

Barriers to Effective Communication by the Clinical Nurses in Bangladesh

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Abstract

Background: Nursing is widely recognized as a noble profession that combines with the medical proficiency and a sense of services to mankind. For its nobility, in nursing effective communication skills with empathy are the key to deal with patients, families, coworkers and teams.

Objectives: This study's aimed to explore the barriers to effective communication among nurses in Bangladesh.

Methods: A descriptive study was conducted with 102 nurses at National Institute of Neurosciences and Hospital, Dhaka, Bangladesh. The data collection instrument of this study was consisted of two parts including social-demographic characteristics and barriers to effective communication questionnaire for nurses. Data were analyzed using t-test; analysis of variance (ANOVA) and correlation statistics by SPSS version 23.

Result: The overall barriers to effective communication among nurses in the workplace were less than average ($M=1.27$, $SD=0.38$). The top barrier was found in "communication with critically ill patients" ($M=1.92$, $SD=0.88$). Nurses who worked in the medical unit had significantly higher barrier ($t=10.187$, $p=.002$).

Conclusion: The outcome of the study will contribute to identify the specific contents regarding the factors and barriers of communication among Bangladeshi nurses. The finding of this study will help nurses to grow positive attitudes towards the barrier to effective communication through self-realization and understand their attitudes toward communication that will help to provide quality of patient care.

Keywords: Communication, Barrier, Nurses.

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I. Introduction

1. Background

Nursing is widely recognized as a noble profession that combines with the medical proficiency and a sense of consideration to serve the mankind. Nurses required enthusiasm and compassionate love, caring attitude and alarming concern to fulfill the needs of their patients (Henry & Henry, 2004). Communication is an essential and an important part of nursing, especially to maintain the therapeutic relationship with patients (Fleischer et al., 2009). Communication is a complex process that revolves the exchange of ideas, thoughts and feelings, including both verbal and non-verbal process. Effective communication is a multidimensional, complex and dynamic process that required special skills in both verbal as well as non-verbal methods of communication (Sheldon, Barrett, & Ellington, 2006). In nursing, failure to communicate effectively is a major obstacle in the provision of standard services in clinical care; as it is a multidisciplinary field.

Nurses are continuously needed work with diverse populations including patients, relatives, coworkers, and other team members. According to Ardalan et al. (2018), effective communication is an integral part of nursing and important ways for nurses to support the patients and their families. In addition, skills in therapeutic communication among nurses are also vital to strengthen the nurse-patients relationship and to create a supportive environment for healthcare delivery system (Fleischer et al., 2009). An effective nurse-patient communication may lead to enhance satisfaction to work in patient care, avoid wrong diagnosis, misunderstanding, uncertainty and frustration for both patients as well for nurses (Fleischer et al., 2009).

Several studies showed that there are several factors act as a barrier to effective communication for nurses (Ardalan et al., 2018; Fleischer et al., 2009; Henry & Henry, 2004). Among those barriers the lack of enough time, heavy workload during the shift, and shortage in nursing staff are most important. Many studies reported that barriers to communication between the nurse and the patient are the shortage of nurse to patient

ratio, patient's insufficient knowledge, and inappropriate communication with higher level nursing managers. In Baraz et al., (2010) found that the high pressure of nursing work, work difficulties, physical and mental fatigue and lack of appreciation of nurses were the major barriers to communication.

For nurses one of the most important skills is therapeutic communication. The therapeutic communication strengthens the nurse-patient relationship and creates a good atmosphere for healthcare delivery (Fleischer et al., 2009). The ineffective nurse-patient communication may lead to dissatisfaction with care, misdiagnosis, misunderstanding, uncertainty and frustration for both patients and for nurses. Information on communication barriers is therefore necessary to identify possible causes of nurse-patient communication pitfalls. Some studies have reported positive outcomes when communication was effective, consequently leading to adherence to treatment and patient involvement in their own care (Bergenmar, Johansson, Kullberg, Sharp, 2015).

Although, the quality of therapeutic communication is thought to predict patients general satisfaction, the barriers to effective therapeutic communication has not been examined public health care facilities in Bangladesh. But it is commonly complained in the public speaking as well as media that nurses' communication in Bangladesh is not well reputed. In the context of Bangladesh, there is no study found related to the factors affecting the effective communication among the nurses. Therefore, the researcher would like to identify the barriers of effective communication among nurses in Bangladesh.

