

## IDENTIFY THE COMMUNICATION BARRIER AMONG NURSE-PATIENT IN TERTIARY CARE HOSPITALS IN PESHAWAR

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### Abstract

**Introduction:** Effective communication between nurses and patients is crucial for high-quality healthcare, reducing patient distress, and preventing negative outcomes. Poor communication leads to significant negative consequences in healthcare settings, such as misdiagnosis, patient dissatisfaction, and increased risk of work-related violence. Addressing communication barriers is essential to improve patient care, foster positive nurse-patient relationships, and ensure patient safety. Excellence in Education & Research

**Methodology:** This chapter describes the methodology used to identify barriers to nurse-patient communication in tertiary care hospitals in Peshawar, including study design, setting, duration, sample size, sampling technique, and data analysis. A descriptive cross-sectional study was conducted across three government hospitals, with a sample size of 313 nurses selected using simple random sampling. Data was collected using a validated questionnaire and analyzed using SPSS, ensuring ethical considerations such as informed consent and participant confidentiality.

**Result:** The results of a study on nurse-patient communication barriers in a tertiary care hospital in Peshawar. Key barriers include nursing shortages, overworking, inadequate communication skills, and medical knowledge, while age, gender, and cultural differences are seen as minor or neutral issues. Factors like patient participation in treatment plans, work-related violence, and nurses' relationships with other healthcare providers also influence communication effectiveness.

**Conclusion:** this investigation identified several factors affecting nurse-patient communication at a tertiary care hospital in Peshawar. Minor obstacles related to age and gender differences were mitigated by professional conduct and cultural competence training. However, significant barriers were due to insufficient nursing knowledge and communication skills, heavy workloads, and limited time, highlighting the need for better training, staffing, and resource management.

**INTRODUCTION****1.1. Background:**

In a medical setting, especially for nurses during nursing care the exchange of information between patients and health care providers is crucial. Health practitioners' ability to communicate effectively is essential to providing patients with high-quality care, reducing their feelings of guilt, worry, and pain, and preventing patient damage (Abdulla, Naqi, and Jassim 2022). In addition to having an impact on the patient, the nurse, the patient's family, and the healthcare system also effected through poor communication (Al-Kalaldehy et al. 2020). According to a recent study, 70% of the significant negative consequences in healthcare settings were caused by poor communication (Guttman et al. 2021). According to another study, over 80% of avoidable negative outcomes in the hospital setting can be attributed to a breakdown in communication (Eränen and Kungu 2021). Moreover, poor communication causes patients to become dissatisfied, which raises the risk of work-related violence in the healthcare environment (Eränen and Kungu 2021).

Communication is steps of transmitting ideas, vision, thoughts, thinking and feelings. The sender and the recipient of the message agree on the meanings of every word used during the conversation. Communication is a tools through which nurse can give patients the right advice, give clear instructions, and establish a rapport with patients. (Adnan, Latif, and Abid 2020). Effective communication is essential for nurses to interact with patients and meet their healthcare requirements. When a message is delivered and received accurately and thoroughly, communication is effective. Good conduct in many treatment areas can help to rebuild the positive nurse-patient connection, ensuring high-quality nursing care (Dean et al. 2021). Good communication between a nurse and a patient is crucial to providing high-quality healthcare. A nurse's ability to treat a patient efficiently may be limited if there are numerous communication barriers in the nurse-patient interaction. These barriers can be identified and addressed.

The nurse and patient can predict the outcome from their first meeting. The first consultation between the patient and the nurse determines whether the patient will return or if the course of treatment will be

continued or stopped. After a consultation, the patient and nurse communication can forecast how the treatment will turn out. Most patients do remark that the nurse is not interested in listening to their physical symptoms, ailments, and issues, either because of the first visit or because of communication barriers. Additionally, it can improve the choices patients make regarding their care and therapies (Al-Kalaldehy et al. 2020). One of the most important factors in determining the quality of patient care in healthcare organizations is the nature of the nurse-physician relationship and the efficiency of internal communication. Additionally, good communication fosters favorable results and collaborative decision-making toward patient-centered care. In general, good communication between doctors and staff nurses is closely linked to the caliber of patient care in healthcare institutions. Patient safety is also determined by the kinds of relationships between nurses and physicians (P et al. 2018).

Throughout the stay of patients in the hospital, patients of all ages frequently have complicated communication needs, including those related to mobility, sensory, and cognitive demands as well as language obstacles. For patients and their families, being admitted to the hospital may be upsetting and stressful. Since patients view their interactions with nurses as essential to their care, all aspects of nursing and caregiving are highly valued in patient communication. (Naheeda 2019)

Despite the great importance of communication in nursing profession different study shows different barriers. Barriers are the factors that hinders the communication between nurses and patients. these barriers cause poor communication which may leads to miscommunication, anxiety, incorrect diagnosis, abuse, problems, longer hospital stays, resource waste, and discontent with the healthcare system. Communication obstacles can affect how individuals from various cultures and languages engage with one another, which can have an impact on interpersonal relationships and teamwork (Nasmil and Seneviratne 2020) Additionally, the patients say that they are unable to give enough details regarding their conditions (Adnan et al. 2020).

Barriers to communication in nursing might be physical, language, cultural, interpersonal, or

emotional in nature (Eränen and Kungu 2021). The things that can influence the nurse-patient communication are mismatched in age, education level, gender, economic status and burden of work on staff nurses (Al-Kalaldeh et al. 2020). Additionally, the patients say that they are unable to give enough details regarding their conditions (Adnan et al. 2020). Effective communication can facilitate learning, support, motivation, experience building in authentic educational settings, healthy decision-making, and the promotion of healthy behaviors. Good communication between nurses, patients, and nursing students is essential to the delivery of high-quality medical treatment in healthcare systems (Nasmil and Seneviratne 2020)

A study conducted by Umarani at the University of California identified several obstacles to nurse-patient communication. These include limited knowledge among nurses, insufficient time, lack of resources, organizational culture that doesn't support evidence-based practices, inadequate support from administration, ambiguous expectations in the workplace, and a poor grasp of statistical concepts (Zeb 2018). A study in the UK in 2006 showed that poor communication skills negatively impact the services provided to patients, the studies have found that while nurses are trained in effective communication, they often do not use these skills when interacting with patients in clinical settings (Norouzinia et al. 2015)

The study in 2019 in Faisalabad identified that there is lack of communication skills among nurses and the gender difference leads to a communication barrier. These studies raise the possibility that nurse-patient communication may have the same gap issue in Peshawar; more research in this area might help higher education institutions make improvements to Pakistan health care system (Naheeda 2019)

### 1.2. Significance:

In Pakistan, research on social and communication issues in healthcare is not well-developed, especially in the area of health communication. There is very little information about how nurses, patients in the hospitals communicate. This study aims to improve our understanding of effective communication in healthcare. The findings from this research will help identify barriers and gaps in communication between

nurses and patients. This will lead to better quality care and stronger nurse-patient relationships. The results will also help develop communication strategies that improve patient adherence to treatments, increase their satisfaction, and reduce their complaints.

### 1.3. Problem Statement:

This research aims to identify and analyze the specific communication barriers to nurse-patient in tertiary care hospitals.

1.4. OBJECTIVE: To identify a common barrier to nurse-patient communication in tertiary care hospitals.

1.5. RESEARCH QUESTION: What are the barriers to effective communication among nurses and patients in tertiary care hospital in Peshawar.

## METHODOLOGY

The chapter includes the study design, study settings, study duration, sample size, sampling technique, sample selection, inclusion criteria, exclusion criteria, data collection, data analysis and ethical consideration.

3.2. Study design: A descriptive cross-sectional study was conducted in research because it is useful for understanding the current status of barriers to nurse-patient communication in a specific healthcare setting. A Cross-sectional study is generally less expensive and less time-consuming compared to other studies. They require data collection only at one point in time, reducing the resources needed to study communication barriers. This design is straightforward and easier to manage, especially when dealing with large populations of nurses and patients. This simplicity makes it a practical choice for research on communication barriers.

