

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

*Original Research*

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## ABSTRACT

**Background:** Effective nurse-patient communication is fundamental to high-quality care, patient satisfaction, and safety. Poor communication contributes to medical errors, patient dissatisfaction, and increased risk of workplace violence. Despite its importance, communication gaps persist in clinical practice due to systemic, personal, and environmental challenges. In countries like Pakistan, limited research has addressed this issue in tertiary care settings, particularly from the nurses' perspective, necessitating local studies to identify barriers and guide improvements.

**Objective:** To identify and analyze the key barriers to effective nurse-patient communication in tertiary care hospitals in Peshawar.

**Methods:** A descriptive cross-sectional study was conducted over six months in three public tertiary care hospitals: Lady Reading Hospital, Hayatabad Medical Complex, and Khyber Teaching Hospital. A total of 313 registered graduate nurses were selected using a simple random sampling technique from a population of 1,594. Data were collected using a validated structured questionnaire comprising multiple domains related to communication barriers. After obtaining informed consent and ethical approval, responses were analyzed using SPSS software to generate descriptive and inferential statistics.

**Results:** Among the 313 participants, 76.0% were female and 58.1% were married, with 55.6% holding a bachelor's degree and 40.6% having 1–3 years of experience. Environmental barriers were reported most frequently, with 43.1% of nurses identifying nursing shortages and 46.6% citing time constraints as major barriers. Additionally, 41.8% perceived inadequate communication skills as a major obstacle. Social and psychological factors, such as lack of patient involvement and emotional detachment among nurses, were also recognized. In contrast, age, gender, cultural, and religious differences were seen as minor or neutral by most participants.

**Conclusion:** The study highlights that environmental and educational challenges significantly hinder nurse-patient communication in tertiary care hospitals. Addressing these barriers through targeted training, improved staffing, and support for nurses' well-being is essential for enhancing communication and care quality.

**Keywords:** Communication Barriers, Hospitals, Nurse-Patient Relations, Nursing Shortage, Pakistan, Patient Care, Tertiary Care.

## INTRODUCTION

Effective communication is a cornerstone of quality healthcare, particularly in nursing, where the exchange of information between patients and healthcare professionals significantly influences clinical outcomes. In hospital settings, nurses play a pivotal role in ensuring that patients receive timely, accurate, and compassionate care. However, the breakdown of communication in clinical environments has been widely documented as a major contributor to negative health outcomes. It is reported that nearly 70% of serious adverse events in healthcare are linked to communication failures (1), and over 80% of preventable hospital-related harms can be traced to miscommunication (2). These breakdowns not only impact patient safety and satisfaction but also contribute to an increased risk of workplace violence and emotional distress among healthcare professionals (3,4). Communication in nursing extends beyond mere verbal exchange; it involves the thoughtful transmission of ideas, emotions, instructions, and understanding between the nurse and the patient. This process relies heavily on mutual comprehension and empathy, forming the basis of a therapeutic relationship. When executed effectively, communication allows nurses to provide clear guidance, deliver appropriate care, and build trust with patients (5). It is through this trust that patients feel empowered to share vital information about their symptoms, preferences, and concerns—leading to more accurate diagnoses and individualized care plans. Conversely, communication barriers can impair this relationship, ultimately affecting the quality of nursing care and health outcomes (6). The significance of effective communication extends to the broader healthcare system, where the quality of collaboration between nurses and physicians also determines the overall standard of patient care.

A strong nurse-physician relationship, grounded in clear and respectful communication, encourages shared decision-making and a more cohesive, patient-centered approach (7). On the other hand, inadequate interprofessional communication can compromise safety and efficiency, particularly in high-pressure settings like tertiary care hospitals. Communication challenges in nursing are often multifactorial. Barriers may be physical, linguistic, emotional, or cultural, and may also stem from mismatched demographics, such as differences in age, gender, education, or socio-economic background between nurses and patients (8,9). Additionally, heavy workloads, time constraints, and the inability of some patients to articulate their symptoms further complicate nurse-patient interactions (10). In educational settings, communication plays a crucial role in developing competent future nurses by fostering knowledge acquisition, confidence, decision-making, and behavior change (11,12). Despite its central role in patient care, health communication remains an underexplored area in countries like Pakistan, where limited research has been conducted on the specific dynamics between nurses and hospitalized patients. Given the critical impact of communication on patient outcomes and the lack of comprehensive studies in Pakistan's healthcare context, it is imperative to identify and address the barriers that hinder effective nurse-patient interactions. This study aims to bridge this gap by analyzing common communication challenges within tertiary care hospitals. The objective is to identify the prevailing barriers that interfere with effective nurse-patient communication, thereby contributing to the development of targeted strategies that can enhance care quality, patient adherence, and overall satisfaction.

