NURSE TO PATIENT COMUNICATION BARRIERS PERCEIVED BY NURSES WORKING AT NEKEMTE TOWN GOVERNEMENT HOSPITALS, OROMIA, ETHIOPIA, 2021

BY: ABEBAYE TADESSE

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BY: ABEBAYE TADESSE (BSc)

ADVISORS:

1. ENDALEW HAILU (PhD)
2. MESFIN BEHARU (BSc, MSc)

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JIMMA, ETHIOPIA

ABSTRACT

Background: Nurse to patient communication is approaching every patient with the desire to understand the patient's concerns, experience and feelings. The barriers could have different natures and sources with respect to nurses themselves, patients and environment. In Ethiopia, the research works conducted so far to explore the barriers and factors to affect the communication between nurse and patient is limited.

Objective: The purpose of this study was to assess nurse - patient communication barriers perceived by nurses at government hospital in Nekemte town, East Wollega, Oromia, Ethiopia. **Method**: Institution based cross sectional survey was conducted among all 309 nurses working in Nekemte specialized and Wollega University referral hospitals from August 27-Septemeber 27, 2021. The tool was pretested before actual data collection on similar study population (at Sibu sire hospital) and modification was made on the tools based on the findings. The collected data was checked, coded and entered into Epi-data version 4.6 and exported to Statistical package for social science version 25 for analysis. Bivariate and multivariable logistic regression were done to identify factors associated with level of nurse to patient communication barriers; p-value < 0.05 was considered statistically significant. The result was presented with tables, figures and text. **Result**: Out of the total 309, the response rate of this study was 97%. Slightly more than half 161(53.67%) of the study participants practiced good level of communication. The findings of this study also revealed that educational status [p-value=.006, AOR:7.352, 95% CI (1.761-30.703)], [p-value=.006, AOR: 26.163, 95% CI (2.494-274.474)], gender difference with a patient[p-value=.032, AOR: 0.425, 95% CI (0.191-0.940)], lack of communication skill among nurses [p-value= 0.049, AOR: 0.523, 95% CI (.275- .997)], presence of contagious diseases [p-value=0.046, AOR: 1.782, 95% CI (1.009 - 3.148)], resistance or patient's unwilling to communicate [p-value=.017, AOR: 2.054, 95% CI (1.138 - 3.708)] and patient presence in unfamiliar environment[p-value=:0.012, AOR: 2.086, 95% CI (1.177- 3.697)] had statistically significant associations with level of nurse to patient communication.

Conclusion and Recommendation: In this study, the level of nurse to patient communication was good. Factors related to nurses, patients and environment significantly affected the level of nurse to patient communication. Hospital authorities should undertake necessary measures needed to minimize the communication barriers among nurses.

Keywords: communication, barrier, nurse, patient, perceived.

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ACCRONYMS AND ABBREVIATIONS

AICU	Adult Intensive Care Unit
AOR	Adjusted Odd Ratio
BSC	Bachelor of Science
COR	Crude Odd Ratio
ED	Emergency Department
ERB	Ethical Review Board
FMoH	Federal Ministry of Health
GYNOB	Gynecology and Obstetrics Ward
ICU	Intensive Care Unit
JU	Jimma University
MCH	Mother and Child Health
MSC	Master of Science
MW	Medical Ward
NICU	Neonatal Intensive Care Unit
NSH	Nekemte Specialized Hospital
OPD	Out Patient Department
OR	Operation Room
PEDW	Pediatric Ward
PhD	Doctor of Philosophy
SPSS	Statistical Package for Social Sciences
SW	Surgical Ward
WURH	Wollega University Referral Hospital

CHAPTER ONE: INTRODUCTION

1.1. Background

Communication is defined as giving, receiving or exchanging ideas, information, signals or messages through appropriate media. It enables individuals or groups to persuade, to seek and, to give information or to express emotions. It is to convey of information by the exchange of verbal and non-verbal messages and necessary the skill includes body language, skills of speaking and writing (1).

Communication could be having many aspects or fact, complex, development and a dynamic, advanced method, closely associated with the surroundings during which an individual's experiences are shared (2,3).

Nurse to patient communication is approaching every patient interaction with the desire to understand the patient's concerns, experience and feelings by means of speak with clarity, accuracy, honesty, facial expressions, eye contact, body language and tone of voice along with active listening and patient teach-back techniques. Since the time of Nightingale in 19th century until today, specialists and nurses have paid a great deal of attention to communication and interaction in nursing (4). When nurses communicate properly with interest, listen actively, and showing Empathy, patients are more likely to report their experiences as positive, even at times of distress and ill health (5). Efficient communication between nurses and patients therefore is essential to improves health care quality, better nursing care and treatment outcomes (2,3)

Accordingly, nurses need to enhance their skills in communication to improve patient satisfaction. This can be achieved by devoting more time to communicate with patient in confidence. communication includes individuals who are there with the patient, which is why the language of communication should be understood by all those involved in it (6).

In addition, effective communication based on a patient-centered approach, facilitate recovery, provide sense of safety and protection, create greater adherence to treatment options and provides reassurance to the relatives of the patient that their loved ones are receiving the necessary treatment (2).

In contrast to the above, communication barrier is something that hinders the receiving and understanding of messages that others use to convey their information, ideas and thoughts (7).

A common cause of communication hindrance in a workplace situation is people holding different attitudes, values and discriminatory behaviors. Valuing and respecting people who have different values from us can help to draw on a broader range of insights, idea, experience and knowledge. Nurse perceived barriers to effective nurse-patient communication have been identified as time limitations, language and cultural differences, nurse discomfort and lack of knowledge, which can lead to poor client outcomes (7).

Communication is more difficult when patients and nurses speak different languages. Such language barrier causes inability in the transfer of information and therefore a potential for misdiagnosis and mistreatment, especially in the case of patients with acute conditions. In addition, this leads to increased workload and dissatisfaction of the caring staff. Even among people who speak the same language, there are vocabulary, accent and dialect differences based on regions and profession (8).

The way in which communication problems occur can overlap depending on nurse and patients factors and the relationship between participants. When two or more communication barriers exist at a time in a nurse-patient setting, it is the nurse's responsibility to dedicate more time and effort to resolve the communication barrier in order to maximize patient care (9).

Communication is a core ingredient of health care activities health care nurses. All nursing activities such as assessment, planning, intervention, evaluation, health teaching, encouragement, counseling, and caring are never achieved without effective communication (10).

1.2. Statement of the problem

Improper communication with the patients could lead to problems such as lack of access to important information of the patient, misinterpretation of the patient's information and creating a climate of distrust between the patient and the healthcare providers (11).

Communication barriers can have a big impact on people's personal and professional lives. This is particularly evident now when people around the globe are faced with social distancing restrictions inadequate to get accesses to communicate even digital tool and technologies (12).

Communication with hospitalized patients is crucial to interest up the quality and safety of health care. Communication ways with critically sick patients are lip reading, gestures and head nods. These methods can help but they are inadequate to satisfy all communication needs which results in frustration for patients as well as nurses (13).

Interaction impediment between the patients and the nurses leads to long stay of patient, resource shortage, increasing health care costs, and minimize clients' attraction towards health institutions and patient dissatisfaction. Therefore, awareness about communication barriers is essential to point out possible nurse patient interaction challenges and ways to overcome them and promote efficient communication (14).

Ineffective communication directly influences the nurses and patient satisfaction. Significant portion of barriers to effective communication are related with the characters of health care providers and patients. Health care quality is mainly impacted by nurse-patient relationship, and inadequate communication skills have a negative influence on services provided for the patients.

Hospitalized patients of all ages often experience complex communication needs including motor, sensory, and cognitive as well as language barriers during their stay. Hospitalization is stressful and unpleasant for Patients and their families. All aspects of care and nursing are of high significance in communication with patients, as the patients consider interaction with the nurses as a key to their treatment. Lack of effective communication is a major obstacle to render standard services in health care. This can result in patient becoming anxious, misunderstanding between nurse and patient, incorrect diagnosis and treatment, financial burden on patient due to increased hospital stay leading to dissatisfaction (10).

According to study conducted in Jimma public hospital in 2016 on Perceived Nurse-Physician Communication in Patient Care, ineffective nurse physician communication is linked to medication error, medical mistakes, and it is a major risk factor for unwanted preventable patient injury, death, medical malpractice claims, delaying care and extending the length of a patient's stay and also patient safety is at risk due to lack of critical information, misinterpretation of information, unclear orders, that intern leads to poor outcome, dissatisfaction to care giver and patient (15).

Communication barrier between patients and health service providers specially nurses that could possibly lead to more problems like increasing number of patient morbidity and mortality rate and this leads to overcrowding which results in nurses being over worked and giving little attention to the patients; mistreatment which may result in further health problems and even patients being subjected to unnecessary expenses (16).

Eventhough no research conducted on level of nurse to patient communication and its impact on patient care, through my working career and day to day observation as a nurse in Nekemte Specialized hospital, the nurse to patient communication gap has undeniable impact on the patient care. Therefore, this study aim to assess nurse - patient communication barriers.