### 3.3. Study setting:

The setting for a study was government hospitals such as; Hayatabad Medical Complex, Lady Reading Hospital, and Khyber Teaching Hospital. These hospitals often serve a broad spectrum of the population, including individuals from various socio-economic, ethnic, and linguistic backgrounds. This diversity can reveal a wide range of communication

barriers. Nurses in these hospitals often handle higher patient loads and work under more stressful conditions compared to private institutions. This can significantly impact communication quality, making it an essential area of study.

### 3.4. Study duration:

The study duration for a study was 6 months. The duration was selected because of the academic semester cycle that is why at the end of semester we had to present our research.

3.5. Sample size: The sample size was 313 for research project. We went to the hospital where we visited each ward and met with the head nurse. They provided us with information about the nurses, which we noted down. Finally, we gathered the data from all three hospitals we had surveyed and calculated the total population. The sample size was based on the total nurse population of 1,594 in the selected settings, with 808 nurses at LRH, 473 at HMC, and 313 at KTH.

3.6. Sampling technique: Simple random sampling technique was used to collect data from participants. The=is method is straightforward to implement and understand, making the sampling process easier to manage.

### 3.7. Sample selection: (inclusion and exclusion criteria)

#### Inclusion criteria:

1. Registered nurse working in tertiary care hospitals
2. Nursing with minimum of 6 months of experience in patient care.
3. Nurses from various departments of hospitals.
4. Nurses of all genders and ages.

#### Exclusion criteria:

1. Nurses who are on leave and absent on data collection period.
2. Nurses who are unwilling to participate or provide informed consent for the study.

3.8. Data Collection: After receiving approval from the college administration and accepting a request letter from the nursing directors of all three hospitals, written informed consent was obtained from the

participating graduate nurses. Sampling was done from HMC, LRH and KTH in each ward. Participants were required to complete a validated questionnaire which we got on open access(Al-Kalaldehy et al. 2020). Nurses were asked to rate how much each factor affected their ability to communicate with patients. They used a five-point scale, where 1 meant (a very small extent) and 5 meant (a very large extent). A higher score indicated a greater impact on communication(Al-Kalaldehy et al. 2020). The nurses filled out the questionnaire in English since all nursing programs in Peshawar are taught in English, and English is the main language used for documentation

The questionnaire consists of two main parts:

» Part one - demographic information, which included questions on age, gender, marital status, level of education and number of years of clinical experience.

» Part two - included 27 items on barriers to nurse-patient communication in tertiary care hospitals in Peshawar.

The 27-item questionnaire grouped into six domains:

Demographic factors - four items.

Knowledge-related factors - four items.

Environmental factors - five items.

Social factors - five items.

Economic factors - two items.

Psychological factors - seven items.

### 3.9. Data Analysis:

The data were entered into SPSS Statistics for Windows Version 23.0. The statistical analysis was carried out by the students in collaboration with the research team. This involved using descriptive statistics to show the distribution of the variables.

3.10. Ethical consideration: We got an approval from college administration and the nursing director of all three hospitals also accepted our request. After an approval from nursing director, we took a written inform consent from graduated nurses in these hospitals who will participate in data collection. We ensure to maintain the confidentiality of participants by not mentioning their names in questionnaire. Participants were required to complete a validated questionnaire which we got on open access.

RESULTS

VARIABLE: 1

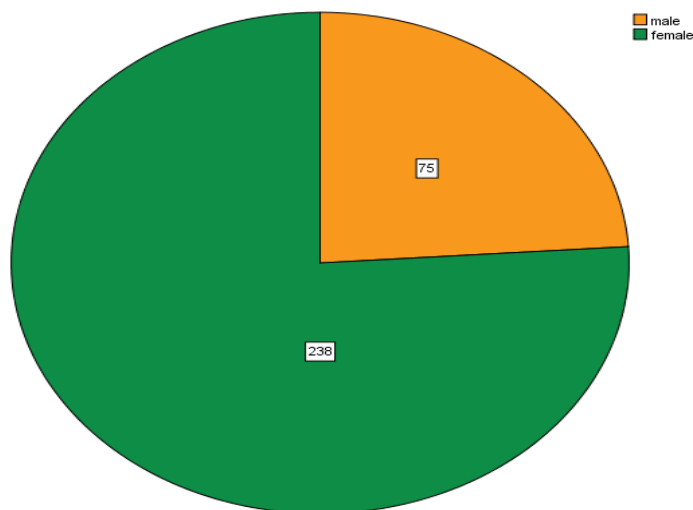
Age of Participants

Age of participants					
Age of participants	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	20-25yrs	63	20.1	20.1	20.1
	26-30yrs	154	49.2	49.2	69.3
	31-35yrs	53	16.9	16.9	86.3
	36-40yrs	25	8.0	8.0	94.2
	Morethan40	18	5.8	5.8	100.0
	Total	313	100.0	100.0	

Table 1: The above table of the variable “age of participants” shows that the majority of participants fall in the 26-30 years age group, making up nearly half of the total sample (49.2%). The second largest age group is 20-25 years, constituting 20.1% of the sample. The remaining age groups have progressively fewer participants, with those aged 31-35 years at 16.9%, 36-40 years at 8.0%, and more than 40 years at 5.8%.

VARIABLE: 2

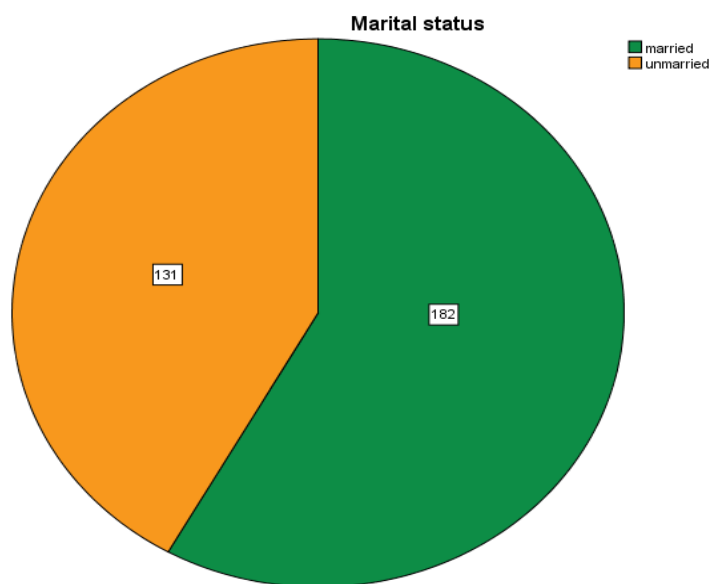
Participants Gender



Graph: 1. The above graph of the variable “Participants gender” shows that total sample size is 313 individuals, with females being significantly more represented than males.

VARIABLE: 3

Marital status of Participants



Graph 2: The data of marital status of participants in above graph reveals that the majority of the sample population is married (58.1%), while a significant portion remains unmarried (41.9%). The cumulative percent values help to understand the progressive addition of each category's percentage, culminating in the entire population's distribution.

**VARIABLE: 4**

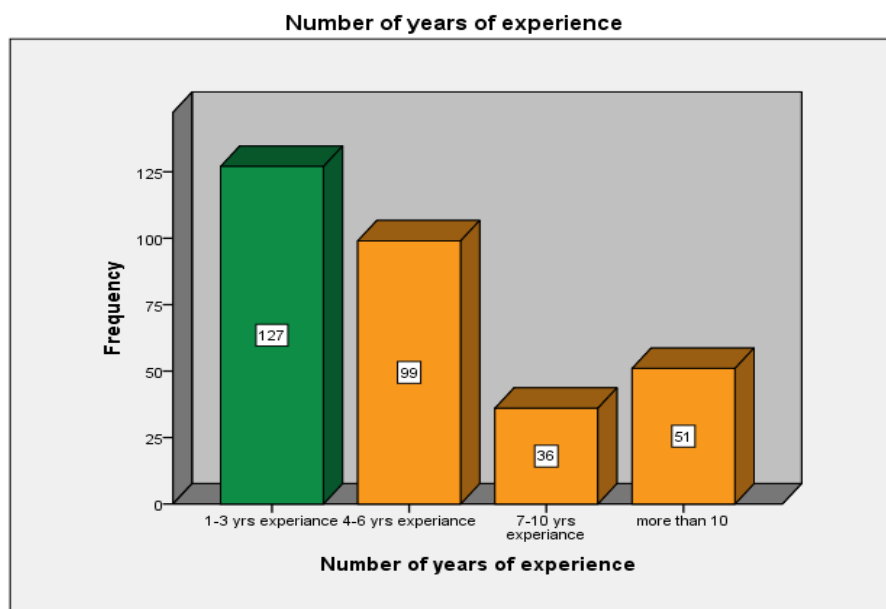
Educational status of Participants

Educational status		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	diploma nurse	121	38.7	38.7	38.7
	bachelor degree	174	55.6	55.6	94.2
	master degree	18	5.8	5.8	100.0
	Total	313	100.0	100.0	

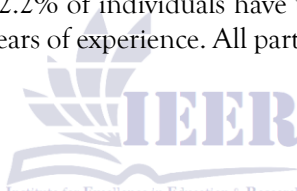
Table 2: The data of variable “Educational status” in tertiary care hospitals in Peshawar highlights that the majority of the sample has a bachelor's degree, followed by those with a diploma in nursing, and a smaller proportion with a master's degree.