2. Objectives

General objective

To identify the barriers to effective communication among nurses in the public hospital in Bangladesh

Specific Objectives

1. To describe the socio-demographic characteristics among nurses.
2. To identify the barriers to effective communication among nurses.
3. To examine the relationship between nurses socio-demographic characteristics and barriers to effective communication.

II. Literature Reivew

This chapter describes the related literature of the study problems in terms of the importance of communication in nursing, theory of communication and barriers to effective communication. The details of each discusses below:

1. Importance of communication in nursing

Communication is a process in which information, perception, and understanding are transmitted from person to person (Huber, 2014). Communication, as a key element in providing high-quality health care services, leads to patient satisfaction and health. All nursing activities such as assessment, planning, intervention, evaluation, health teaching, encouragement, counseling, and caring are never be achieved without effective communication (Alotaibi, Bunaydir M, 2018). Effective communication is an important part of patient care, which improves nurse-patient relationship and has a thoughtful effect on the patient's perceptions of health care quality and treatment outcomes (Li, Ang, & Hegney, 2012). In healthcare, the common goal is the improvement of the client's health problems. The message can occur verbally and Non-verbally. These forms can then be subdivided into smaller components. Verbal communication & Non-verbal communication. Verbal communication is comprised of language, vocabulary, sounds, and intonation (Arungwa, 2014). Non-verbal communication occurs without the use of words. Research suggests approximately ninety percent of communication occurs without the communicators ever uttering a word (Pease, 2001). Instead, facial expressions, touch, eye contact, gestures, posture, and body language are used to convey the intended meaning (Kourkouta & Papathanasiou, 2014). Feedback is essential in ensuring the message was decoded correctly as perceptions of the same interaction can change due to past experiences and cultural background (Waner & Winter, 1993).

Communication is one of the patient's vital needs and the basis for nursing care. Communication is one of the type aspects of nursing care and many nursing tasks, such as physical care for patients, mental support and information exchange with patients, could not be possible without communication. Effective communication is beneficial for both nurses and clients. Bram hall (2014) reports nurses with poor communication training can experience negative psychological effects and an inability to meet job demands. Nurses with effective communication training and skills, report less dissatisfaction and more patience in relations with clients (Radtke, Tate, & Happ, 2012). Nurses one of the most important skills is therapeutic communication. The therapeutic communication strengthens the nurse-patient relationship and creates a good atmosphere for healthcare delivery (Fleischer et al., 2009). The ineffective nurse-patient communication may lead to dissatisfaction with care, misdiagnosis, misunderstanding, uncertainty and frustration for both patients and for nurses. Information on communication barriers is therefore necessary to identify possible causes of

nurse-patient communication pitfalls. Some studies have reported positive outcomes when communication was effective, consequently leading to adherence to treatment and patient involvement in their own care (Bergenmar, Johansson, Kullberg, Sharp, 2015).

2. Theory of communication

Nurses can use communication theories to guide interactions with clients, gain a better understanding of the elements and importance of general and therapeutic of communication. In 1952, Peplau published the Interpersonal Relations Theory. Interpersonal Relations Theory assumes both the nurse and the client can interact and benefit from communication, and communication is affected by the environment, participants' attitudes, practices, beliefs, and culture (Neese, 2015). There are four phases to the nurse-client relationship experiences:

1. Orientation phase, 2. Identification phase, 3. Exploitation phase and 4. Resolution phase (Peplau, 1952).

The nurse initiates the orientation phase by engaging the client in their plan of care. Verbal communication is used as clients ask questions and nurses respond with explanations and information. Nurses also interview clients by inquiring about symptoms the clients have been experiencing. The exchange of information allows clients to develop a trusting relationship with the nurse (Peplau, 1952; Wayne, 2014). Barriers to effective communication can have the most damage to the nurse-client relationship within the orientation phase. The participants' values, culture and race, beliefs, language barriers, and past experiences can negatively effect relationship development and cause clients to experience mistrust towards the nurse (Neese, 2015; Peplau, 1952). Non-verbal communication of the nurse must be open and welcoming so the client is not apprehensive (Peplau, 1952). Nurses who allow their preconceived ideas about a client to influence their initial communication can damage the possibility of a therapeutic relationship before it is formed (Kourkouta & Papathanasiou, 2014).