1.3. Significance of the study

The findings of this study might be used as an input for various purposes:

- Help decision-makers and responsible bodies like the Federal Ministry of Health (FMoH), Regional Health Bureaus, academic institutions, and health care professionals that helps to decide what needs to be done to improve nurses to patients' communications.
- The information generated by the study 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.
- Moreover, this study is assumed to have significant importance in providing information in view of communication barrier among nurses of health care service provided by Nekemte Government Hospital.
- This study is beneficial for both, patients and nurses. This is so important because communicating effectively with patient's makes nurses` job easier and increase patient satisfaction. Ultimately, patients are the main beneficiaries of an improved communication system between them and their care providers.
- This research shall be used as baseline data for the researcher who needs to conduct on the area of the nurse to patient communication. It will also be helpful for other educational institutions especially those involved in health education, health research and health training programs.

CHAPTER TWO: LITERATURE REVIEW

2.1. Level of nurse's to patients communication

Nurse to patient communication is the exchange of information or message between nurses and patients. There was an assessment done in Crete General Hospital, Greece, on nurse to patient communication by using comparative cross sectional design. This study showed that, from 120 internal patients admitted in clinics of the same Hospital, 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, bidirectional communication is efficient when the objectives of the communication are accomplished, and thus interactive relationship is enhanced (3).

An investigation was carried out in Korea, to identify the communication barriers from elderly hospitalized patients' and nurses' perspective. The Nurses and patients were found to perceive the importance of barriers differently: nurses reported higher scores on patient-related communication barriers, whereas patients reported higher scores on the nurse-related barriers. There were significant differences between patients and nurses in 57%, 62%, and 71% of the nurse, patient and environment related communication barriers, respectively. Based on these findings, it is necessary for nurses to understand older patients' perceptions about communication barriers and acquire better communication skills and attitudes (17).

An institution based cross sectional study design was conducted to describe nurses to patientcommunication barriers at Tikure Anbessa specialized hospital,in 1918 Addis Ababa.From 296 the study participant 34.5% of them had a good level of communication, whereas,the remaining 65.5% of them had poor communication level with patients.From nurse, patient and envaroment related factor reported by nurse as high barrier or most important variables hinder communication beteween nurse and patient were low salary of nurse (89.2%) , The presence of patients' family or friend on the patient's bedside (81.1%) and the busy environment,(87.2%) respectively (1).

The study conducted at Bahirdar Government Hospital on assessment of the level of the nurse to patient communication and perceived barriers in 2020, showed that from 380 participants 36.5%

the highest percent, (82.7%) communication barrier were lack of continuous training followed by workload with 80.7% and lack of medical facilities with 79.2% as reported by nurses(5).

A study conducted in Egypt Alexandria Ain shams University faculty of nursing on the topic of communication in health education from patients' perspective by using an explortory descriptive study designed to identify the perception of patients on nurse communication during health education. The result of this study showed that 46.2% of the respondents were in pain due to shortage of nurses, time and limitation in communication skills, inadequate facilities or materials for patient teaching purposes, and recurring interruptions because of overcrowding were problems in communicating health messages during health education. About 45% of the patients found jargons in nurses' health messages and 27% of them reported that messages were not attractive or interesting enough. Therefore, poor messaging during health education given for patients lead to communication barrier between nurses and patient (18).

A study conducted in Saudi Arabia on communication barrier in 2016, the majority (84%) of the participants had attended a specialist course. Out of which the most popular (31%) were concerned with patient safety policies and 23% on communication skills. Even though there were good personal and social characteristic responses after these surveys; there were disagreements on age difference and problems outside work were barriers to communication; and neutral or agreement on issues concerned with religion, nationality, social class difference, unfamiliarity with job description and aggressiveness of nurse. The respondents also agreed that sex difference, unfamiliarity with dialect and too much expectation of patients were barriers to communication (6).

In a 2018 study conducted in the middle east (Iran), at the educational Hospitals of Kurdistan University of Medical Sciences, the researcher put his findings, out of the "common nurse-patient communication barriers", the most important were cultural differences between the nurses and the patient; gender difference; age difference; difference in the language spoken; and religious difference between nurse and patient respectively (11).

2.2. Nurse-patient communication barriers related to the nurse

According to the study conducted on Perceived Barriers to Effective Therapeutic Communication between Pediatric Nurses and Mothers of Hospitalized Children at Alexandria University Children

Hospital Egypt 2019. From 330 participant of pediatric nurses and attendance for child (mothers) the researcher found that the main barriers of communication reported by the nurses were being overworked, shortage of nurses, fatigue and lack of enough time. Meanwhile, the main barriers to communication mentioned by the mothers were reluctance to communicate, language barrier and child's pain. Other barriers are related to the mothers of pediatric patients was language, lack of privacy, mothers' health illiteracy, and poor educational levels of the mothers (19).

A qualitative study was conducted in West Korea on critical care nurses' communication experiences with patients and families in an intensive care unit: According to the study, Nurses experienced more difficulties in communicating with patients and their families and caregivers than in performing essential nursing activities (20). The communication difficulties they experienced were either nurse-, patient- or family-, or system-related distinct problems in an ICU are related to urgency, nurses intend to treat patients and their families with empathy, they frequently lead one-way conversations when pressed for time in the ICU. In addition, their usual way of talking, such as their dialect and intonation, can sometimes be misunderstood and cause offense. Participants experienced difficulties communicating their sincerity to patients and their families. Patient- and family-related factor, Care givers' negative responses to nurses (17).

The study done on communication barrier related to nurse in Tehran University of medical, 2015 being overworked, shortage of nurses, lack of time, reluctance to communicate with the patient, lack of understanding of the needs and status of the patient were induction for communication barrier related to the nurse and lack of time and being over worked are the most important communication barriers in related to nurses (2).

The study conducted in Saudi Arabia in 2016 showed that there was disagreement in that lack of interest to work was a barrier to communication (Med = 3, Mode = 2); the investigator put his measurement with agree on issues concerned with hard nursing tasks, (Med = 3, Mode = 4); lack of welfare facilities for nurses, low salary, heavy workload, shift work, patient contact with different nurses and lack of information and skills in communication were agreed on barriers to communication (Med = 4, Mode = 4) (6).

The result of the study conducted on Kurdistan university 2018, the nurse related barrier were due to lack of time, heavy workload during the shift, shortage in nursing staff, unproductive behavior of the nurse managers and lack of interest and motivation for the profession among the nurses (11).

Perceived barriers to effective therapeutic communication among nurses and patients a descriptive study design conducted at Kumasi South Hospital, 2018. Nurse related therapeutic communication barrier where overwork during shifts had the highest mean score of 4.09 and the least perceived barriers were nurses lack of knowledge regarding therapeutic communication (33.4%), age difference between the patient and the nurse (31.9%) and lack of interest (18).

According to the study conducted in Bahirdar city government hospitals, nurse-related perceived communication barriers reported by nurses are language difference was the highest mean 2.27, and 60.5% of nurses (Median=3, mode=3), whereas religion difference was the least perceived barrier with a mean score of 1.795. Nevertheless, nurses disagreed with gender, culture, religion, and age differences (median=1, mode=1). In addition, workload as a barrier with a mean score of 2.66 and by 80.8% participants, whereas unfamiliarity of the nurse with dialect was the least perceived communication barrier with a mean score of 2.01. About 74.6% of nurses also agreed that a shortage of nurses as a perceived communication barrier. The nurses were tending to neutral or agree about the place of working, nurses' unpleasant experiences, and unfamiliarity with dialect (median=2 mode=3) (5).

The study conducted in Bangladesh on barriers to effective communication by the clinical nurses, 2020 by descriptive exploratory research design the finding of the researcher was from nurse related factors the highest score of barrier to effective communication are nurse`s self-low esteem mean1%,despondency and apathy of the nurse toward his/her profession mean 1%,negative attitude of the nurse toward the patient mean1%, nurse`s lack of knowledge regarding communication skill 2%,Lack of enough time 2%,shortageof nurses 3.9% respectively (21).

A focused ethnographic Qualitative study conducted at Hong Kong on patient perception of their experience with nurse patient communication in oncology setting in 2018. The heavy workload of the nurses was evident in the shortage of nurses and the time constraints faced by the nurses, who were engaged in many nursing routines and documentation procedures (22).

Perceived barriers to effective therapeutic communication among nurses and patients a descriptive study design conducted at Kumasi South Hospital, 2018. Nurse related therapeutic communication barrier where overwork during shifts had the highest mean score of 4.09 and the least perceived barriers were nurses lack of knowledge regarding therapeutic communication (33.4%), age difference between the patient and the nurse (31.9%) and lack of interest (18). In addition to this

workload was identified as the major Environment-related barrier to therapeutic communication by nurses and had a mean score of 4.21 and an average percentage of 87.5% whilst Lack of respect (56.9%) and unfamiliar environment of the hospital to the patients (55.5%) were identified as some of the least perceived health system-related barriers to therapeutic communication (18).