## METHODS

This study employed a descriptive cross-sectional design to investigate the barriers to nurse-patient communication among graduate nurses working in tertiary care hospitals in Peshawar. The design was selected for its appropriateness in capturing the current state of communication challenges within a defined population. The research was conducted across three major public sector tertiary hospitals: Hayatabad Medical Complex (HMC), Lady Reading Hospital (LRH), and Khyber Teaching Hospital (KTH). These institutions were chosen due to their high patient turnover, diverse clinical settings, and significant representation of nursing staff in the region. The study was carried out over a period of six months, aligning with the academic calendar and the requirement to present the findings at the end of the semester. The total target population of registered nurses across the selected hospitals was 1,594, with 808 nurses at LRH, 473 at HMC, and 313 at KTH. A sample size of 313 nurses was calculated based on this population using standard sample size determination methods for cross-sectional studies. A simple random sampling technique was used to ensure equal and unbiased representation across the participating hospitals and wards. Participants included registered graduate nurses currently working in general and specialized wards of the selected hospitals. Nurses who were on extended leave, under training, or not directly involved in patient care were excluded from the study to maintain the focus on real-time communication dynamics in clinical practice. After obtaining formal permission from

the college administration and receiving acceptance letters from the nursing directors of each hospital, the data collection process was initiated.

A structured and validated questionnaire was used as the primary data collection tool. The questionnaire was obtained through open access and had been previously validated for reliability and applicability in healthcare communication research (2). It assessed various domains related to nurse-patient communication, including physical, emotional, organizational, and interpersonal barriers. The data collection process was conducted in person across wards, with informed written consent obtained from each participant prior to enrollment in the study. Ethical approval was secured from the institutional review board prior to data collection. Ethical principles such as voluntary participation, confidentiality, and the right to withdraw at any stage were strictly adhered to. The anonymity of participants was preserved by coding the questionnaires and excluding any personally identifiable information. Data were entered, cleaned, and analyzed using SPSS software. Descriptive statistics were used to summarize participant demographics and the frequency of reported communication barriers. Cross-tabulations and chi-square tests were planned for identifying significant associations between demographic variables and types of barriers reported.

## RESULTS

A total of 313 graduate nurses participated in the study. The sample was predominantly female (76.0%), with male participants accounting for 24.0%. The majority of respondents (58.1%) were married, and 55.6% held a bachelor's degree in nursing, followed by 38.7% with a diploma and 5.8% with a master's degree. Regarding clinical experience, 40.6% had between 1–3 years, 31.6% had 4–6 years, 11.5% had 7–10 years, and 16.3% had more than 10 years of professional experience. Findings indicated that overworking was perceived by a high frequency of respondents to affect nurse–patient communication to a great or very great extent. This emphasizes workload as a critical factor undermining the quality of interaction with patients. Similarly, a substantial proportion of nurses identified the nursing shortage as a major barrier, with 43.1% reporting it affected communication to a very great extent and 17.9% to a great extent. Only 12.1% of respondents perceived the impact of nursing shortages as minimal. When asked about the lack of time as a barrier to communication, 25.2% of nurses indicated it was a barrier to a great extent and 21.4% to a very great extent, totaling 46.6% of participants acknowledging time constraints as a significant challenge. Conversely, 14.1% and 16.6% reported a very small or small extent, respectively, suggesting some variability in the perception of this issue.

Participants also reported that multiple critical cases significantly impacted nurse-patient communication, with 42.8% rating the extent as great or very great. This reflects the challenges nurses face in managing communication effectively under high-acuity clinical conditions. Awareness among patients regarding nursing duties was also evaluated, with 47.9% indicating that patients had a high level of awareness, which, while generally positive, may also raise expectations and inadvertently create communication barriers. Regarding nurses' own communication abilities, 41.8% believed that inadequate knowledge of communication skills among nurses served as a communication barrier to a great or very great extent, while 38.6% perceived it to a small or very small extent. A total of 19.5% were neutral on this issue, suggesting varied confidence levels in communication competencies. Additional moderate barriers identified included patients' educational background, medical knowledge gaps among nurses, reluctance to engage emotionally with patients, multitasking burdens, low income, disease stages, and nurses' low self-esteem. Negative attitudes and feelings of despair were also reported as contributing to communication difficulties. In contrast, factors such as gender, cultural, and religious differences were largely perceived as minor or neutral barriers. The absence of family members and unfamiliar hospital environments were also noted as minor barriers, while patient complaints of pain, past negative healthcare experiences, and lack of physical support slightly hindered communication. Age differences between nurses and patients were reported to impact communication to a neutral extent by most respondents.