During the identification phase, verbal and non-verbal communication continues as the nurse identifies the client's problems and develops a nursing care plan based on the client's condition and goals (Peptiprin, 2016). The client can begin to feel as if they are belonging in the healing journey (Peplau, 1952). An essential aspect of the Interpersonal Relations Theory is the ability for nurse and client to work together as the client becomes an active participant in treatment (Neese, 2015; Wayne, 2014).

In the exploitation phase, the client utilizes all available resources provided by the nurse (Peplau, 1952). The exploitation phase often overlaps with the identification and terminal phases. The client realizes the benefits of working with the nurse and assumes full participation in the plan of care. The nurse should utilize interview techniques, derived from therapeutic communication, in order to obtain a complete picture of the client's underlying issues (Peptiprin, 2016). Client independence is likely to fluctuate during care, at times needing more direction and education from the nurse (Wayne, 2014).

The resolution phase is the end of the nurse-client relationship. Client needs were met and health care goals achieved as a result of therapeutic communication and the client is able to move on to independent care. This phase can be difficult on nurses and clients who developed a strong bond during the caring process; however, it is a necessary part of the client becoming fully independent (Neese, 2015; Wayne, 2014).

3. Barriers to effective communication

Several studies showed that there are several factors act as a barrier to effective communication for nurses (Ardalan et al., 2018; Fleischer et al., 2009; Henry & Henry, 2004). Nurse perceived barriers to effective nurse-client communication can be divided into physical, psychological, or social themes (Weaver, 2010). Communication barrier themes can overlap based on nurse and client factors and the relationship between participants. When multiple communication barriers exist in a nurse-client setting, the nurse must dedicate additional time and effort to communicate effectively in order to maximize client care (Coleman & Angosta, 2016; Hemsley, Balandin, & Worrall, 2012).

Physical barriers to effective communication include the environment where communication occurs. Sufficient lighting, room size, ambient noise, and lack of privacy can prevent effective communication between nurse and client (Weaver, 2010). Physical barriers may be created by therapeutic and care requirements such as clients on ventilators or in comas (Karlsson, Forsberg, & Bergbom, 2010). Time constraints affect the quality of communication and can negatively impact client outcomes (Hemsley, Balandin & Worrall, 2011). Time may act as a physical barrier to nurse-client interaction (Hemsley, Balandin & Worrall, 2011; Moore, Higgins, & Sharek, 2013). Nurses' numerous responsibilities reduce the amount of time available to care for clients and communicate with physicians concerning client care (Steele et al., 2011; Wittenberg-Lyles, Goldsmith, & Ferrell, 2013).

Psychological barriers to effective communication include anxiety, personality traits, level of self-esteem, and psychological disorders. Nurse anxiety concerning client care or low self-esteem has been shown to

decrease communication between nurse and client (Arungwa, 2014; Steele et al., 2011). When a nurse is anxious about a client's medical needs due to unfamiliarity with the situation, negative past experiences, or fear of rejection, the communication process is disrupted. Clients with intellectual disabilities that cannot reliably relay information also pose additional communication challenges (Hemsley, Balandin, & Worrall, 2012)

Social barriers to effective communication are constructed around culture. Culture forms the basis of a person's customs, roles, rules, rituals, religion, and laws (Savio & George, 2013). Culture is reliant on communication for the continuation of traditions, while at the same time, communication practices and styles are largely shaped by culture. The socio-cultural background of the nurse and client affects the extent the nurse perceived barriers can impact the nurse-client relationship and communication success (Arungwa, 2014). Proper education and experience can allow nurses to overcome communication barriers and engage in effective communication (Coleman & Angosta, 2016).

In summary, effective communication remains a key factor in the improvement of interpersonal relationships and subsequently the improvement of the patient's care and the quality of patients' recovery (Bach and Grant, 2009). Effective communication requires an understanding of the patient and the feelings they express, therefore effective communication demands for skills and sincere intention of the nurse to understand what concerns the patient (Berengere et al., 1997). Communication in Bangladesh is not well reputed. In the context of Bangladesh, there is no study found related to the factors affecting the effective communication among the nurses. Therefore, the researcher would like to identify the barriers of effective communication among nurses in Bangladesh.