2.3. Nurse-patient communication barriers related to patients

Patient's unawareness of the status and duties of the nurse, negative attitude of the patient toward the nurse, resistance and reluctance of the patient to communicate, patient's lack of focus and anxiety, pain, and physical discomfort of the patient, family interference and Patient's companions were communication barrier related to patients according to Teheran and Karaj Iran, 2015, university of medical science study. From those barriers the highest mean score were anxiety, pain and physical discomfort of the patient (2). In addition, the study done in Kurdistan University showed that the most important barriers related to the patient was companion with the highest mean. Patient companion was the most important communication barrier in Iran (11).

In Saudi Arabia, 2016 general agreement was given on barriers to communication in relation to "clinical situation of patients" hospitalization, when critically ill and a contagious disease (Med = 4, Mode = 4) (6).

Study conducted at Kumasi South anxiety, pain, and physical discomfort of the patient was the major patient-related barriers to therapeutic communication with a mean score of 3.85. Some of the least perceived barriers were lack of assurance of confidentiality with an average percentage of 42.5% as well as age and gender difference between nurse and patient (18).

Patient-related barrier reported by nurses from study conducted in Bahirdar city government hospitals were mean score of 2.5, and 70.8% of nurses were agreed as a barrier of communication (5).

The same study done in Bangladesh related to patient barrier to communication were resistance of patient to communicate with nurse mean 1.06 (SD.23), pain and disconcert of patient 7.8%, family interference 2%, patient in unfamiliar environment 3.9% respectively (21).

2.4. Nurse-patient communication barriers related to the environment

According to study conducted in Iran Alborz University of Medical Sciences critically ill patients, busy environment, and inappropriate environmental conditions are the mean results on communication barrier respectively (2).

The same study done at Kurdistan University showed that unfamiliar environment of the hospital for the patient, busy environment of the ward (noise and traffic), unsuitable environmental conditions (improper ventilation, heating, cooling, and lighting) and critically ill patients in the ward were common environmental communication barrier respectively (2,11).

The study conducted in Saudi Arabia on communication skills also showed that, lack of continuing education in communication skills, lack of welfare and medical facilities for patients; poor sanitation in patients' rooms, feeling of injustice in the workplace, lack of managerial appreciation for nurses; and lack of nurses' participation in decision-making were barrier to communication (Med = 4, Mode = 4) (6).

The same study conducted at Kumasi South hospital, from environment-related barriers, workload was identified as the major barrier to therapeutic communication by nurses and had a mean score of 4.21 and an average percentage of 87.5% whilst Lack of respect (56.9%) and unfamiliar environment of the hospital to the patients (55.5%) were identified as some of the least perceived health system-related barriers to therapeutic communication(18).

According to the study conducted in government hospitals of Bahirdar city, environmental related barrier reported by nurses was lack of continuous training on communication skills is the highest perceived communication barrier with the overall mean score of 2.71, and 82.7% of nurses(5).

The same study done in Bangladesh regarding environmental related communication barrier reported by nurse were the busy environment of the ward 3.9%, improper ventilation or unsuitable environment condition like heating, cooling and lighting 6.9% respectively(21).

2.5. Conceptual framework

This conceptual framework was developed after systematic and careful review of different literature that are related to nurse to patient communication and barriers perceived by nurses. There was a stated association on communication barriers perceived by nurses with Socio demographic factors, Patient-related factors, nurse-related factors and Environmental related factors (1,5,6,11,18,19).

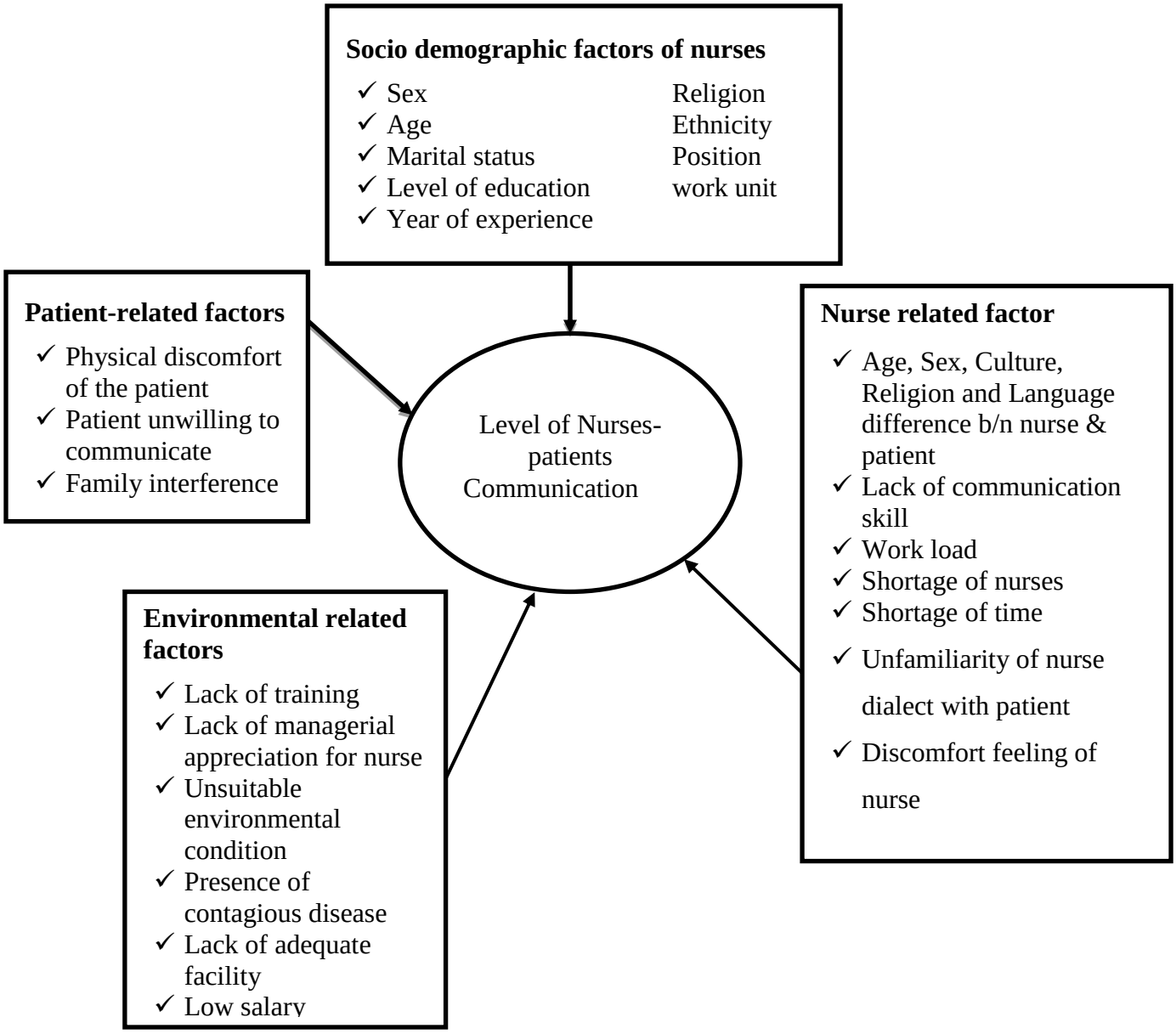

Figure 1. Conceptual framework: Adapted and modified from literature.

CHAPTER THREE: OBJECTIVES

3.1. General objective

To assess nurse - patient communication barriers perceived by nurses at government hospital in Nekemte town, East Wollega, Oromia, Ethiopia, 2021.

3.2. Specific objectives

- To determine level of nurse to patient communication barriers perceived by nurses working at government hospitals in Nekemte town, in 2021.
- To identify factors that affect the communication between nurses and patients at government hospitals in Nekemte town in 2021.

CHAPTER FOUR: MATERIALS AND METHODS

4.1. Study area and period

This study was conducted in government hospitals found in Nekemte town, namely Nekemte specialized hospital and Wollega University referral hospital from August 27-Septemeber 27, 2021. Nekemte is the capital of East Wollega Zone of Oromia Regional State. The town is located at a geographical coordinates of 9º 4′ 59′′N latitude and 36º 32′59′′E longitude. The town has an elevation of 2,088 meters above sea level and located 331km far from Addis Ababa to the west. In addition to the two government hospitals there are two government health centers and more than ten private clinics in the town of Nekemte. The two hospitals are providing health services for residents of Nekemte town and the surrounding zones, namely the four zones of Wollega (East, West, Kellem and Horo Guduru Wollega). Moreover, residents from West Shewa zone and Benishangul Gumuz Regional State get services from the hospitals.

Wollega University Referral Hospital is the only Referral Hospital in East Wollega zone and it is providing various health services for more than 1,756,952 populations. Nekemte specialized hospital is one of the specialized hospitals in the region as the population getting served from the hospital has exponentially increased in number to reach the current catchment population of 3.5 million serving as a referral center for the Western part of Ethiopia for about 11 million population. Currently, 153 and 156 nurses are working at NSH and WURH (23).

4.2. Study design

An institutional based, cross sectional survey, design was employed to describe nurse-patient communication barriers perceived by nurses in the studied government hospitals.