**Variable: 5**

Number of years of experience



Graph 3: The above table and graph show that the largest group of individuals (40.6%) have 1-3 years of experience, followed by 31.6% with 4-6 years of experience. The groups with 7-10 years and more than 10 years of experience are smaller, making up 11.5% and 16.3% of the sample, respectively. The cumulative percentages help to understand the distribution step-by-step, showing that 72.2% of individuals have up to 6 years of experience, and by including those with 7-10 years, 83.7% have up to 10 years of experience. All participants (100%) are accounted for in the final category.



**Variable: 6**

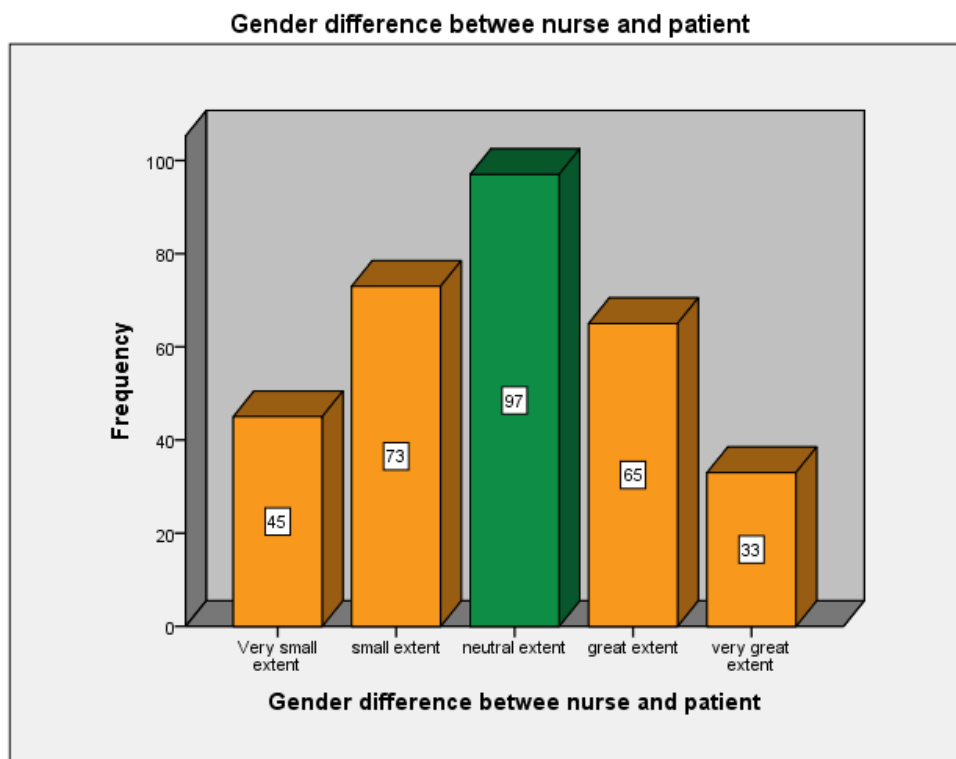
Age difference between nurse and patient

Age difference between nurse and patient		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very small extent	68	21.7	21.7	21.7
	small extent	70	22.4	22.4	44.1
	neutral extent	106	33.9	33.9	78.0
	great extent	45	14.4	14.4	92.3
	very great extent	24	7.7	7.7	100.0
	Total	313	100.0	100.0	

Table 3: The above table shows that the majority of respondents (33.9%) reported that the age difference between nurse and patient impacts the communication barrier to a neutral extent, followed by small and very small extents. Fewer respondents felt the impact was to a great or very great extent.

**VARIABLE: 7**

GENDER DIFFERENCE BETWEEN NURSE AND PATIENT



Graph 4: The data in above graph reveals that a diverse range of perceptions regarding the barrier in tertiary care hospitals of gender difference between nurses and patients. The largest segment of the population (31.0%) views this difference to a neutral extent. A combined 37.7% of individuals perceive the difference to either a very small or small extent, while a combined 31.3% perceive it to a great or very great extent.

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**VARIABLE: 8**

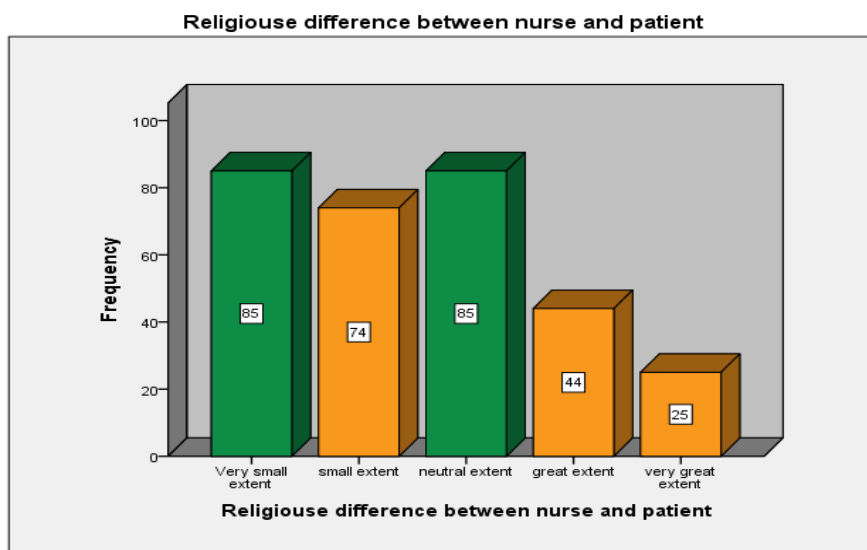
Culture difference between nurse and patient

Cultural difference between nurse and patient					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very small extent	68	21.7	21.7	21.7
	small extent	81	25.9	25.9	47.6
	neutral extent	83	26.5	26.5	74.1
	great extent	53	16.9	16.9	91.1
	very great extent	28	8.9	8.9	100.0
	Total	313	100.0	100.0	

Table 4: From above table and graph, it can be inferred that most respondents (74.1%) perceived cultural differences as a communication barrier in tertiary care hospitals in Peshawar to a very small extent, small extent, or neutral extent, while a smaller portion (25.8%) perceived cultural differences to a great or very great extent.

**Variable: 9**

Religious difference between nurse and patient



Graph 5: The above graph show that the majority of responses (50.8%) indicate that religious differences between nurses and patients are perceived to be an issue to a "very small extent" or "small extent. 27.2% of respondents are neutral, indicating neither a strong positive nor negative perception of the impact of religious differences. A smaller portion of respondents (22.1%) perceive religious differences to be an issue to a "great extent" or "very great extent. Overall, the data suggests that while some perceive religious differences as a significant issue in nurse-patient interactions, the majority do not view it as a major concern.