**Table 1: Demographic Characteristics of the Participants**

	Frequency	Percent
Gender		
Male	75	24.0
Female	238	76.0
Marital Status		
Married	182	58.
Unmarried	131	41.9
Educational Level		
Diploma Nurses	121	38.7
Bachelor's Degree	174	55.6
Master Degree	18	5.8
Years Of Experience		
1-3 Yrs Experience	127	40.6
4-6 Yrs Experience	99	31.6
7-10 Yrs Experience	36	11.5
More Than 10	51	16.3

**Table 2: Perceived Extent of Nursing Shortage as a Barrier to Nurse–Patient Communication**

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Small Extent	38	12.1	12.1	12.1
Small Extent	45	14.4	14.4	26.5
Neutral Extent	39	12.5	12.5	39.0
Great Extent	56	17.9	17.9	56.9
Very Great Extent	135	43.1	43.1	100.0
Total	313	100.0	100.0	

**Table 3: Perceived Extent to Which Lack of Time Affects Nurse–Patient Communication**

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Small Extent	44	14.1	14.1	14.1
Small Extent	52	16.6	16.6	30.7
Neutral Extent	71	22.7	22.7	53.4
Great Extent	79	25.2	25.2	78.6
Very Great Extent	67	21.4	21.4	100.0
Total	313	100.0	100.0	

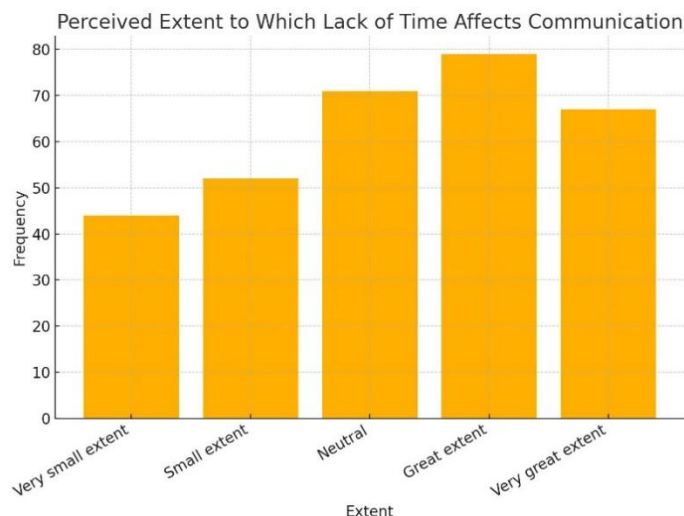


Figure 1 Perceived Extent to Which Lack of Time Affects Communication

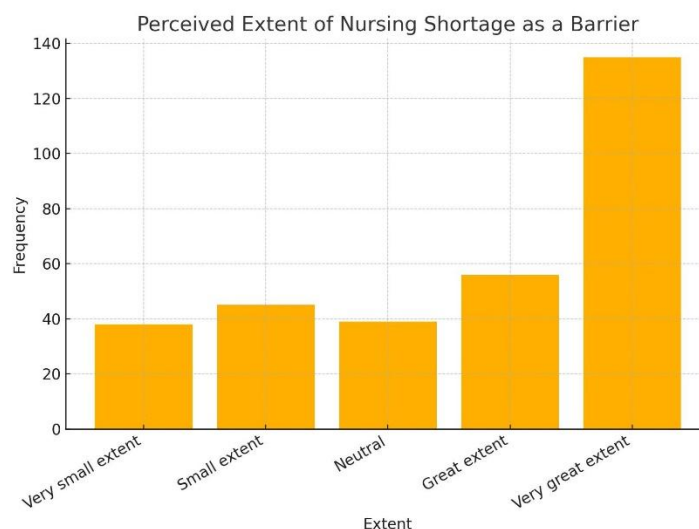


Figure 2 Perceived Extent of Nursing Shortage as a Barrier

## DISCUSSION

The present study explored the barriers to nurse-patient communication in tertiary care hospitals in Peshawar, drawing insights from a sample of 313 graduate nurses. A significant proportion of participants were female, aged between 26–30 years, married, and held a bachelor's degree. Most had 1–3 years of clinical experience, a finding consistent with previous research where nurses in this experience bracket were more likely to report communication challenges in clinical settings (13-15). These demographic characteristics provided a representative base for evaluating communication dynamics within high-pressure hospital environments. Environmental factors emerged as the most prominent barriers, with nurses identifying shortages in staffing, increased workload, limited time, and the burden of managing multiple critical cases as major impediments to effective communication. Similar findings have been reported in studies conducted in various countries, where such institutional constraints severely limited nurses' ability to engage meaningfully with patients (16-18). The prominence of these environmental stressors highlights the systemic nature of communication breakdowns in hospital settings and underlines the importance of administrative interventions to optimize workload distribution and resource allocation. Social and relational barriers also had considerable influence. Nurses' reluctance to engage with patients on an emotional level and limited involvement of patients in their own care plans were seen as significant impediments. Ignoring patients' input during treatment planning has been linked to increased anxiety, a sense of neglect, and diminished trust in care providers, ultimately compromising satisfaction and adherence. These observations align with literature emphasizing the importance of shared decision-making and emotional support in clinical interactions (19,20).