III. Methods

1. Study Design

A descriptive exploratory research design was employed to identify the barriers to effective communication among nurses.

2. Study Participants

The study the participants were the nurses from National Institute of Neurosciences and Hospital. A total 102 nurses were conveniently selected using following inclusion criteria: Nurses who have at least diploma in nursing degree and willing to participate in the study. The sample size was estimated using of G power analysis with set significance (α) of 0.05, an expected power of 0.80 ($1-\beta$) and medium effect size of 0.30(y). This calculation revealed 88 sample size and by adding 20% extra subjects, total 102 participants were included in the study.

3. Instruments

The instruments for data collection consist of two parts: Part I: The Demographic Questionnaire age, gender, marital status, educational level, and work place. Part II: Barriers to effective communication (BEC) assessment questionnaire developed by Aghabarari, Mohammadi, & Varvani Farahani, (2009). The BEC is a 28 item questionnaire with 4 dimensions and 4 point Likert's scale ranging from 1= None (No Barrier at all), 2=Low(Little Barrier), 3= Average(Not Serous), and 4=High(Really a Barrier).

The BEC is a widely used instrument which was used in several earlier researches as a valid instrument (Norouzinia, Aghabarari, Shiri, Karimi, & Samami, 2015). In addition, for current study to examine the consistency with the present study context; the relevance of the instrument was tested by three experts in this field. The reliability of the instrument is also reported in many earlier researches and found the Cronbach's alpha coefficient level of .96. In the current study, further reliability of BEC was tested a pilot study with 25 subjects.

4. Data Collection

Permission was obtained from the Institutional Review Board (IRB) IRB No. Exp. NIA-S-2018-51, National Institute of Advanced Nursing Education and Research (NIANER) and Bangabandhu Sheikh Mujib Medical University (BSMMU). A formal permission for data collection also obtained from the hospital director of the hospital as study setting. Verbal and written consent was taken from the nurses to ensure their voluntary participation. After getting permission from the concerned authority and subject then researcher met with nursing superintendent and nursing supervisor for helping the data collection after that they went to the selected department with nursing supervisors and introduced with ward in-charge and the explained the aim of the study with nurses after that researcher distributed 120 Bangla version questionnaire from to the subjects. Out of 120 distributed questionnaires, 102 were returned and used for data analysis. The duration of data collection was from January 2019 to February 2019.

5. Data Analysis

Collected data were analyzed by using specially designed computerized “Statistical Package” (SPSS). Both descriptive and inferential statistics were used for data analysis.

The descriptive statistics such as frequencies, percentages, mean, and standard deviation were used to organize and present socio-demographic characteristics. The inferential statistics, such as t-test, Correlation and ANOVA were used to examine the relationship between the barriers to effective communication and socio-demographic characteristic of the nurses.

IV. Results

This chapter presents the study findings of the demographic characteristics of the nurses and the barriers to effective communication among nurses. The study results presented in three parts as follows:

1. Demographic characteristics of the nurses,
2. Barriers to Effective Communication among the nurses, and
3. Relationship between demographic characteristics of nurses and barriers to effective communication.

1. Demographic Characteristics

Table 1 shows the distribution of socio demographic characteristics of the nurses by frequency, percentage, mean (M) and standard deviation (SD). The results of the data showed that the average age of nurses participated in this study was 35.72(±5.70) years and ranged from 24 to 51 years. All participants were female, in which most of them were (99.0%) were married. Almost three-fourth (88.2%) of nurses was with diploma-in nursing degree followed by B.Sc. nursing degree was for (10.8%). Most of the nurses (84.3%) were from medical units and none of them had any training on communication.

Table1. Distribution of socio-demographic characteristics of the nurses (N=102).

Name of variable		Frequency(n)	%	M(SD)
1. Age (years)				35.72(5.70)
2. Sex	Male	00	00	
	Female	102	100	
3. Marital status	Married	101	99.0	
	Unmarried	1	1.0	
4. Professional Education	Diploma	90	88.2	
	Bachelor	11	10.8	
5. Ward/Unit	Medical	86	84.3	
	Surgical	16	15.7	
6. Training on communication	None	102	100	

Table 2 shows the dimensions of the barrier to effective communication. The result showed that subject in this study perceived barriers to effective communication for each dimension including between nurses and patients, nurse- related factors, patient related factors, environmental factors with the mean scores ranged from 1.16% to 1.20%. Exceptionally, one dimension, barriers, had the majority of subjects with a mean score 1.58% and SD was 0.71%.