**VARIABLE: 10**

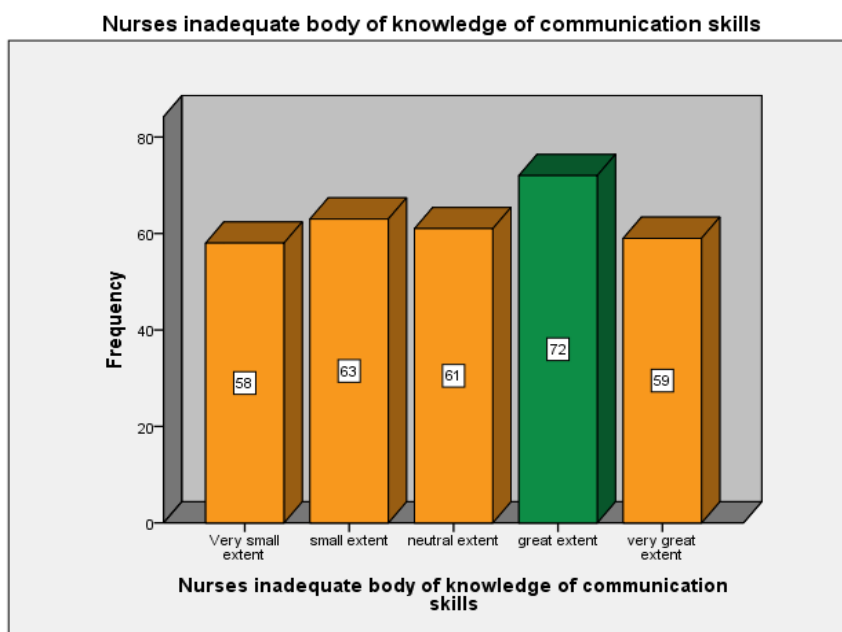
Patient educational background

Patient educational background		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very small extent	73	23.3	23.3	23.3
	small extent	74	23.6	23.6	47.0
	neutral extent	72	23.0	23.0	70.0
	great extent	48	15.3	15.3	85.3
	very great extent	46	14.7	14.7	100.0
	Total	313	100.0	100.0	

Table 5: This table indicate that the distribution of educational background among patients effects the communication among nurses and patients with the largest groups being those with a very small extent (23.3%) and small extent (23.6%) of educational background. The least represented group is those with a very great extent (14.7%) of educational background.

**Variable: 11**

Nurses inadequate body of knowledge of communication skills



Graph 6: In the above graph the majority of respondents (41.8%) believe that nurses' inadequate communication skills are a barrier to nurse-patient communication to either a great extent or a very great extent. A smaller portion (38.6%) believes this barrier exists to a very small or small extent. A notable portion (19.5%) is neutral on the issue.

**VARIABLE: 12**

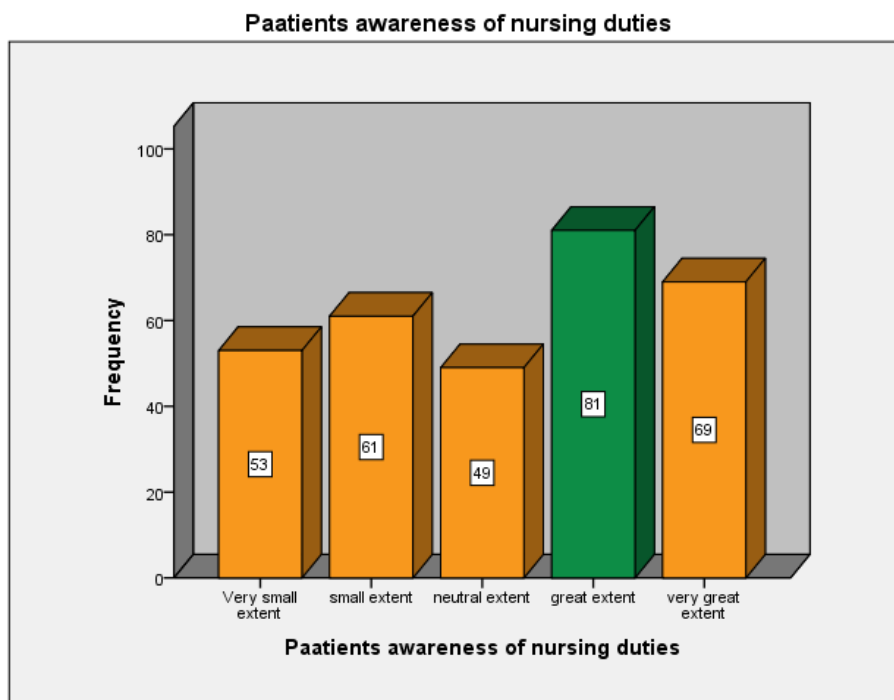
Nurses inadequate knowledge of patients medical illness and its management

Nurses inadequate knowledge of patient's medical illness and its management					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very small extent	59	18.8	18.8	18.8
	small extent	47	15.0	15.0	33.9
	neutral extent	72	23.0	23.0	56.9
	great extent	74	23.6	23.6	80.5
	very great extent	61	19.5	19.5	100.0
Total		313	100.0	100.0	

Table 6: The above data suggests a varied perception of the impact of nurses' inadequate knowledge of patients' medical illnesses on communication. While a considerable percentage (43.1%) believes that this factor significantly affects communication (to a great or very great extent), a notable portion (33.8%) feels the impact is minimal or small. The neutral responses (23.0%) indicate that for some, the extent of the impact may depend on other contextual factors. Overall, the findings highlight the importance of enhancing nurses' knowledge to improve communication with patients.

**Variable: 13**

Patient awareness of nursing duties



Graph 7: The data suggests that while a significant portion of patients (47.9%) have a great or very great extent of awareness of nursing duties, which can positively influence communication, there is also a risk of creating barriers due to heightened expectations. Conversely, patients with very small or small extents of awareness (36.4%) may experience fewer barriers but potentially less meaningful interactions. Striking a balance in patient awareness and managing expectations are essential to optimizing nurse-patient communication.

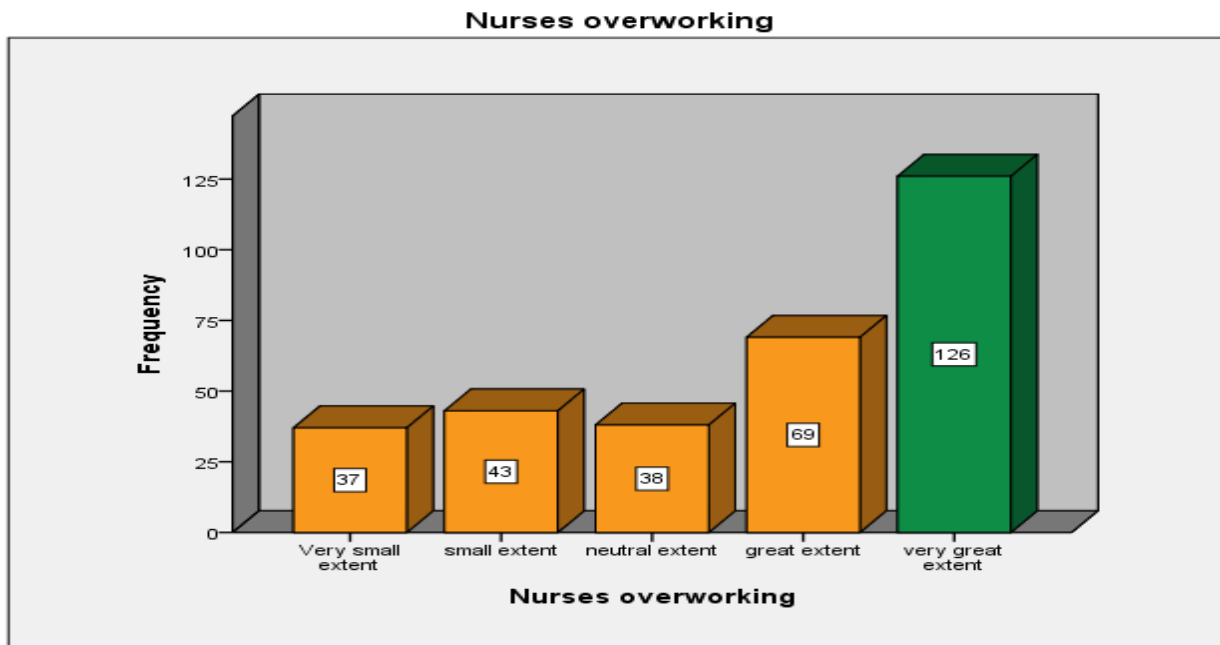
**Variable: 14**

Nursing shortage

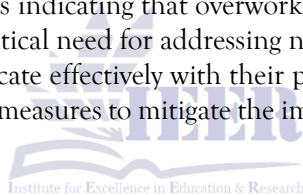
Nursing shortage		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very small extent	38	12.1	12.1	12.1
	small extent	45	14.4	14.4	26.5
	neutral extent	39	12.5	12.5	39.0
	great extent	56	17.9	17.9	56.9
	very great extent	135	43.1	43.1	100.0
	Total	313	100.0	100.0	

Table 7: The data suggests that the majority of respondents acknowledge the nursing shortage as a significant barrier to nurse-patient communication. This barrier can lead to misunderstandings, decreased patient satisfaction, and potentially poorer health outcomes. Efforts to address nursing shortages are critical to ensuring effective communication, which is vital for quality patient care.

