219	The busy environment (high noise and abundant traffic)	1	2	3	4	5

220	Inappropriate environmental conditions (inadequate ventilation in the environment, heat and cold, inappropriate light, unpleasant odors, etc.)	1	2	3	4	5
221	The presence of a serious illness in the department (because most nurses spend time providing services to this patient)	1	2	3	4	5
222	Lack of interest to work	1	2	3	4	5
223	Lack of knowledge of the nurse about the concept of communication, its types and communication skills	1	2	3	4	5
224	Lack of welfare and facilities for nurses	1	2	3	4	5
225	The place of nurses working	1	2	3	4	5
226	Attraction of Nurses Out of Working profession	1	2	3	4	5
227	Low nurses salary	1	2	3	4	5

### Section III: nurse-patient communication among nurses

Read and write alongside each one the degree to which you agree or disagree. Assess based on the scale of "1: Strongly Disagree" up to "5: Strongly Agree."

<i><b>INFORMATION DURING HOSPITALIZATION</b></i>						
301	You inform patients of their rights	1	2	3	4	5
302	You inform patients of the results when taking their vital signs (blood pressure, temperature, heart rate)	1	2	3	4	5
303	You give the patient information on any diagnostic tests (namely the type of test, its purpose, preparation and what will happen during the test)	1	2	3	4	5
304	You inform the patient about the medication they are taking during hospitalization (kind, dose, side effects)	1	2	3	4	5
305	You keep patients informed on the condition of their health	1	2	3	4	5
306	You inform patients about the department on the day of their arrival (orientation of space, routines, bell)	1	2	3	4	5

307	You try to include/inform them about the decisions related to their therapy	1	2	3	4	5
308	You are satisfied with the frequency information you provide to your patients	1	2	3	4	5
309	You provide the patients with information the moment they ask for it	1	2	3	4	5
<b><i>CARE PROVIDED BY THE NURSING STAFF</i></b>						
310	You are polite and friendly towards your patients(manner of speaking, protection of privacy, respect in diversity)	1	2	3	4	5
311	You immediately respond to their call for help(notification button, sign)	1	2	3	4	5
312	You pay attention to the patients' personal needs	1	2	3	4	5
313	You protect patients' privacy (partitions, protection of body exposure)	1	2	3	4	5
314	You inform the patients on how to take care of themselves at home after being released from hospital	1	2	3	4	5
315	You inform the patients about positions which help alleviate pain and of the medication given	1	2	3	4	5
316	You check up on the patient regularly when in pain	1	2	3	4	5
<b><i>COMMUNICATION DURING HOSPITALIZATION</i></b>						
317	You dedicate adequate time to your communication (to support them through difficult times, to discuss, to listen and understand their problems)	1	2	3	4	5
318	The patients are satisfied with your communication	1	2	3	4	5
319	You respond to the patients' concerns and complaints during their stay at hospital	1	2	3	4	5
320	You are satisfied with your communication with the patients	1	2	3	4	5

## **STATEMENT OF DECLARATION**

By my signature below, I declare and affirm that this thesis is my own work. I have followed all ethical principles of scholarship in the preparation, data collection, data analysis and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis.

This thesis is submitted in partial fulfillment of the requirement for a graduate degree from the Addis Ababa University at College of Health Sciences, School of Allied Health Sciences department of Nursing and Midwifery. The thesis is deposited in the Addis Ababa University Digital Library and is made available to local, national and international scientific community. I solemnly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic degree, diploma or certificate.

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### **STUDENT**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## APPROVAL BY THE BOARD OF EXAMINATION

This thesis by G/kidan Wune is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of masters in Adult Health Nursing.

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