4.3. Population

4.3.1. Source population

All nurses working in Nekemte Specialized and Wollega University referral hospitals.

4.3.2. Study population

The study populations were all nurses who are working in the two government hospitals during the study and who participated in the study.

4.4. Eligibility criteria

4.4.1. Inclusion and exclusion criteria

All nurses on duty in the hospitals were included in the study whereas, those out of duty due to cases such as maternity leave (four from WURH and two from NSH) and who refused to respond (two in NSH emergency department) and (one nurse from WURH) as well as nurses who served for less than six months were not included.

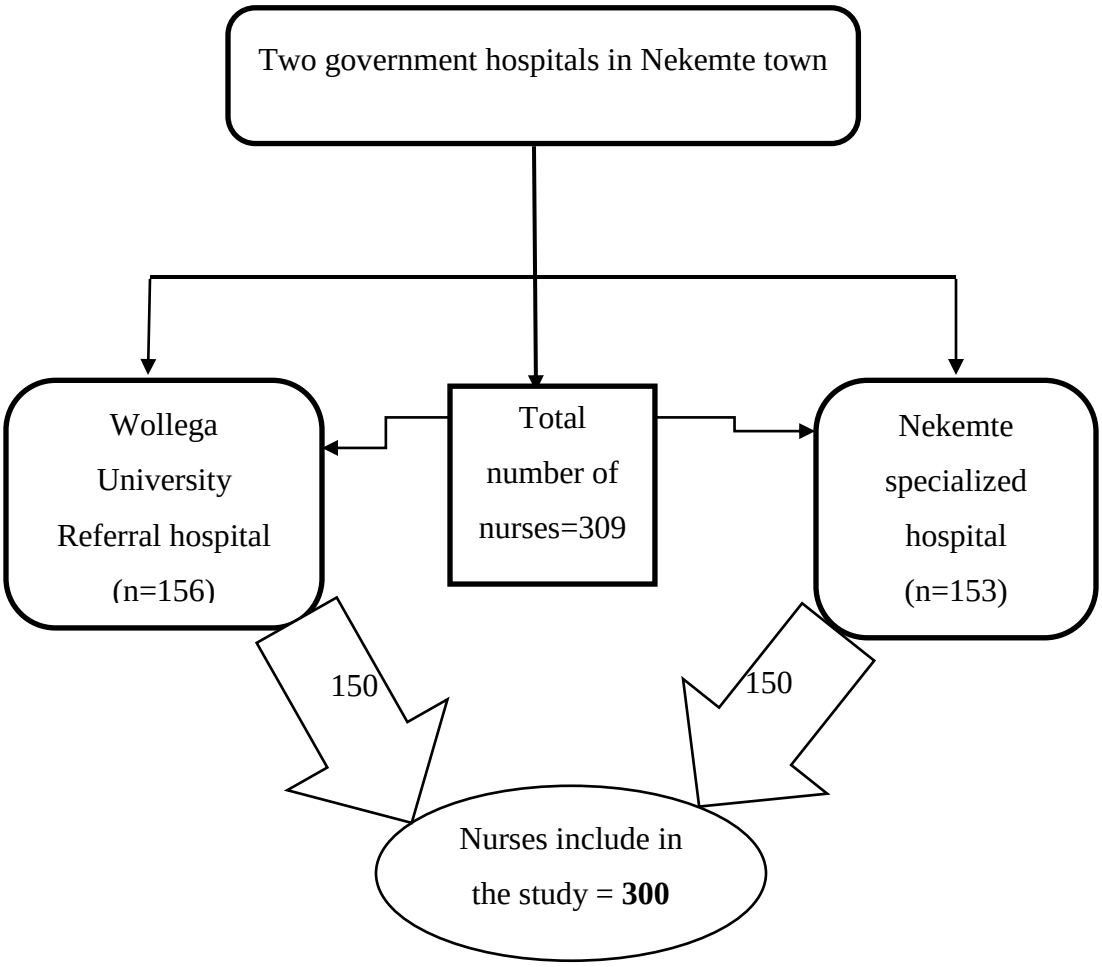

Figure 2. Schematic presentation of nurses participated in the study.

4.5. Study variables

4.5.1. Dependent variable

- Level of nurse to patient communication.

4.5.2. Independent variables

- Socio-demographic factors,
- Nurse related,
- Patient related, and
- Environment related factors.

Socio-demographic factors: include Age, sex, language, religion, marital status, educational level and work experience of nurses.

Nurse related factors: Difference between nurse and patient by age, by sex, religion, culture and knowledge, unfamiliarity of nurses with dialect, nurse's discomfort feeling, the place of nurses working, having problems outside the working area, shortage of nurses, workload of nurses, shortage of time and lack of communication skill.

Patients related factors: Patient's resistance and unwillingness to communicate, presence of patient pain, presence of patients' family or friend on the patient's bedside, family interference, patient presence in an unfamiliar environment, patient contact with different nurses and distrust or lack of confidence of patients by nurses competency.

Environment related factors: Lack of managerial appreciation for nurse, busy environment, inappropriate environmental conditions, lack of training in communication skills, presence contagious disease, lack of facilities and low salary of nurses.

4.6. Operational definitions and definition of terms

The following terms are defined for the purpose of this study:

1. **Nurse patient communication** refers to the exchange or sharing of any information regarding to patients by means of verbal (speech), or nonverbal(24).
    - **Good communication:** when nurses' answers mean and above mean about communication questions.

- **Poor communication:** those who answers below mean about communication questions.

2. **Perceived Barriers**: refers to associated factors that hinder the exchange or sharing of any information between nurse and patients reported by nurse.
   - **High barriers:** those responses mean value were collapsed into binomial variables of factor "High"
   - **Low barriers:** those responses below mean were collapsed into a factor “Low"
3. **Age difference**: nurse perceptions during health care interaction with patient and how extent of communication affected when vary by age(25).
4. **Culture difference**: refers to the diversity between nurse and patient in terms of values, tradition or beliefs and practice based on race ,age, ethnicity, religion, and gender measured by nurse perception during communication(26).
5. **Physical discomfort of patient**: painful feeling in part of the patient body when he/she has been uncomfortable.
6. **Patient reluctance:** patient hesitant to disclose when they are experiencing pain and often come in thinking that they are about to be judged in some way, or under the impression that everyone feels that there is something “wrong with them”(27).
7. **Family interference:** conflict between health care professional and relatives faced during their contact with family members (28)
8. **Hectic environment of the ward:** very busy and involves a lot of rushed activity.

4.7. Data collection tools and procedure

A structured questionnaire assessing the level of nurses’ to patient’s communication barriers perceived was adapted and modified after a review of different literatures (1,5,11,29). The data collection tool was prepared in English. The questionnaire contained three sections: the first part included participants’ characteristics and contains 9 questions; the second part was concerned with the perceived barriers of nurses to patients` communication which contains 27 questions and participants were asked to rate each factor on a 5-point Likert scale of agreement which ranges from strongly disagree (1) to strongly agree (5), then which latter recoded and categorized as Low and High (Low = 0 and High =1) which were treated as below mean score and above mean score

respectively for analysis; and the third part was about the level of nurse to patient communication which contains 14 questions whereby participants asked to rate each item on a 5-point Likert scale to rate frequency of event which ranges from never (1) to always (5). To dichotomies the dependent variables the mean score was used (mean=56.8) for descriptive analysis as below mean and above mean (0=poor and 1=good) level of communication respectively. Reliability was checked using Cronbach's alpha measurement scale and the result was (0.83). The validity of the questionnaires was checked by health professionals and academician who had experience on research questionnaires preparation.

4.8. Data quality assurance

Before start of data collection, orientation was given for a supervisor and data collection facilitators in the hospitals regarding the contents as well as the procedure of filling of the self-administered questionnaires. In addition, the researcher made strict follow up during questionnaire filling and recollecting the completed questionnaire papers. Proper categorization and coding were done during data cleaning. Pretest was done in Sibu Sire district Hospital by taking 5% (15) of the total participants before one week of the actual data collection to assess instrument simplicity, flow and consistency and to improve the reliability of the instrument.

4.9. Data processing and analysis

Following the data collection, data was rechecked for completeness and was entered in to Epidata version 4.6 and then exported to SPSS version 25.0 for analysis. Appropriate coding and re-coding was done at each step for the variables as necessary. Descriptive statistics like frequencies, percentages, means and standard deviations were performed. A binary logistic regression analysis was done to sort variables candidate for multiple logistic regression and then from 27 independent variable 19 of them having a p-value less than or equal to 0.25.

Multivariate logistic regression analysis was conducted to identify variables strongly associated with level of nurse to patient communication among nurses. Finally, the association was declared with a p value less than 0.05 with an adjusted odds ratio (AOR) at 95% confidence interval. The conditions of the logistic regression analysis were confirmed to be satisfactory prior to the analysis. Multicollinearity between explanatory variables was checked using the correlation coefficient thereby the correlation coefficients between predictor variables greater than 0.7 is an appropriate indicator for when collinearity begin to severely distort model estimation and subsequent

predictions (30). Hosmer and Lemeshow's test was used to determine the model fitness, which was (0.581); therefore, the model adequately fits the data. Finally, the result of the analysis was presented in texts, tables and graphs as appropriate.