Table2. The mean and standard deviation of the overall and by dimensions of the barrier to effective communication (N=102).

Barriers to communication	Mean (SD)
Overall Barrier to effective communication	1.27±.38
Between nurses and patients	1.16 ±.14
Nurse- related factors	1.15 ± .36
Patient related factors	1.20± .52
Environmental factors	1.58± .71

3. Barriers to Effective Communication

Table 3 showed the distribution of the dependent variable “barrier to effective communication” of nurses by items, dimensions and overall using frequency, percentage, mean and standard deviation. The result revealed that mean for overall barriers to communication was of 1.27 (SD=0.38). Dimensionally, the mean barriers to communication for “common factors between nurse and patient” was 1.16 (SD =0.14), “nurse related factors” was for 1.15 (SD =0.36), “patient related factors” was 1.20 (SD=0.52), and the “environmental factors” was at 1.58 (SD=0.71). The results reflected that overall nurses had very low barriers to effective communication in their workplace. However, among 28 items, the top three barriers to effective communication by nurses were: “communication with critically ill patients” (M=1.92, SD=0 .88), “busy environment in the work” (M=1.75, SD=0.75), and “language differences” (M=1.60, SD=0.49).

Table3. Distribution of barriers to effective communication among nurses by items, dimension and overall (N=102).

Barriers to communication	None		Low		Average		High		M(SD)
	N	%	n	%	n	%	n	%	
<i>Factors common between nurses and patients</i>									
1. Age differences between nurses and patients	101	99.0	0	0	1	1.0	0	0	1.16 ±.14
2. Cultural differences between nurses and patients	99	97.1	3	2.9	0	0	0	0	1.02±.19
3. Religion differences between nurses and patients	100	98.0	2	2.0	0	0	0	0	1.03 ± .17
4. Colloquial language differences between nurses and patients	41	40.2	61	6.0	0	0	0	0	1.02 ± .13
<i>Nurse-related factors:</i>									
1. Despondency and apathy of the nurse towards his/her profession.	101	99.0	1	1.0	0	0	0	0	1.60 ± .49
2. Nurse's lack of knowledge regarding communication skills.	99	97.1	3	2.9	0	0	0	0	1.15 ± .36
3. Nurse's low self-esteem.	102	100.0	0	0	0	0	0	0	1.01± .09
4. Negative attitude of the nurse towards the patients.	100	98.0	0	0	1	1.0	1	1.0	1.03± .17
<hr/>									
Barriers to communication	None		Low		Average		High		M(SD)
	N	%	n	%	n	%	n	%	
5. Nurse's reluctance to communicate with the patient.	100	98.0	2	2.0	0	0	0	0	1.00± .00
6. Nurse's insufficient knowledge about the needs and status of the patient.	94	92.2	3	2.9	3	2.9	2	2.0	1.05± .35
7. Nurse's unpleasant experiences of previous encounters with patients.	93	91.2	3	2.9	1	1.0	5	5.9	1.20± .69
8. Relation between other health care team members and the nurse.	86	84.3	2	2.0	2	2.0	12	12	1.41± .99
9. Shortage of nurses.	84	82.4	8	7.8	6	5.9	4	3.9	1.31± .75
10. Being overworked during the shift.	89	87.3	5	4.9	5	4.9	3	2.9	1.28± .78
11. Lack of enough time.	91	89.2	8	7.8	1	1.0	2	2.0	1.16± .52
12. Working multiple jobs and fatigue.	88	86.3	5	4.9	3	2.9	6	5.9	1.28± .78
13. Poor economic status of the nurse.	94	92.2	2	2.0	5	4.9	1	1.0	1.15± .53
<i>Patient related factors:</i>									
1. Patient's unawareness of the status and duties of the nurses.	99	97.1	2	2.0	1	1.0	0	0	1.20± .52
2. Negative attitude of the patients towards the	89	87.3	4	3.9	1	1.0	8	7.8	1.04± .24