VARIABLE: 15  
Nurses overworking



Graph 8: The high frequency of respondents indicating that overworking affects nurse-patient communication to a great or very great extent underscores the critical need for addressing nurse workload and ensuring that nurses have the time and resources needed to communicate effectively with their patients. Improved staffing levels, better work schedules, and support systems are essential measures to mitigate the impact of overworking and enhance the quality of nurse-patient interactions.

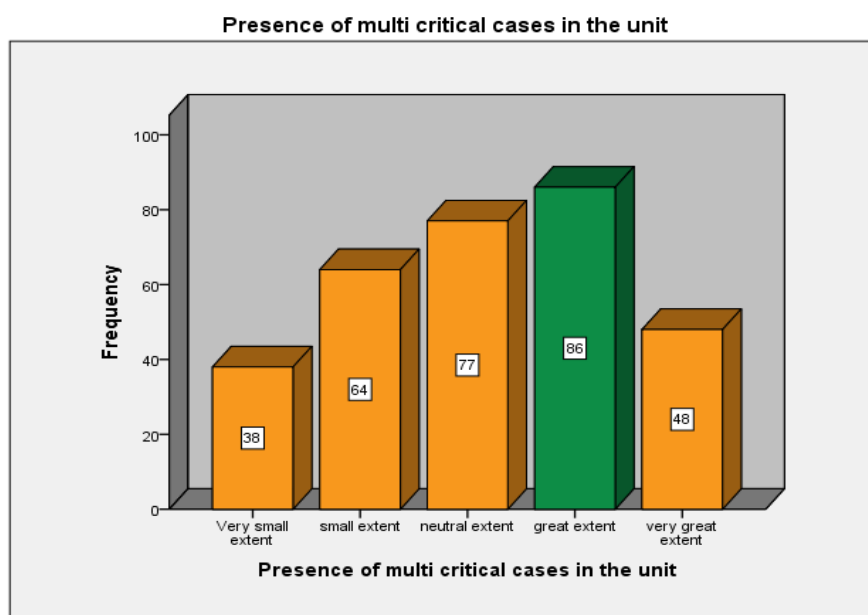


VARIABLE: 16  
Lack of time

Lack of time		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very small extent	44	14.1	14.1	14.1
	small extent	52	16.6	16.6	30.7
	neutral extent	71	22.7	22.7	53.4
	great extent	79	25.2	25.2	78.6
	very great extent	67	21.4	21.4	100.0
	Total	313	100.0	100.0	

Table 8: The data reveals that a combined total of 46.6% of nurses (categories "great extent" and "very great extent") perceive lack of time as a significant barrier to effective communication with patients. This suggests that nearly half of the nursing staff experience substantial challenges due to time constraints. Addressing this issue could improve communication and overall patient care. On the other hand, 30.7% of nurses (categories "very small extent" and "small extent") do not see it as a major problem, indicating variability in time management and workload among the nursing staff. The neutral extent category, comprising 22.7%, further illustrates the mixed experiences and perceptions regarding this barrier.

VARIABLE: 17  
Presence of multicritical cases in the unit



Graph 9: A majority (42.8%) of respondents perceive the presence of multiple critical cases as a communication barrier to a great or very great extent. A significant portion (32.5%) perceives it as a barrier to a very small or small extent. A neutral stance is taken by 24.6% of respondents. This distribution indicates that while there is a notable perception of communication barriers caused by the presence of multiple critical cases, opinions are varied across different extents.



**VARIABLE: 18**

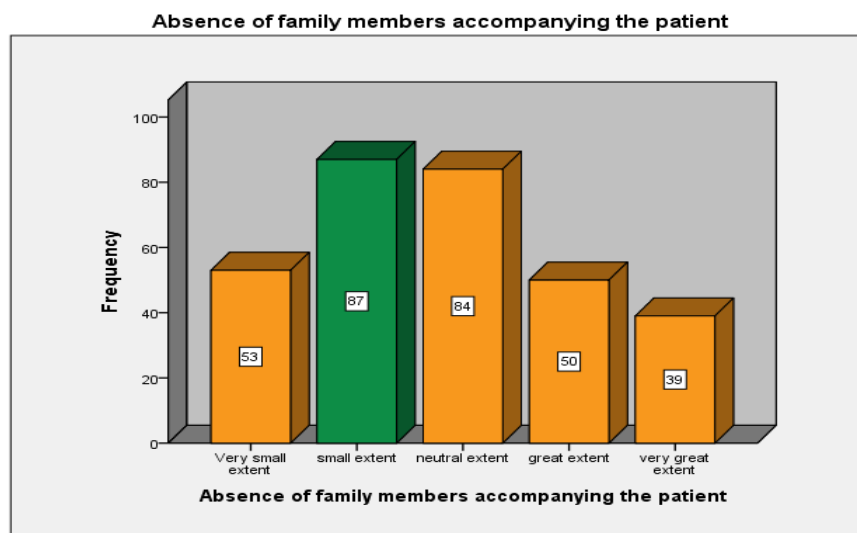
Presence of work-related violence

Presence of work-related violence					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very small extent	45	14.4	14.4	14.4
	small extent	59	18.8	18.8	33.2
	neutral extent	86	27.5	27.5	60.7
	great extent	83	26.5	26.5	87.2
	very great extent	40	12.8	12.8	100.0
	Total	313	100.0	100.0	

Table 9: The data indicates a varied perception of work-related violence as a communication barrier within the workplace. While a small portion (14.4%) sees it as a very minor issue, a significant number of respondents (26.5%) view it as a considerable barrier, and 12.8% experience it as a major problem. The largest group remains neutral, suggesting mixed experiences and perceptions about the extent to which work-related violence affects communication.

**Variable: 19**

Absence of family members accompanying the patient



Graph 10: The majority of respondents (44.7%) believe that the absence of family members accompanying the patient affects communication to a very small or small extent. A significant portion (26.8%) is neutral on the matter, while a smaller but notable group (28.5%) feels that it affects communication to a great or very great extent. This suggests that while the absence of family members is not universally seen as a major communication barrier, it is significant for nearly a third of respondents.