4.10. Ethical consideration

Ethical clearance and approval was obtained from the Institutional Review Board (IRB) of Institute of health science, Jimma University (JU). The letter of permission was obtained from School of Nursing, Jimma University and submitted to Nekemte Specialized and Wollega University Referral hospitals. A letter of consent that describes the main aim and details about the study was prepared in conjunction with the questionnaire. Moreover, 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.

4.11. Dissemination plan

The thesis will be presented to the Department of Nursing, Jimma University as a partial fulfillment of master's degree in Adult Health Nursing. The results of the study will be communicated to Nekemte specialized hospital and Wollega University Referral hospital. The finding of the study will be presented on different scientific forums. The result of the research will be prepared in both hard and soft copies and submitted to the library of JU for reference. It will also be made ready for publication on local or international reputable journal.

CHAPTER FIVE: RESULT

The overall response rate of this study was 97%, i.e. from all 309 nurses working in the hospitals, 300 nurse participated, filled correctly and returned the self-administered questionnaires. By chance, equal proportion, 150(50%) of nurses from Nekemte specialized hospital and Wollega University referral hospital participated in the survey.

5.1. Sociodemographic characteristics of respondents

As indicated in Table 1, of the total 300 participants, more than half 161(53.7%) of respondents were females. The mean and standard deviation age of the respondent were 33 ± 7.9 years, with minimum and maximum age of 23 years and 58 years respectively. One hundred fifty two (50.7%) respondents were found between 20-30 years of age. Regarding to marital status of the study participants, the majority 214(71.3%) of the respondents were married. Among the study participants, significantly higher number 252(84%) of respondents were Oromo, whereas the rest 44(14.7%) and 4(1.3%) were Amhara and others respectively. Two hundred four (68%) of respondents were protestant and 82(27.3%) were orthodox whereas 13(4.3%) and 1(0.3%) were Muslim and other religion followers respectively. Concerning educational level and work position, the majority 274(91.3%) of respondents were BSc degree nurses followed by Diploma and MSc degree, 18(6%) and 8(2.7%) respectively. More than three fourth 272(90.7%) of respondents were working as staff nurse whereas 28(9.3%) were head nurses. The mean service year or experience of respondents was 10.2(±8.24) years.

Table 1. Socio-demographic characteristics of nurses working at government hospitals in Nekemte town, Oromia, Ethiopia, 2021. (N=300)

Variables	Category	Frequency	(%)
Sex	Female	161	53.7
	Male	139	46.3
Age category	20-30	152	50.7
	31-40	106	35.3
	41 and above	42	14.0
Marital status	Married	214	71.3
	Single	77	25.7
	Widowed	3	1.0
	Divorced	6	2.0
Religion	Protestant	204	68.0
	Orthodox	82	27.3
	Muslim	13	4.3
	Other	1	.3
Ethnicity of respondent	Oromo	252	84.0
	Amhara	44	14.7
	Others	4	1.3
Educational level	BSC	274	91.3
	Diploma	18	6.0
	MSC	8	2.7
Service year category	1-5 year	107	35.7
	6-10 year	83	27.7
	Above 15 year	57	19.0
	11-15 year	53	17.7
Position of nurse	Nurse	272	90.7
	Head Nurse	28	9.3

The working unit or ward of nurses is depicted in Figure 3. The nurses participated in this study were from ten working units.

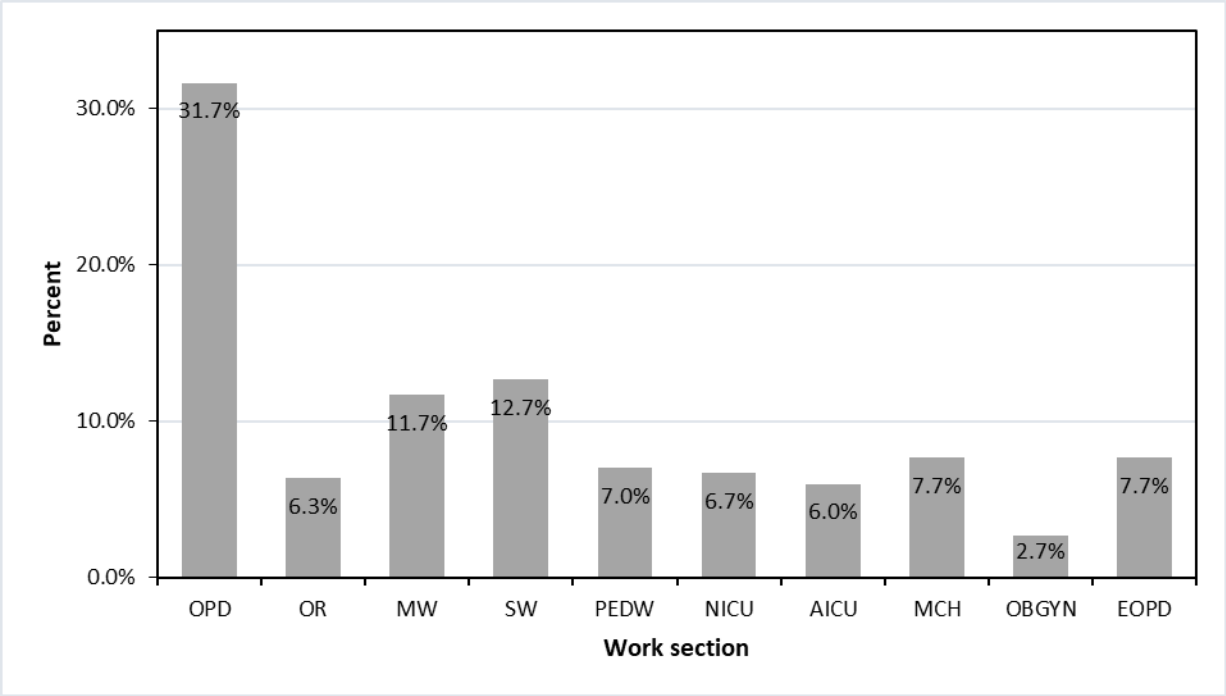

Figure 3. Nurses working unit (department) at government hospitals in Nekemte town, Oromia, Ethiopia, 2021 (N=300)

Majority of nurses 95(31.67%) were from OPD followed by 38(12.7%) from SW, 35(11.7%) from MW and the least were from Adult-ICU 18(6%) and OBGYN ward 8(2.7%).

5.2. The distribution of socio demographic variables and Level of communication

Regarding level of communication by sex, 81(27.0%) females and 58(19.3%) male had poor communication. As compared to age category, younger nurses aged between 20-30 years had poor communication (24.7%), whereas higher portion of respondents aged between 31-40 years and > 40 years have good communication however, only 16.3% and 5.3% of them had poor communication level respectively. Regarding educational level, nurses at Diploma level (5%) have poor communication compared to other qualifications. Nurses with service experience of 1-5year and 6-10 years have poor level of communication with 18.7% and 14% respectively (Table 2). It could be observed from the table that as the year of experience of nurse's increases, the level of nurses to patient communication also improves. Similar trend was observed in the level of

education in that as the level of education of a nurse increase, the level of communication parallel gets better.

Table 2**.** Distribution of sociodemographic profile and Level of communication among nurses working at government hospitals in Nekemte town, Oromia, Ethiopia, 2021. (N=300)

Variable			**Level of communication**		**Total**
			Poor	**Good**	
Sex	Male	N	58	81	139
		%	19.3	27.0	46.3
	Female	N	81	80	161
		%	27.0	26.7	53.7
Age	20-30 years	N	74	78	152
		%	24.7	26.0	50.7
	31-40 years	N	49	57	106
		%	16.3	19.0	35.3
	> 40 years	N	16	26	42
		%	5.3	8.7	14.0
Marital status of respondent	Single	N	38	39	77
		%	12.7	13.0	25.7
	Married	N	100	114	214
		%	33.3	38.0	71.3
	Widowed	N	1	2	3
		%	0.3	0.7	1.0
	Divorced	N	0	6	6
		%	0.0	2.0	2.0
Educational level of respondent	Diploma	N	15	3	18
		%	5.0	1.0	6.0
	BSC	N	122	152	274
		%	40.7	50.7	91.3
	MSC	N	2	6	8
		%	0.7	2.0	2.7
Position of nurse	Nurse	N	131	141	272
		%	43.7	47.0	90.7
	Head Nurse	N	8	20	28
		%	2.7	6.7	9.3
Service year category	1-5 years	N	56	51	107
		%	18.7	17.0	35.7
	6-10 years	N	42	41	83
		%	14.0	13.7	27.7
	11-15 years	N	22	31	53
		%	7.3	10.3	17.7
	>15 years	N	19	38	57
		%	6.3	12.7	19.0

5.3. Nurse-related communication barriers reported by nurses

For the purpose of this study, those factors that may act as a barrier and/or affect nurse to patient communication are summarized into three major categories: nurse related, Patient related and environmental factors. Categorization of factors is based on their contextual concept and information obtained through reviewing of different literatures.