Barriers to communication	None		Low		Average		High		M(SD)
	N	%	n	%	n	%	n	%	
nurse.									
3. Resistances and reluctance of the patients to communicate.	96	94.1	6	5.9	0	0	0	0	1.06±.23
4. Patients' lack of focus.	86	84.3	7	6.9	1	1.0	8	7.8	1.32±.84
5. Anxiety, pain and physical discomfort of the patient.	85	83.3	7	6.9	2	2.0	8	7.8	1.34±.86
6. Family' interference	93	91.1	3	2.9	4	3.9	2	2.0	1.17±.58
7. Patient's comparisons	88	86.3	8	7.8	4	3.9	2	2.0	1.22±.60
<i>Environmental factors:</i>									1.58±.71
1. Unfamiliar environment of the hospital for the patients.	88	86.3	4	3.9	6	5.9	4	3.9	1.27±.74
2. Busy environment of the ward (noise and traffic)	40	39.2	51	50.0	7	6.9	4	3.9	1.75±.75
3. Unsuitable environmental condition (Improper ventilation, heating, cooling and lighting)	82	80.4	7	6.9	6	5.9	7	6.9	1.39±.88
4. Critically ill patients in the ward.	33	32.4	55	53.9	3	2.9	11	10.8	1.92±.88
Overall Mean									1.27±.38

4. Demographic Characteristics and Barriers to Effective Communication

Table 4 showed relationship between nurses' socio-demographic characteristics and barriers to effective communication. The results found that there was statistically very low significant relationship between overall barriers to effective communication and nurses' age and ward or unit of working ($r=-.19$, $p=.04$ and $t=10.187$, $p=.002$), respectively. The data revealed that nurses with the age group of 24-33 years ($M=1.38$, $SD=.50$) and nurses who worked in the medical unit ($M=1.30$, $SD=.41$) had comparatively higher mean than others, but by age group, it was statistically non-significant difference. Others demographic variables and barriers to communication was non-significant difference ($N=102$).

Table 4: Demographic characteristics and barriers to effective communication (N=102).

Name of variable		M (SD)	t/r	p value
1. Age (years)			-.19*	.04
2. Marital status	Married	1.28(.39)		
	Unmarried	00	.104	.74
3. Professional Education	Diploma	1.29(.41)		
	Bachelor	1.16(.10)	.676	.83
4. Ward/Unit	Medical	1.30(.41)	10.187	.002
	Surgical	1.10(.07)		

V. Discussion

This chapter presents the discussion of the findings corresponding to the study objectives. Communication is a core ingredient of healthcare activities health care nurses. All nursing activities such as assessment, planning, intervention, evaluation, health teaching, encouragement, counseling, and caring are never be achieved without effective communication (Alotaibi, Bunaydir M, 2018). In this study barriers to effective communication among nurses in Bangladesh were explore by using standard structure questionnaire. Total 102 Bangladeshi nurses were recruited form National Institute of Neurosciences of Hospital as a sample by using convenience sampling technique. The aim of this study was to describe barriers effective communication among nurses on the basis of their age, gender marital status level of education in nursing, based on the findings various important features. The discussions were organized under three following sections: Socio-demographic characteristics of the nurses, barriers to effective communication and relationship between socio-demographic characteristics and barriers to effective communication among nurses.

1. Demographic characteristics of the nurses.

The findings showed that the average age of nurses participated in this study were $35.72(\pm 5.70)$ years and ranged from 24 to 51 years where this finding was nearly similar (33.98 ± 7.24) in another study (Ardalan, Saweh, Sanandaji, & Nouri, 2017). All participants were female, in which most of them were (99%) were married. The other findings 82.5% was female (Ardalan, Saweh, Sanandaji, & Nouri, 2017). This means nursing is female oriented profession over the world. In recruitment policy of Bangladesh 90% female and 10 % male

nursing student recruited every year. Almost three-fourth (88.2%) of nurses was with diploma-in nursing degree followed by B.Sc. nursing degree was for (10.8%). It is due to lack of M.Sc. Institution for higher education. It was congruent in previous several studies (Latif et al.; Hossain, 2008). Even though the recent developments of health care sector in Bangladesh, the quality of health care service is still a great concern (Siddiqui & Khandaker, 2007). Although there have been recently established National Institute of Advanced Nursing Education and Research for advanced degree in nursing, hoped that gradually increased M.sc nurses can contribute in the development of nursing in Bangladesh and for quality of patient care. Most of the nurses (93.1%) were from medical units and none of them had any training on communication.