**VARIABLE: 20**

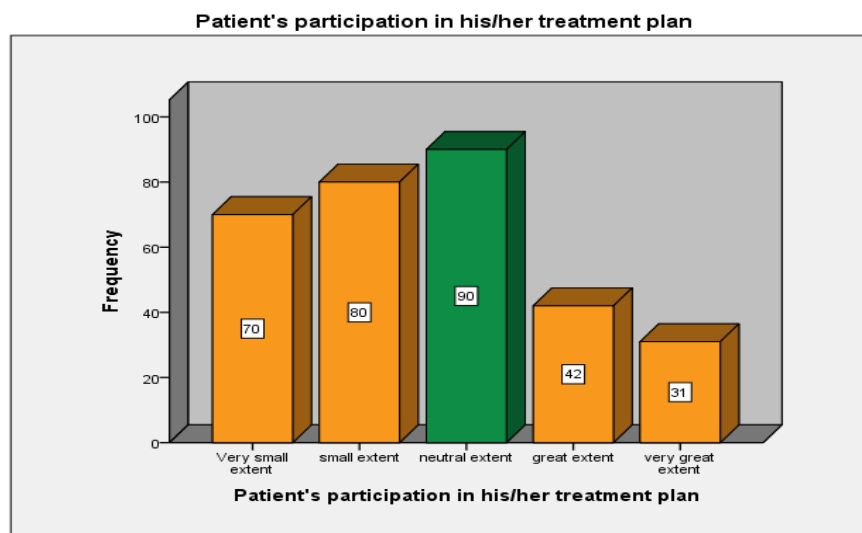
Unfamiliar environment of the hospital for the patient

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very small extent	78	24.9	24.9	24.9
	small extent	98	31.3	31.3	56.2
	neutral extent	71	22.7	22.7	78.9
	great extent	41	13.1	13.1	92.0
	very great extent	25	8.0	8.0	100.0
	Total	313	100.0	100.0	

Table 10: The data suggests that while the unfamiliar hospital environment does pose a communication barrier for patients, the extent of its impact varies. A considerable number of patients find it to be a minor issue, while a notable minority experience it as a significant barrier. Understanding these perceptions can help healthcare providers address communication challenges by creating more familiar and welcoming environments for patients.

**Variable: 21**

Patient participation in his or her treatment plan



Graph 11: In summary, patients' varying degrees of participation in their treatment plans can act as a communication barrier. Higher levels of patient engagement generally correlate with improved communication and better healthcare outcomes, whereas lower levels may hinder effective interaction and shared understanding between patients and providers.

**Variable: 22**

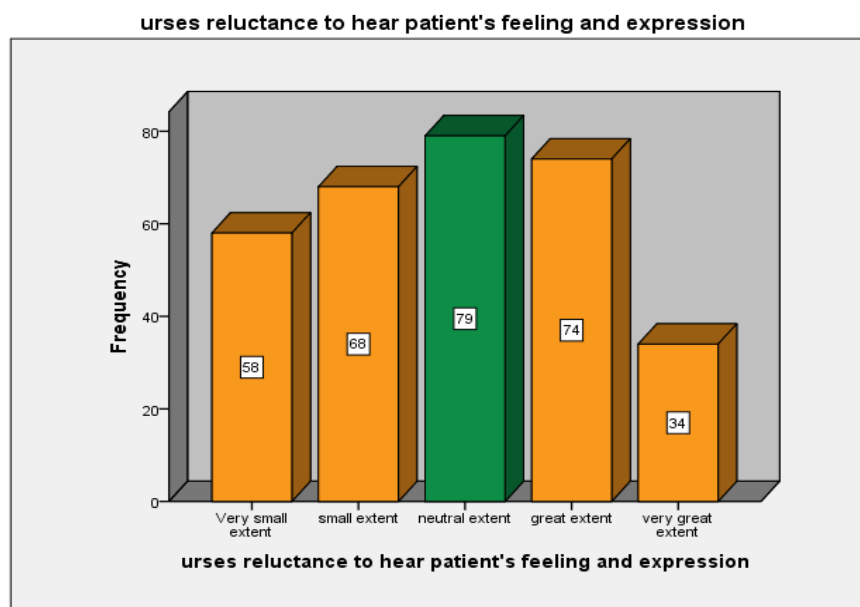
The relationship of nurses with other healthcare providers

The relationship of nurses with other healthcare providers					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very small extent	62	19.8	19.8	19.8
	small extent	60	19.2	19.2	39.0
	neutral extent	75	24.0	24.0	62.9
	great extent	65	20.8	20.8	83.7
	very great extent	51	16.3	16.3	100.0
Total		313	100.0	100.0	

Table 11: The above table and graph show patients' varying degrees of participation in their treatment plans can act as a communication barrier. Higher levels of patient engagement generally correlate with improved communication and better healthcare outcomes, whereas lower levels may hinder effective interaction and shared understanding between patients and providers.

**Variable: 23**

Nurses reluctance to hear patients feeling and expression



Graph 12: In above graph, 313 nurses were surveyed. This data indicates that nearly half of the nurses perceive this reluctance to a neutral or greater extent (59.7%), highlighting a considerable area for improvement in nurse-patient communication.

**Variable: 24**

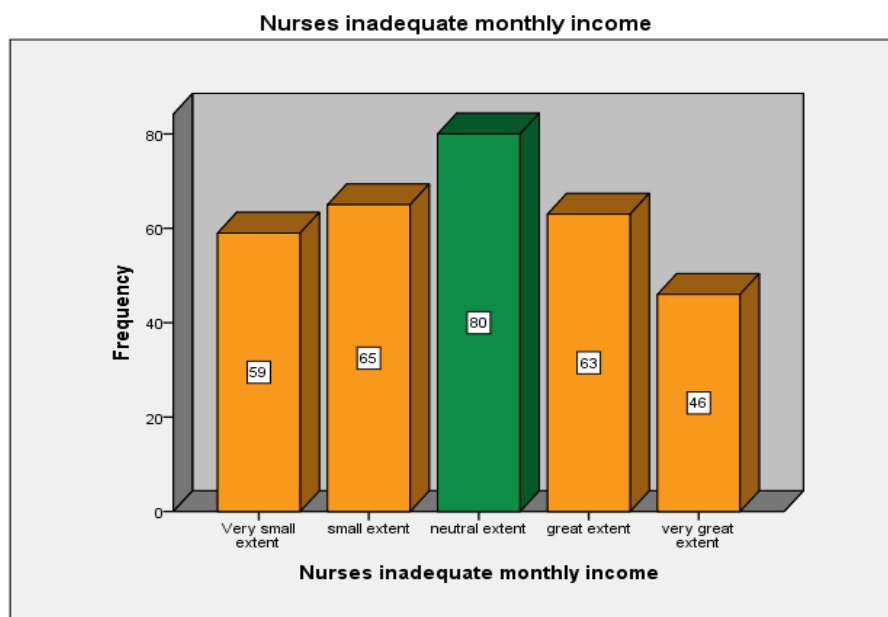
Nurses having a multiple duties in more than one place at the same time

Nurses having a multiple duties in more than one place at the same time		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very small extent	62	19.8	19.8	19.8
	small extent	73	23.3	23.3	43.1
	neutral extent	71	22.7	22.7	65.8
	great extent	50	16.0	16.0	81.8
	very great extent	57	18.2	18.2	100.0
Total		313	100.0	100.0	

Table 12: Overall, 313 respondents participated, with the majority indicating that this issue ranges from a small to a neutral extent as a barrier, while a significant portion also viewed it as a great or very great extent barrier.

**Variable: 25**

Nurses inadequate monthly income



Graph 13: The above graph shows that 85.3% of the respondents fell between the very small extent and the great extent, indicating a broad range of perceptions about the impact of inadequate income on nurse-patient communication. The distribution of responses reflects diverse views on how financial challenges influence professional interactions in healthcare settings.

**VARIABLE: 26**

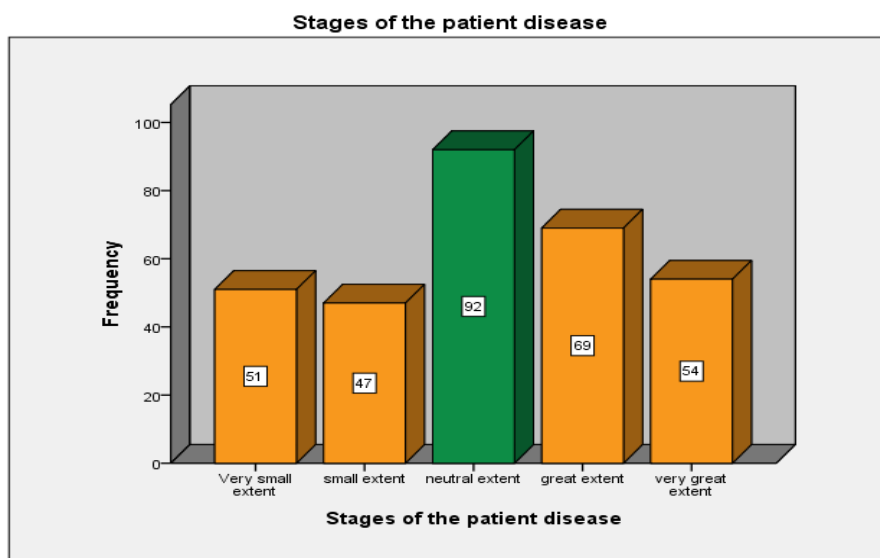
Patient complain of pain or any other physical symptoms

Patient's complain of pain or any other physical symptoms		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very small extent	46	14.7	14.7	14.7
	small extent	57	18.2	18.2	32.9
	neutral extent	94	30.0	30.0	62.9
	great extent	65	20.8	20.8	83.7
	very great extent	51	16.3	16.3	100.0
Total		313	100.0	100.0	

Table 13: The above results show that a patient complaint about pain or physical symptoms are perceived by healthcare professionals as a barrier to nurse-patient communication to varying degrees, with the majority (67.1%) seeing it as a minor to moderate issue.

