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NURSES' PERSPECTIVES REGARDING THE BARRIERS TO NURSE-PATIENT THERAPEUTIC RELATIONSHIP: A QUALITATIVE DESCRIPTIVE STUDY

Original Research

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ABSTRACT

Background: The nurse–patient therapeutic relationship represents a purposeful and professional interaction founded on trust, empathy, respect, and confidentiality. It plays a crucial role in improving patient outcomes, satisfaction, and adherence to care. Despite its established significance, many nurses continue to face challenges in developing and maintaining such relationships within high-demand healthcare environments, especially in public sector tertiary hospitals, where workload, communication, and cultural diversity contribute to relational difficulties.

Objective: The objective of this study was to explore nurses' perceptions regarding the barriers to establishing effective nurse–patient therapeutic relationships in public sector tertiary care hospitals.

Methods: A qualitative descriptive study was conducted at Khyber Teaching Hospital, Peshawar, Khyber Pakhtunkhwa. Purposive sampling was used to recruit thirteen (n=13) registered nurses with at least two years of clinical experience in medical, surgical, and intensive care units. Data were collected through semi-structured, face-to-face interviews that were audio-recorded and transcribed verbatim. Thematic analysis was performed following Braun and Clarke's six-phase inductive framework, ensuring systematic identification of recurring patterns and themes. Ethical approval was obtained from the Ethical Review Board and Advanced Studies Research Board of Khyber Medical University.

Results: Thematic analysis generated 29 codes, 10 subthemes, and 5 main themes: *Communication Challenges, Time Constraints, Patient Factors, Cultural and Diversity Factors,* and *Training and Education.* The findings revealed that heavy workloads, linguistic diversity, patient resistance, cultural barriers, and lack of professional development opportunities were significant impediments to effective therapeutic engagement between nurses and patients.

Conclusion: The study concluded that communication barriers, workload pressures, and limited training opportunities significantly undermine therapeutic relationships in public healthcare settings. Addressing these barriers through structured communication training, cultural competence programs, and organizational support systems is essential for improving patient-centered care and enhancing nurse–patient collaboration.

Keywords: Barriers; Communication; Cultural Competence; Nurses; Nurse–Patient Relations; Qualitative Research; Therapeutic Relationship.

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INTRODUCTION

Patients seeking healthcare services frequently experience fear, uncertainty, and anxiety regarding their conditions and the healthcare process itself, which can be alleviated through effective therapeutic interactions between nurses and patients (1). The nurse–patient therapeutic relationship forms the foundation of nursing care, extending across all stages of health, illness, recovery, and rehabilitation (2). It is a purposeful, interpersonal connection grounded in trust, empathy, respect, and confidentiality, fostering a sense of safety and partnership in the healing process (3). Hildegard Peplau's interpersonal relations theory emphasizes that this relationship is the cornerstone of nursing practice, defining nursing as both a healing art and a human science (4). A strong therapeutic relationship has been shown to enhance patient outcomes, increase satisfaction, and reduce hospital stays while promoting safer and more compassionate care environments (5). When patients feel genuinely heard and respected, they are more likely to engage actively in their treatment, adhere to prescribed interventions, and report improved well-being (5–7). This dynamic not only enhances the technical delivery of care but also addresses the psychosocial and emotional dimensions of health, reinforcing the human connection central to recovery (3,5). In the context of public sector tertiary care hospitals, where patient loads are heavy and clinical conditions complex, the therapeutic bond between nurse and patient becomes a vital source of comfort and reassurance. Despite its recognized significance, multiple barriers hinder the formation of effective therapeutic relationships. High patient volumes, limited staffing, heavy workloads, and time constraints restrict meaningful interaction (6). Additional challenges such as communication difficulties, cultural and linguistic diversity, and institutional limitations further complicate engagement, particularly in resource-limited healthcare systems. The emotional dimension of nursing also plays a critical role, as illness and hospitalization often induce psychological distress. Psychoneuroimmunology demonstrates that positive interpersonal relationships can enhance immune function, while stress and isolation disrupt physiological balance and delay recovery (7). Hence, therapeutic communication that builds trust and emotional safety can reduce anxiety, strengthen coping, and improve adherence to treatment (8). Communication remains the core element of therapeutic relationships. Effective communication entails assertiveness, empathy, respect for privacy, and skilled use of both verbal and nonverbal cues (9). Studies reveal that communication is predominantly nonverbal, with approximately 50% expressed through body language, 40% through tone, and only 10% through words (10). Therefore, eye contact, facial expressions, gestures, and therapeutic touch significantly influence patients' perceptions of care (11). However, gaps persist in the consistent application of these skills despite available training, leading to miscommunication and medical errors, which contribute to nearly 27% of adverse clinical outcomes (12).