The scores for nurse-related communication barriers reported by nurses are listed in Table 3. The most important nurse-related barriers reported by nurses were age difference, gender difference, and nurse's discomfort feeling with patients, unfamiliarity of nurses with dialect, shortage of nurses, lack of adequate time and lack of communication skill.

Table 3. Distribution of Nurse-related factors and Level of communication among nurses working at government hospitals in Nekemte town, Oromia, Ethiopia, 2021. (N=300)

Barriers			**Level of communication**		Total
			Poor	**Good**	
Age difference	Low	N	46	75	121
		%	15.3	25.0	40.3
	High	N	93	86	179
		%	31.0	28.7	**59.7**
Sex difference	Low	N	36	72	108
		%	12.0	24.0	36.0
	High	N	103	89	192
		%	34.3	29.7	**64.0**
Culture difference	Low	N	74	80	154
		%	24.7	26.7	51.3
	High	N	65	81	146
		%	21.7	27.0	48.7
Religion difference	Low	N	74	92	166
		%	24.7	30.7	55.3
	High	N	65	69	134
		%	21.7	23.0	44.7
Language difference	Low	N	63	99	162
		%	21	33	54
	High	N	76	62	138
		%	25.3	20.7	46
	Low	N	37	59	96

Unfamiliarity of nurses with dialect		%	12.3	19.7	32.0
	High	N	102	102	204
		%	34.0	34.0	**68.0**
Nurse's discomfort feeling	Low	N	63	69	132
		%	21.0	23.0	44.0
	High	N	76	92	168
		%	25.3	30.7	**56.0**
Place of working unit(department)	Low	N	81	79	160
		%	27.0	26.3	53.3
	High	N	58	82	140
		%	19.3	27.3	46.7
Problems outside working area	Low	N	100	93	193
		%	33.3	31.0	64.3
	High	N	39	68	107
		%	13.0	22.7	35.7
Shortage of nurses to patient	Low	N	32	34	66
		%	10.7	11.3	22.0
	High	N	107	127	234
		%	35.7	42.3	**78.0**
Workload of Nurses	Low	N	72	79	151
		%	24.0	26.3	50.3
	High	N	67	82	149
		%	22.3	27.3	49.7
Not having adequate time	Low	N	29	41	70
		%	9.7	13.7	23.3
	High	N	110	120	230
		%	36.7	40.0	**76.7**
Lack of communication Skill	Low	N	34	62	96
		%	11.3	20.7	32.0
	High	N	105	99	204
		%	35.0	33.0	**68.0**
Overall nurse related	Low	N	51	78	129
		%	17	26	43
	High	N	88	83	171
		%	29.3	27.7	**57**

5.4. Patient-related communication barriers reported by nurses

Finding from descriptive analysis of those patient related factors reveled that majority 160(53.3%) of respondents agreed that patient related factors affected the extent of nurse to patient communication. The most important patient related factors identified were presence of family or friends to the patient's bedside, presence of family interference, patient presence in unfamiliar environment, patient contact with different nurses (Table 4).

Table 4. Distribution of Patient-related factors and Level of communication among nurses working at government hospitals in Nekemte town, Oromia, Ethiopia, 2021. (N=300)

Barriers			Level of communication		Total
			Poor	Good	
Patient's resistance and unwilling to communicate	Low	N	91	73	164
		%	30.3	24.3	54.7
	High	N	48	88	136
		%	16.0	29.3	45.3
Presence of pain	Low	N	76	99	175
		%	25.3	33.0	58.3
	High	N	63	62	125
		%	21.0	20.7	41.7
Presence of family or friends to the patient's bed side	Low	N	37	39	76
		%	12.3	13.0	25.3
	High	N	102	122	224
		%	34.0	40.7	**74.7**
Presence of family interference	Low	N	43	48	91
		%	14.3	16.0	30.3
	High	N	96	113	209
		%	32.0	37.7	**69.7**
Patient presence in unfamiliar environment	Low	N	80	65	145
		%	26.7	21.7	48.3
	High	N	59	96	155
		%	19.7	32.0	**51.7**
Patient contact with different nurses	Low	N	55	55	110
		%	18.3	18.3	36.7
	High	N	84	106	190
		%	28.0	35.3	**63.3**
Distrust or Lack of confidence of Patients by the nurse competency	Low	N	92	90	182
		%	30.7	30.0	60.7
	High	N	47	71	118

		%	15.7	23.7	39.3
Overall nurse related	Low	N	70	70	140
		%	23.3	2.3	46.6
	High	N	69	91	160
		%	23	30.3	**53.3**

5.5. Environment-related communication barriers reported by nurses

Concerning the environmental factors participants result from descriptive analysis showed that overall 172(57.3%) of respondents agreed that environmental factors affect the extent of nurse to patient communication, whereas the remaining 128(42.7%) did not. The major environmental related factors identified as the main barriers by the nurses were: buzzy environment (high noise), presence of contagious diseases and lack of adequate facilities for patients (Table 5).

Table 5. Distribution of Environment-related factors and Level of communication among nurses working at government hospitals in Nekemte town, Oromia, Ethiopia, 2021. (N=300)

Barriers			Level of communication		Total
			Poor	Good	
Lack of managerial appreciation	Low	N	74	82	156
		%	24.7	27.3	52.0
	High	N	65	79	144
		%	21.7	26.3	48.0
Buzzy environment(high noise)	Low	N	29	41	70
		%	9.7	13.7	23.3
	High	N	110	120	230
		%	36.7	40.0	**76.7**
Inappropriate environmental conditions	Low	N	66	92	158
		%	22.0	30.7	52.7
	High	N	73	69	142
		%	24.3	23.0	47.3
Lack of training on communication skills	Low	N	62	92	154
		%	20.7	30.7	51.3
	High	N	77	69	146
		%	25.7	23.0	48.7
Presence of contagious diseases	Low	N	74	58	132
		%	24.7	19.3	44.0
	High	N	65	103	168
		%	21.7	34.3	**56.0**

Lack of adequate facilities for patients	Low	N	60	61	121
		%	20.0	20.3	40.3
	High	N	79	100	179
		%	26.3	33.3	**59.7**
Low salary for the nurses	Low	N	73	82	155
		%	24.3	27.3	51.7
	High	N	66	79	145
		%	22.0	26.3	48.3
Overall environment related	Low	N	58	70	128
		%	19.3	23.3	42.6
	High	N	81	91	172
		%	27	30.0	**57.3**

5.6. Level of nurse to patient communication

Descriptive analysis of factors used to measure the level of nurse to patient communication showed that slightly more than half 161(53.67%) of the study participants practiced good level of communication (Fig. 4).

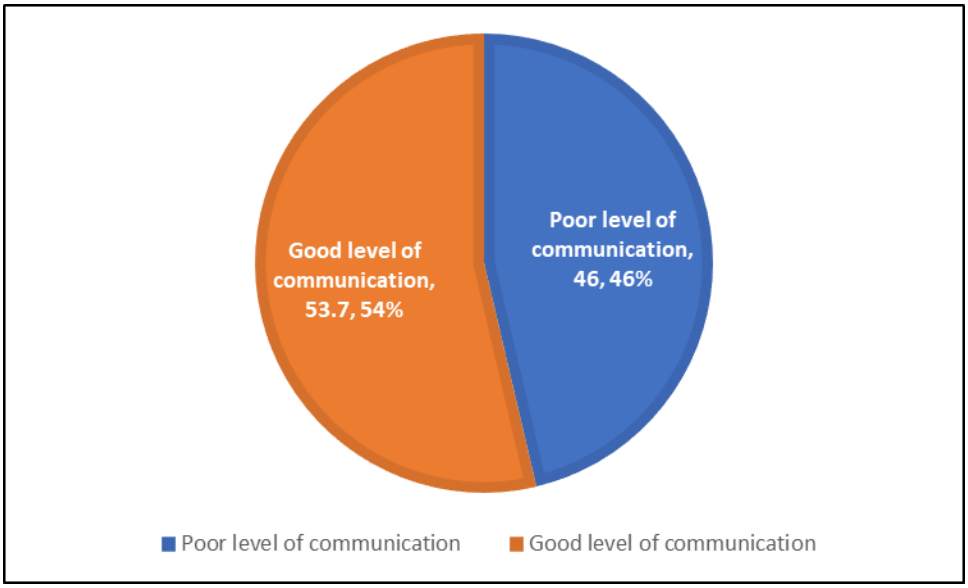

Figure 4. Level of nurse to patient communication among nurses at government hospitals in Nekemte town, Oromia, Ethiopia, 2021 (N=300)

5.7. Factors associated with level of nurse to patient communication

Bivariate and multivariate logistic regression were performed to check for the presence of statistically significant association between socio-demographic characteristics and factors related to nurse, patient and environment. 19 variables that had *P-value <0.25* at bivariate logistic regression were selected and entered together into multivariate logistic regression analysis to control confounding factors. These variables are sex of respondants, religion, education, service year, position, age difference, sex difference, language difference, unfamiliarity of nurse with dialect, place of nurse working, problem out side, lack of communication skill, patient resistance pain, patient presence in unfamiliar envaroment, distrust of patient by nurse, inappropriate envaromental condition, lack of training, and presence of contagious diseases. Finally, variables with significance level <0.05 at multivariate analysis was considered as statistically significant and associated with dependent variable (Table 6).