**Variable: 27**

Stages of patient disease



Graph 14: The stages of a patient's disease are seen as a communication barrier to varying extents. While a significant portion finds it to be a major obstacle, there is a notable fraction that perceives it as less significant or neutral. Understanding these perceptions can help in devising strategies to improve communication by addressing the specific challenges posed by different stages of a patient's disease.

**Variable: 28**

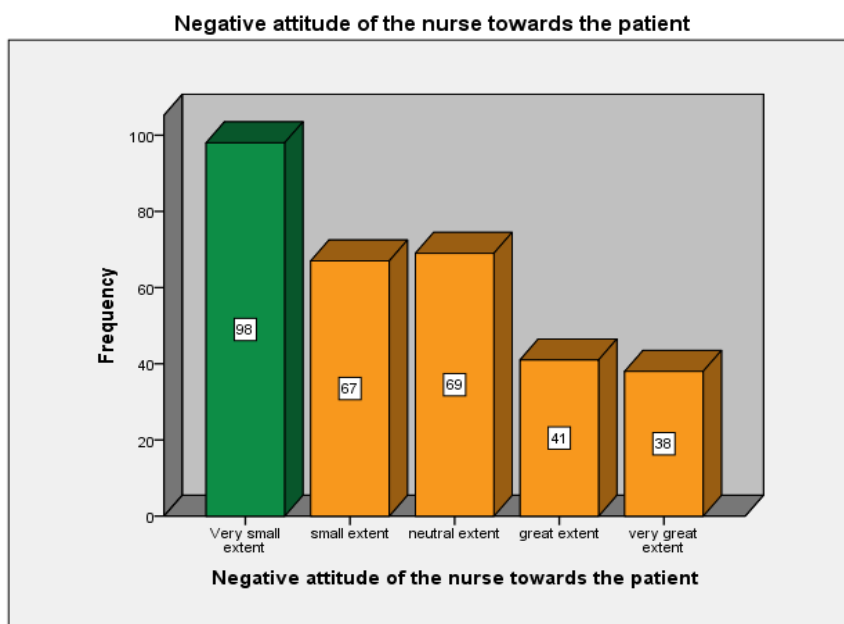
Nurses low self esteem

Nurses's low self esteem		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very small extent	86	27.5	27.5	27.5
	small extent	62	19.8	19.8	47.3
	neutral extent	79	25.2	25.2	72.5
	great extent	45	14.4	14.4	86.9
	very great extent	41	13.1	13.1	100.0
	Total	313	100.0	100.0	

Table 14: The data indicates a varied perception of the impact of nurses' low self-esteem on nurse-patient communication. While the largest group of respondents (27.5%) believes it affects communication to a very small extent, a significant portion (27.5%) views it as a considerable barrier (to a great or very great extent). This suggests that interventions to boost nurses' self-esteem could potentially improve communication effectiveness in clinical settings.

**Variable: 29**

Negative attitude of the nurse towards the patient



Graph 15: The data reveals a diverse range of perceptions regarding the impact of a negative attitude from nurses on communication with patients. While the majority view it as a minor issue, there is a substantial portion of respondents for whom it is a significant barrier. This indicates a need for targeted interventions to address negative attitudes in some nursing staff to improve overall communication and patient care outcomes.

**Variable: 30**

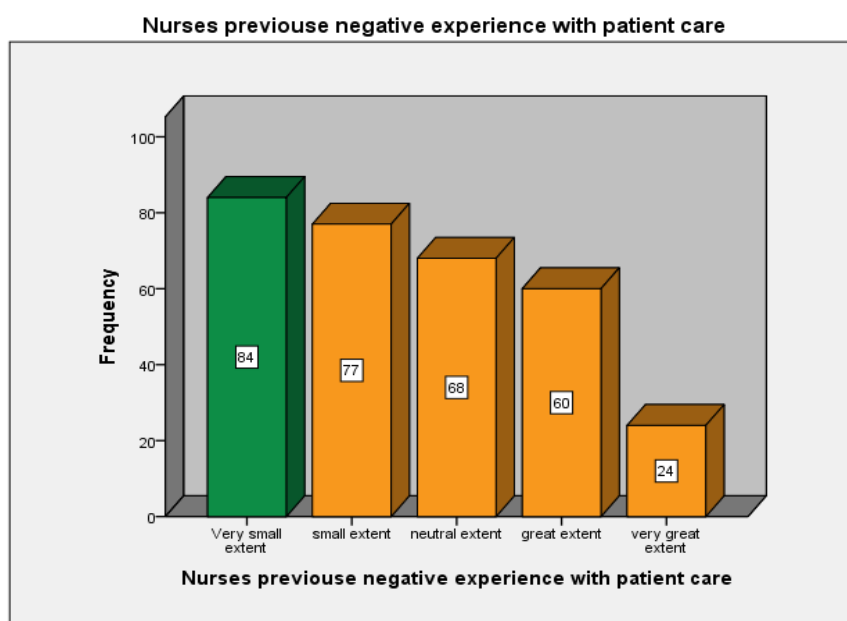
Nurses feeling of despair and apathy towards their job

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very small extent	76	24.3	24.3	24.3
	small extent	74	23.6	23.6	47.9
	neutral extent	78	24.9	24.9	72.8
	great extent	57	18.2	18.2	91.1
	very great extent	28	8.9	8.9	100.0
Total		313	100.0	100.0	

Table 15: The above data shows that the Nurses' feelings of despair and apathy toward their job can significantly hinder effective nurse-patient communication. 24.3% of nurses experience this to a very small extent, 23.6% to a small extent, 24.9% to a neutral extent, 18.2% to a great extent, and 8.9% to a very great extent. Overall, 47.9% of nurses report feeling despair and apathy to some extent, indicating a notable impact on their ability to communicate effectively with patients.

**Variable: 31**

Nurses previous negative experience with patient care



Graph 16: These results indicate that a significant portion of nurses perceive previous negative experiences with patients as varying degrees of a barrier to effective nurse-patient communication, with a majority reporting at least some impact.

Variable: 32

Lack of physical support for patients by nurses



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very small extent	84	26.8	26.8	26.8
	small extent	64	20.4	20.4	47.3
	neutral extent	78	24.9	24.9	72.2
	great extent	47	15.0	15.0	87.2
	very great extent	40	12.8	12.8	100.0
	Total	313	100.0	100.0	

Table 16: This data suggests that a significant portion of patients perceive varying degrees of insufficient physical support from nurses, ranging from minimal to very significant extents

Table 17: Correlation of different variable commination skill

Age of participant	Cultural difference between nurse and patient	Age difference between nurse and patient	Number of years of experience	Religious difference between nurse and patient	commination

Age of participant	Pearson Correlation	1	-.131*	-.010	-.198**	.753**	-.080	-.182**
Cultural difference between nurse and patient	Pearson Correlation	-.131*	1	.031	.354**	-.091	.474**	.439**
Gender	Pearson Correlation	-.010	.031	1	-.045	-.037	.006	.034
Age difference between nurse and patient	Pearson Correlation	-.198**	.354**	-.045	1	-.174**	.289**	.531**
Number of years of experience	Pearson Correlation	.753**	-.091	-.037	-.174**	1	-.030	-.137*
Religious difference between nurse and patient	Pearson Correlation	-.080	.474**	.006	.289**	-.030	1	.406**
communication	Pearson Correlation	-.182**	.439**	.034	.531**	-.137*	.406**	1
*. Correlation is significant at the 0.05 level (2-tailed).								
**. Correlation is significant at the 0.01 level (2-tailed).								