Moderate barriers were observed in domains related to educational background and clinical knowledge. Nurses acknowledged their own deficiencies in communication and clinical understanding as contributors to ineffective interactions. Patients' limited awareness of their conditions and healthcare procedures further complicated mutual understanding. Contrary evidence from previous studies suggested that patient knowledge was a more dominant factor than nurse capability, pointing to contextual differences across healthcare systems and cultural expectations (20). Economic pressures also emerged as moderate factors, with nurses reporting that multitasking and increased responsibilities interfered more with communication than low income. These findings are supported by literature suggesting that role overload in nursing diminishes the quality of patient-centered communication (21,22). Age, gender, cultural, and religious differences were generally perceived as minor barriers. Although some studies have documented age gaps and cultural divergence as significant obstacles to effective communication, the current findings suggest that professional conduct and culturally sensitive training may buffer these influences (23,24). A minority of participants recognized psychological challenges such as hopelessness and low self-esteem as impactful, although the collective psychological burden was categorized as a minor factor. This finding contrasts with earlier reports identifying psychological stress among nurses as a major contributor to communication breakdowns in clinical care (24). Such

differences may be attributed to varying support systems and institutional awareness regarding mental health in different healthcare settings.

The strengths of this study lie in its inclusion of a relatively large and representative sample of nurses across major tertiary hospitals, as well as its structured analysis of multifaceted communication barriers. It provided a nuanced understanding of both institutional and interpersonal challenges within the Pakistani healthcare context. However, several limitations warrant acknowledgment. The study was geographically confined to tertiary care hospitals in Peshawar, limiting generalizability to other provinces or rural healthcare settings. Furthermore, it focused exclusively on the nurses' perspectives, leaving the patient experience unexplored. Capturing patient viewpoints would enhance the holistic understanding of the communication dynamic and provide more balanced insights. To improve communication outcomes in future, nursing education should incorporate focused training in therapeutic communication, cultural competence, and emotional intelligence. Hospital administrators must address structural issues such as staffing, workload, and time constraints to allow for meaningful nurse-patient interaction. Additionally, incorporating psychological support systems for nurses could mitigate emotional burnout and enhance interpersonal engagement. Future research should broaden the geographic scope and include both nurse and patient perspectives, employing mixed-method designs to delve deeper into the contextual variables influencing nurse-patient communication across diverse healthcare environments.

## CONCLUSION

This study concluded that nurse-patient communication in tertiary care hospitals is shaped by a complex interplay of environmental, social, educational, economic, and psychological factors. While differences in age, gender, culture, and religion were found to be minor obstacles, major challenges stemmed from inadequate communication skills, insufficient nursing knowledge, overwhelming workloads, and limited time. The reluctance of nurses to engage emotionally and the exclusion of patients from their care decisions further disrupted effective communication. These findings highlight the urgent need for targeted interventions, including enhanced training in communication, improved staffing strategies, and greater institutional support for nurses' mental well-being. Strengthening these areas can significantly improve the quality of care and foster stronger, more trusting nurse-patient relationships.

## AUTHOR CONTRIBUTION

Author	Contribution
Nomana Mehmod*	Substantial Contribution to study design, analysis, acquisition of Data Manuscript Writing Has given Final Approval of the version to be published
Shafiullah	Substantial Contribution to study design, acquisition and interpretation of Data Critical Review and Manuscript Writing Has given Final Approval of the version to be published
Abdul Haq	Substantial Contribution to acquisition and interpretation of Data Has given Final Approval of the version to be published
Fauzeed Ullah Khan	Contributed to Data Collection and Analysis Has given Final Approval of the version to be published
Syed Sajid Ali Shah	Contributed to Data Collection and Analysis Has given Final Approval of the version to be published
Sumayya	Substantial Contribution to study design and Data Analysis Has given Final Approval of the version to be published
Rashid Ali	Contributed to study concept and Data collection Has given Final Approval of the version to be published
Jahan Zeb	Writing - Review & Editing, Assistance with Data Curation



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