Accordingly, the finding from multivariate analysis revealed that educational status [P-value=.006, AOR:7.352, 95% CI (1.761-30.703)] for BSc; [P-value=.006, AOR: 26.163, 95% CI (2.494-274.474)] for MSc; gender difference with a patient [P-value=.032, AOR: 0.425, 95% CI (0.191-0.940)]; lack of communication skill among nurses [P-value= 0.049, AOR: 0.523, 95% CI (.275-.997)]; presence of contagious diseases [P-value=0.046, AOR: 1.782, 95% CI (1.009 - 3.148)] and resistance or patient's unwilling to communicate [P-value=.017, AOR: 2.054, 95% CI (1.138 - 3.708)] and patient presence in unfamiliar environment [P-value=:0.012, AOR: 2.086, 95% CI (1.177-3.697)] had statistically significant associations with level of nurse to patient communication.

In this study nurses who had BSc degree were 7.352 times more likely to have good communication with patient as compared to those who had diploma [P-value=.006, AOR: 7.352, 95% CI (1.761-30.703)]. Those nurses who had MSc degree were 26.163 times more likely to have good communication with patient compared to those who had diploma level of education [P=.006, AOR: 26.163, 95% CI (2.494-274.474)].

From nurse related factors, the finding showed that the presence of gender difference between nurse and patient decrease the level of nurse to patient communication by 57.5% as compared to

absence of gender difference between nurse and patient [P=.032, AOR: 0.425, 95% CI (0.191-0.940)].

Another nurse related factor that had statistically significant association with level of nurse to patient communication was lack of communication skill among nurses [P= 0.049, AOR: 0.523, 95% CI (.275- .997)]. Those nurses who had perceived that lack of communication skill affect the nurse to patient communication were 47.7% less likely to have good level of nurse to patient communication as compared to those who had perceived lack of communication skill do not affect the nurse to patient communication.

From patient related factors, resistance or unwillingness of patient to communication [P-value=.017, AOR: 2.054, 95% CI (1.138 - 3.708)] and presence of patient in unfamiliar environment [P-value=:0.012, AOR: 2.086, 95% CI (1.177- 3.697)] have significant association with the level of nurse to patient communication. These two findings showed that patient resistance or unwillingness to communicate was 2.054 times more to have effect on good communication level than willing to communicate; and patient's being in unfamiliar environment was 2.086 much higher chance of good level of communication than those who were not.

Regarding environmental factors, the presence of contagious diseases had statistically significant association [P-value=0.046, AOR: 1.782, 95% CI (1.009 - 3.148)] with the level of nurse to patient communication. This means that the presence of contagious disease in the environment was 1.782 times more for chance of good level of nurse to patient communication than with no contagious disease in the surrounding environment.

Table 6. Multivariate analysis of factors affecting nurse to patient communication among nurses at government hospitals in Nekemte town, Oromia, Ethiopia, 2021 (N=300)

Variables	**Category**	**Level of communication***		**COR(95%CI)**	**AOR(95%CI)**	**p-value**
		Good	Poor			
Educational status	Diploma	3(16.7)	15(83.3)		1	.006
	BSc	152(55.5)	122(44.5)	6.230 (1.763-22.012)	7.352 (1.76-30.70)	
	MSc	6(75.0)	2(25.0)	15.00(1.981-113.556)	26.163(2.49-274.47)	
Gender difference	Low	72(66.7)	36(33.3)		1	.032
	High	89(46.4)	103(53.6)	.432(.265-.706)	.425(.191-. .940)	
Lack of communication skill	Low	62(64.6)	34(35.4)		1	.049
	High	99(48.5)	105(51.5)	.517(.314- .853)	.523(.275- .997)	
Patient resistance and unwillingness	Low	73 (44.5)	91 (55.5)		1	.017
	High	88(64.7)	48 (35.3)	2.285(1.432-3.647)	2.054(1.138 - 3.708)	
Patient presence in unfamiliar environment	Low	65(44.8)	80(55.2)		1	.012
	High	96(61.9)	59(38.1)	2.003(1.263-3.174)	2.086(1.177- 3.697)	
Presence of contagious disease	Low	58(43.9)	74(56.1)		1	.046
	High	103(61.3)	65(38.7)	2.022(1.272-3.213)	1.782 (1.009 - 3.148)	

**The reference category is poor level of communication*

CHAPTER SIX: DISCUSSION

In order to assess the level of communication between nurse and patient, various barriers related to nurse, patient and environment were compared at the studied government hospitals.

This study showed the overall percentage of good nurse-patient communication among nurses was 53.7%. The descriptive finding of this study regarding time constraint is much higher (76.7%) compared the finding of study conducted in Greece which revealed only (34.2%) of the nursing staff was satisfied with the time they dedicated on communicating with their patients (3). The possible justification for this difference may be due to comparative study desigen, socio-demographic variation and small sample size they used.

The descriptive finding of this study concerning patient related communication barriers (53.3%), envaroment related (57.3%) is lower than study done in Korea (62%,71%) respectivilly,but similar on nurse related communication barriers by 57% (17).

The overall persent of the current study is lower than study conducted at Bahirdar city who reported a good communication level of 63.5%(5). In contrast, the current finding was higher than study done in Tikur Anbessa specialized hospital Addis Ababa, Ethiopia reported agood oommunication 34.5% (1). The variation might be due to the difference in study settings or working area and perception of nurses.

The most important nurse-related barriers reported by nurses are shortage of nurses (78%), lack of adequate time (76.7%), unfamiliarity of nurses with dialect (68%), lack of communication skill (68%), sex difference (64%), age difference (59.7%) and nurse's discomfort feeling with patients (56%). The result of these variables are inconsistent with study done in Alexandria University Children Hospital in Egypt except two factors i.e. shortage of nurses and lack of adequate time and study conducted in Saudi Arabia and Iran (2,6,19). Study conducted in Bangladesh showed unfamiliarity of nurse with dialect was the commonest (6%) barrier to effective communication and lack of communication skill (2%) has lower persent compared to the current study (21).The difference might be due to small sample size of the respondents, geographical variation and it might be due to the presence of good fasilities in bangladish.

Finding from descriptive analysis of those patient related factors reveled that more than 53.3% of respondents perceived as a barrier. The following are the most important patient related factors

identified: presence of family or friends to the patient's bedside (74.7%), presence of family interference (69.7%), patient contact with different nurses (63.3%), and patient presence in unfamiliar environment (51.7%). According to the above patient related factor the present of patient in unfamiliar environment is higher than study conducted in Bangladesh (3.9%).

Finding from descriptive study, concerning the environmental factors, 57.3% participants reported as a perceived barrier to nurse - patient communication. The major environmental related factors identified as the main barriers by the nurses include buzzy environment (high noise) (76.7%), lack of adequate facilities for patients (59.7%) and presence of contagious diseases (56%).From this finding the buzzy environment was highest percentage compered to study conducted at Bangladesh (3.9%) (21). This big difference might be due to good fasilites at working area and small sample size of bangladish.The present finding also correlates with study conducted in Hong Kong; barrier to environmental related factor, the crowded and noisy physical setting of the ward did not facilitate effectively nurse- patient communication (22).

Siginificant Assocetion factors

The present study showed that, those nurses who had BSc and MSC degree were more likely to have a good nurse-patient communication than those who had diploma level of education. This is supported by study conducted in Bahirdar(5). This might indicate that being advanced from lower to higher level of education is expected to have better skill of communication. To this effect, allowing nurses to upgrade their education would ensure them to improve their communication.

Concerning communication skill, nurses who had perceived lack of communication skill as a barrier to communication were less likely had good patient to nurse communication than those who had not. This is in agreement with study conducted in Bahirdar and also the finding of the current study regarding communication skill is similar to the study conducted in Kumasi south hospital (33.4%) and in Jimma University were showed that nurses had a low level of therapeutic communication(18,31). This indicate that the communication skills the nurses developed through education was not adequate. It may perhaps related to the lack of continuous training on communication skill. In addition to trainings, incorporating communication skill as one independent subject in the curriculum of nursing may help to improve the skill gap of communication. Having a good communication skill make easier to have a good communication and deliver high quality care.

Finding from the present study nurses who had perceived contagious disease, Patient in unfamiliar environment and sex difference between nurse and patient as barrier to communication were more likely had good level of communication with patient than those who had not. This corroborates with a study conducted in Kumasi south hospital Ghana, with low percent (42.5%), in sex difference and unfamiliar environment of the hospital to the patient (55.5%) were identified as some of the least perceived barrier to therapeutic communication and had siginificant associtions. Having a contagious disease in clients' as a communication barrier at study in Arabia and Iranian nurse. Sex difference was more emphasized by patients than nurses according to study in Iranian nurse in a way that both male and female patients had problems in communication with male nurses (6,32).