2. Barriers to effective communication.

The present research studied the effective communication barriers in four areas (common nurse patient barriers, nurse's barriers, patient's barriers and environmental barriers). The result revealed that mean for overall barriers to communication was of 1.27 (SD=0.38). Cultural difference was the most important common barrier between the nurse and the patient, (62.2 ± 1.06) which was also mentioned in other studies in Iran but my study cultural deference was least 1.03(SD=.17) Cultural challenges and barriers between nurse and patients reported in Hart and Mareno study in USA . Colloquial language differences between nurses and patients high in my study 1.60 (SD=.49) Awareness of conversational language for nurses is advised despite the difference in generations. The results of the research showed that nurses' barriers had the most important role in communication. In the meantime, lack of enough time, heavy workload during the shift, and shortage in nursing staff were the most important barriers. In previous studies, the reported barriers to communication between the nurse and the patient were shortage in the nurse to patient ratio, lack of time, patient's insufficient knowledge about the position of the nurses, and inappropriate communication by the high level nursing managers (Ardalan, Saweh, and Sanandaji & Nouri 2017). This finding was similar to my study. Shortage of nurses 1.31 (SD=.75). Being overworked during the shift 1.24 (.67) in my study, Nursing workload can cause ineffective communication between nurse and patients and other health care team members, another study Baraz et al., the high pressure of nursing work, work difficulties, physical and mental fatigue and lack of appreciation of nurses have been reported as the major barriers to communication. Finally, the improvement of the communication between the nurse and the patient would improve the quality of care provided by the nurses and would be effective on diagnosing, treating and improving the quality of physical and mental health. Improving the provided services would consequently improve patient's satisfaction.

3. Relationship between socio-demographic characteristics and barriers to effective communication among nurses.

Concerning the relationship between socio-demographic characteristics of the nurses and their barriers to effective communication, the result of the present study showed that, there was a strong positive relationship between nurse's demographic characteristics and barriers to effective communication. This finding was similar with the result of a number of previous studies (Aghabarary et al., 2009).

In the present study there was low statistically significant relationship between age and barriers to effective communication. This result was contrary with another study (Antipuesto, D. J. 2015). However mean difference ($M=1.38$, $SD=.50$) of this study showed that as age increase, the barriers to communication was also increase, the findings also showed that old and young nurses are more satisfied. The results found that there was statistically very low significant relationship between overall barriers to effective communication and nurses' age and ward or unit of working ($r=-.19$, $p=.04$ and $t=10.187$, $p=.002$), respectively. The data revealed that nurses with the age group of 24-33 years ($M=1.38$, $SD=.50$) and nurses who worked in the medical unit ($M=1.30$, $SD=.41$) had comparatively higher mean than others (Aghabarary et al., 2009), but by age group, it was statistically non-significant difference. Others demographic variables and barriers to communication was non-significant difference.

VI. Conclusion And Recommendations

This study evaluate brought about the direct connection of effective communication, patients' health and satisfaction. The result indicates that the use of effective communication skill in healthcare settings does not only benefit patients it also benefits healthcare providers in the aspect of their job satisfaction and prevention of stress which have positive influence on health. It was found in the process of this study that, the personal characteristics of patients and nurses are the major key factors influencing the effective communication between nurse and patients in healthcare settings. There have only been very little evidences to develop the role of environment in the nurse-patient communication and interaction.

Limitations

- The study conducted at one tertiary level hospital in Bangladesh. It may not represent the nurse's full perception about effective communication for those who are working at different levels hospital setting in Bangladesh.
- Conveniences sampling technique was used.

- The limitations of this study were no number of male nurses.
- The data collection tool used in this study was primarily developed in English which was translated into Bengali. The researcher paid every effort in translation process for maximum accuracy, but there might be inaccuracy in the process of translation and accommodating the cultural nuance.

Recommendations

It is recommended that future studies pay more attention to communication facilitators and divide the participants to male and female groups. It is also suggested that religious and cultural beliefs as well as language barriers be more thoroughly evaluated in patients and nurses. Education and training will be developed in nursing colleges all over Bangladesh regions to investigate the nursing curricula inclusion for communication skills theoretical, practically and clinically wise.

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