Description of the above table

The correlation matrix reveals several significant relationships among the variables:

The age of participants is significantly negatively correlated with age difference between nurse and patient ( $r = -0.198$ ,  $p < 0.01$ ) and communication ( $r = -0.182$ ,  $p < 0.01$ ), but positively correlated with years of experience ( $r = 0.753$ ,  $p < 0.01$ ).

Cultural differences between nurse and patient are positively correlated with age difference ( $r = 0.354$ ,  $p < 0.01$ ), religious differences ( $r = 0.474$ ,  $p < 0.01$ ), and communication ( $r = 0.439$ ,  $p < 0.01$ ).

Age difference between nurse and patient shows a strong positive correlation with communication ( $r = 0.531$ ,  $p < 0.01$ ).

Years of experience is negatively correlated with communication ( $r = -0.137$ ,  $p < 0.05$ ).

Religious differences are significantly positively correlated with communication ( $r = 0.406$ ,  $p < 0.01$ ).

Top of Form

Bottom of Form

**Summary of the result:**

The results of a study on nurse-patient communication barriers in a tertiary care hospital in Peshawar. The majority of participants (49.2%) are aged 26-30 years. Females are significantly more represented than males. Most participants are married (58.1%) and hold a bachelor's degree (55.6%). Experience levels vary, with the largest group having 1-3 years of experience. Age differences between nurses and patients impact communication to a neutral extent for most respondents. Gender differences and cultural differences are seen as minor

or neutral barriers. Religious differences are mostly seen as minor issues. The educational background of patients and nurses' inadequate communication skills and medical knowledge present moderate barriers. Nursing shortages and overworking are significant barriers, while the lack of time is a moderate issue. The presence of multiple critical cases and work-related violence also affects communication. The absence of family members and an unfamiliar hospital environment are perceived as minor barriers. Patient participation in treatment plans and nurses' relationships with other healthcare providers

influence communication. Reluctance to hear patients' feelings and multiple duties at different places at the same time are moderate barriers. Inadequate income impacts communication to a varying extent. Patient complaints of pain are minor to moderate barriers. The stages of patient diseases, nurses' low self-esteem, negative attitudes, and feelings of despair impact communication to varying degrees. Previous negative experiences with patient care and lack of physical support also hinder effective communication.

## DISCUSSION

This chapter explores the examination and understanding of the results from the investigation into communication barriers between nurses and patients in a tertiary care hospital in Peshawar. The discussion will be situated within the framework of existing literature, comparing and contrasting our findings with those of earlier research.

The majority of the participants in the study (49.2%) were aged between 26-30 years, with a significant representation of females over males. Most participants were married (58.1%) and held a bachelor's degree (55.6%), with the largest group having 1-3 years of experience.

The study revealed that the age gap between nurses and patients generally had a neutral effect on communication for the majority of participants. This aligns with the research by (Park and Song 2005), indicating that although age differences can affect communication dynamics, their influence is frequently tempered by factors like mutual respect and professional behavior.

Gender differences were found to be relatively insignificant or neutral obstacles to communication. This aligns with the findings of (Plaza del Pino, Soriano, and Higginbottom 2013), who indicated that professional training and an emphasis on patient-centered care generally reduce the influence of gender on communication.

Cultural and religious differences were generally viewed as minor concerns, aligning with (Plaza del Pino et al. 2013) findings. They highlighted that professional training in cultural competence can significantly mitigate these obstacles.

The educational background of patients and nurses' inadequate communication skills and medical knowledge were found to be moderate barriers.

An inadequate knowledge of nursing perceived as a major obstacle to effective communication among nurses. Previous research by (Moore, Higgins, and Sharek 2013) has shown that inadequate training and preparation in nursing can cause patients to feel frustrated and distrustful, resulting in poor cooperation between nurses and patients. Consequently, enhancing nursing knowledge and skills may improve communication.

In this study, environmental factors were seen as having the most significant impact on nurse-patient communication, reflected by the highest average score in this category. Various studies have shown that elements within this domain—such as a shortage of nurses, heavy workloads, insufficient time, and caring for multiple critical patients—negatively influence nurse-patient communication (Fairlie 1992),(Hemsley, Balandin, and Worrall 2012). The limited time nurses can spend with patients has been linked to a decrease in their ability and willingness to communicate effectively or build rapport (Park and Song 2005).

Nurses' reluctance to listen to patients' feelings and expressions is seen as the most significant social factor impacting nurse-patient communication. An attitude of acceptance from the nurse, rather than rejection, would foster the development of empathetic relationships with patients and enhance communication (Park and Song 2005). Another important social factor was the Patient involvement in their treatment plan significantly influences nurse-patient communication. Overlooking the patient's right to contribute ideas about their plan can lead to anxiety, discomfort, mistrust in the nurse, and ultimately lower satisfaction (Brandenburg 2017). On the other hand, patients who have a positive relationship with nurses on duties tend to comply better and interact more effectively with nursing staff (Farahani et al. 2011).

Regarding economic factors, it was found that nurses having multiple responsibilities posed a greater obstacle to effective communication than having insufficient monthly earnings. This aligns with earlier studies that have shown nurses burdened with excessive duties may suffer from reduced focus and be

less attentive to patient needs (Loghmani, Borhani, and Abbaszadeh 2014)(Bruyneel et al. 2017).

The highest-ranking psychological factors were the nurses' feelings of hopelessness and detachment from their work, as well as their low self-worth. The literature confirms that the nurses' psychological well-being impacts the quality of care they provide. A deficiency in self-esteem and confidence can result in various technical and professional problems, such as neglecting the importance of effective communication with patients and failing to offer sufficient psychological support (Park and Song 2005)(Park and Song 2005).

### Conclusion

In conclusion, this investigation identified several factors affecting nurse-patient communication at a tertiary care hospital in Peshawar. Minor obstacles were associated with age and gender differences, aligning with previous studies that emphasize the role of professional conduct and training in mitigating these impacts. Cultural and religious disparities were also reduced through cultural competence training. Nonetheless, significant barriers were linked to insufficient nursing knowledge and communication skills, highlighting the need for improved training and education. Environmental factors, such as heavy workloads and limited time, had the greatest impact on communication, underscoring the necessity for better staffing and resource management. Social factors, including nurses' reluctance to engage with patients and the involvement of patients in their care plans, were also crucial. Economic challenges and the psychological well-being of nurses were significant factors, emphasizing the need to address workload issues and support nurses' mental health. To enhance nurse-patient communication, it is vital to improve nursing education, alleviate workloads, and support the psychological health of nurses.

### Recommendations:

Based on the findings of this study, several recommendations can be made to improve nurse-patient communication in the tertiary care hospital in Peshawar:

**Enhanced Training and Education:** Implement comprehensive training programs focusing on

communication skills and cultural competence to address the identified knowledge gaps among nurses.  
**Staffing and Resource Allocation:** Increase the number of nursing staff and ensure better distribution of resources to reduce workloads and allow nurses more time to interact effectively with patients.

**Support for Nurses' Psychological Well-being:** Develop support systems to improve nurses' mental health, including counseling services and stress management programs, to enhance their overall job satisfaction and communication capabilities.

**Patient Involvement:** Foster an environment that encourages patient involvement in treatment planning, ensuring that patients feel heard and valued, which can improve trust and satisfaction.

### Limitation:

While this study provides valuable insights into the communication barriers between nurses and patients, several limitations should be acknowledged:

**Geographical and Institutional Limitation:** The study was conducted in a single tertiary care hospital in Peshawar, which may limit the generalizability of the findings to other regions or healthcare settings.

**Sample Size and Diversity:** The sample size and demographic diversity of the participants might limit the representativeness of the study results, potentially affecting the applicability to broader populations.

**Focus on Nurses' Perspectives:** The study primarily focused on the nurses' perspectives, which may not fully capture the patients' viewpoints on communication barriers.

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