CHAPTER SEVEN: 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 Nekemte town; hence, it will be helpful as baseline information for other researchers.

⇒ The study contributes to promoting awareness and the importance of recognizing the barriers.

⇒ As the study was conducted by involving all nurses working in the stated hospitals, the finding is reliable to be used by stakeholders at all levels.

⇒ Recommend the way forward solution to overcome communication problem as well as facilitates interaction between nurses and patients.

7.2. Limitation of the study

⇒ The cross-sectional nature of this study prevents the ability to establish directionality in the relationship between the dependent and independent variables.

⇒ As the response of the questionnaire was prepared by a Likert scale, there might be social desirability bias.

CHAPTER EIGHT: CONCLUSION AND RECOMMENDATION

8.1. Conclusion

In this study, the overall level of nurse to patient communication was found to be good. In addition to the socio-demographic characteristics, nurse related, patient related and environmental related factors were found to be major barriers that influence the level of nurse to patient communication.

From the socio-demographic characteristics, only educational level of nurses had significant association with the level of nurse to patient communication. As the level of education of nurses' increases, the level of communication with patients improves.

Among the most important nurse-related barriers reported by nurses, two variables, i.e., the presence of gender difference between nurse and patient, and lack of communication skill of nurses were found to have association with the level of nurse to patient communication.

From patient related factors, unwillingness of patient to communicate with nurse and presence of patient in unfamiliar environment had significant association with the level of nurse to patient communication.

From the current study findings, it could be concluded that the use of effective communication skill in healthcare settings does not only benefit patients but also benefits healthcare providers in the aspect of their job satisfaction and prevention of stress, which have positive influence on health. Additionally the finding of this study will help nurses to grow positive attitudes towards the barrier to effective commutation and understand their assertiveness toward communication that will help to provide quality of patient care.

Finally, the findings of this study are inferred to similar study settings, i.e., Specialized and Referral hospitals in the country so that they would be able to improve the communication between nurses and patient that ultimately bring about satisfaction of clients.

8.2. Recommendations

It is well known that communication is very essential to give nursing care. The result of this study has multidimensional implications. It can be used for the nurses to deal with and overcome the communication barriers. Dealing with the communication barriers mean also dealing with the problems of the patients so that the patients can get better care from their caregiver.

Nurses and nursing managers should work to address and remove the barriers identified in relation to the nurse-patient communication and by minimizing or decreasing the perceived barriers, the hospitals can be attractive for patients, safe for healing, increase patient satisfaction, decrease hospital stay, helps to minimize health care costs and create a conducive work environment for nurses and other health professionals.

To this end, the following measures should be taken to minimize the communication barriers among nurses. The principal investigator would like to give the following recommendations:

For Federal Ministry of Health (FMoH)

- Arrangement and provision of communication skill trainings to nurses may improve the nurse to patient communication; and be encouraged to developed their obtained communication skill.

For all NSH and WURH nurses

- The approach of nurses while investigating and visiting patients in a friendly manner can help the patients to reduce their resistance and improve their willingness to openly communicate with nurses;

For hospital authorities

- The hospital authorities should improve the safety environment such as contagious diseases that adversely affect the level of nurses to patient communication;

For Researchers

- This research I have conducted regarding the communication barriers between nurse and patients has been from my own experience as I have cared for and treated patients for over two decades. The main focus of my investigation and results have been only from health care professionals (nurses) who knows better than patients what problems they`re having and what need to be improved.
- Therefore, as a fellow nurse and researcher, I recommend that the next researcher who want to conduct on this topic or others related should include both patient and nurse perception**.**

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ANNEX 1: Participant Information Sheet

Background: Hello good morning/good afternoon! I am working in Nekemte Specialized Hospital and currently MSc student at Jimma University. I am doing research on the title "NURSE TO PATIENT COMUNICATION BARRIERS PERCEIVED BY NURSES AT NEKEMTE GOVERNEMENT HOSPITALS, OROMIA, ETHIOPIA, 2021".

The questionnaire you have available is designed to examine the nurse to patient communication barrier perceived by nurses in dealing with patients at Nekemte Specialized Hospital, and Wollega University referral hospital. Your genuine answer to questions can provide results that are more accurate 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 only to complete this research.

Thank you sincerely for your cooperation.

Abebaye Tadesse

Student in Master of Adult Health Nursing, Jimma University, Faculty of Health Sciences, School of Nursing

ANNEX 2: Consent form

In undersigning this document, I am giving my consent to participate in the study entitled as "Nurses to patients" communication barriers perceived among nurses at Nekemte Government Hospitals East Wollega, 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 Abebaye Tadesse is the contact person if I have questions about the study or about my rights as a study participant.

Respondent's signature_____ Date: _____

Thank you!

ANNEX 3: Questionnaire

Questionnaire ID. _____

Section I: Demographic characteristics:

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

S/N	Questions	Answer
101	Sex	1. Male 2. Female
102	Age	_____ in year
103	Marital status	1 Single 2.Married 3.Widowed 4.Divorced
104	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other _____
105	Educational level	1. Diploma 2. BSc 3. MSc
106	Position	1.Nurse 2.Head Nurse
107	Section you are currently working in	_____
108	Service in year	_____
109	Ethnicity	1. Oromo 2.Amahara 3.Tigere 4.Gurage 5.Others

Section II: Concerned with the nurse, patient and environment-related barriers to affect the nurse-patient communication. Score as follows: Strongly disagree = 1, Disagree = 2, Neutral = 3, Agree = 4 and 5= Strongly agree

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

	Questions: To what extent you agree that your communication with the patients be affected as a result of:	Response				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
201	Age difference between nurse and patient					
202	Sex differences between nurse and patient					
203	Cultural difference between nurse and patient					
204	Religious difference between nurse and patient					
205	Language differences between nurse and patient					
206	Unfamiliarity of nurses with dialect (pronunciation)					
207	Nurse's discomfort feeling (being unhappy)					
208	The place of nurses working					
209	Having problems outside the working area					
210	Shortage of nurses relatively to the patients' number					
211	Work load of nurses					
212	Not having enough time					
213	Lack of communication skill					
Patient-related barriers						
214	Patients resistance and unwillingness to communicate					
215	The presence of patient pain					

216	The presence of patients' family or friend on the patient's bedside					
217	Presence of family interference					
218	Patient presence in an unfamiliar environment					
219	Patient contact with different nurses					
220	Distrust or lack of confidence of patients by nurses competency					
Environment related						
221	Lack of managerial appreciation for nurse					
222	The busy environment (high noise and abundant traffic)					
223	Inappropriate environmental conditions (inadequate ventilation in the environment, heat and cold, inappropriate light, Poor room sanitation, unpleasant odors, etc.)					
224	Lack of continuing training in communication skills					
225	Presence contagious disease					
226	Lack of facilities for patients					
227	Low salary of nurses					

Section III: Question about the level of the nurse to patient communication. Circle one from each of the given alternatives based on frequency: Never=1, Rarely=2, Sometimes=3, Often=4, Always=5

	Information during Hospitalization:	Never	Rarely	Sometimes	Often	Always
301	You inform the patients right					
302	You inform patients` of the results when taking their vital signs (blood pressure, temperature, heart rate)					
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					
304	You inform the patient about the medication-taking during Hospitalization(kind, dose, side effects)					
305	You keep patients informed on the condition of their health					
306	You inform the family about the health conditions of critical patients and children					
307	You try to include/inform patient` about the decisions related to their therapy					
308	You provide information to the patients when they ask you					
Care provided by the nurse						
309	You are polite and friendly towards your patients(manner of speaking, protection of privacy, respect in diversity)					
310	You immediately respond to their call for help(notification button, sign)					
311	You inform the patients on how to take care of themselves at home after being released from the Hospital					
312	You inform the patients about positions which help to alleviate pain					
Communication during Hospitalization						
313	You dedicate adequate time to communicate with patients					
314	You respond to the patients' concerns and complaints during their stay at the Hospital					

ASSURANCE OF PRINCIPAL INVESTIGATOR

The undersigned agrees to accept responsibility for the scientific ethical and technical conduct of the research project and for provision of required progress reports as per terms and conditions of the Faculty of Public health in effect at the time of grant is forwarded as the result of this application.

Name of the student: _____

Date._____ Signature _____

APPROVAL OF THE FIRST ADVISOR

Name of the first advisor: _____

Date._____ Signature _____

APPROVAL OF THE SECOND ADVISOR

Name of the second advisor: _____

Date._____ Signature _____

APPROVAL OF THE FIRST EXAMINER

Name of the first Examiner _____

Date._____ Signature _____

APPROVAL OF THE SECOND EXAMINER

Name of the second Examiner _____

Date._____ Signature _____

APPROVAL OF THE THRID EXAMAINER

Name of the third Examiner _____

Date _____ Signature_____