The modern emphasis on patient-centered care underscores the importance of involving patients and families in healthcare decision-making, thereby improving satisfaction and health outcomes (13). Conversely, ineffective therapeutic relationships can result in conflict, dissatisfaction, reduced care quality, and higher nurse turnover (14). Cultural and gender factors also shape these dynamics; differing beliefs, values, and communication styles may cause misunderstanding, while patients often express greater comfort when discussing sensitive matters with nurses of the same gender (15). In multicultural settings, culturally competent communication thus becomes essential to build trust and facilitate accurate information exchange (16). Moreover, excessive workload, limited staffing, and administrative burdens within public hospitals undermine nurses' ability to provide individualized, empathetic care, often resulting in transactional rather than therapeutic interactions (17). Such conditions contribute to fatigue, burnout, and reduced professional satisfaction. Trust—sustained by honesty, confidentiality, and professional integrity—remains the cornerstone of effective care (13). A lack of empathy or breach of confidentiality can severely compromise this trust, impeding communication and patient cooperation (14). Individual factors on both sides also influence the quality of interaction. Patients may withhold information due to fear or embarrassment, while nurses under stress or compassion fatigue may find it challenging to maintain empathy and attentiveness (15,16). Professional competence, ethical integrity, and self-awareness are therefore fundamental for nurses to sustain therapeutic engagement (17). Additionally, patients with limited education or health literacy may struggle to express their needs or comprehend medical information, necessitating clearer communication strategies by nurses (5). Given these complexities, it becomes crucial to examine the barriers influencing therapeutic nurse–patient relationships within public sector tertiary care hospitals. Understanding these barriers can guide interventions to strengthen communication, enhance empathy, and improve the overall quality of care. The present study aims to identify and analyze the barriers to effective nurse–patient therapeutic relationships in public sector tertiary care hospitals, thereby promoting strategies for more compassionate and patient-centered nursing practice.

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METHODS

A qualitative descriptive research design was adopted to explore nurses' perceptions regarding the barriers to developing effective nurse–patient therapeutic relationships within public sector tertiary care hospitals. The study was conducted at Khyber Teaching Hospital (KTH), Peshawar, a major tertiary care facility in Khyber Pakhtunkhwa, Pakistan, which serves a diverse patient population and represents a typical public sector healthcare environment. This design was considered appropriate as it allows for an in-depth understanding of nurses' lived experiences, personal insights, and contextual challenges in establishing therapeutic engagement within their clinical practice. Participants were registered nurses working in medical, surgical, cardiac care, and intensive care units who possessed a minimum of two years of clinical experience. The inclusion criteria specified that participants must hold at least a bachelor's degree in nursing or higher qualification and have a minimum of two years of direct patient care experience to ensure familiarity with the clinical and interpersonal dimensions of nurse–patient interactions. Nurses who experienced speech impediments, such as stammering, or those unwilling to participate were excluded from the study to avoid potential communication difficulties or lack of voluntary participation that could affect data quality. Purposive sampling was employed to select participants who could provide rich, relevant, and diverse information aligned with the study objectives. Data saturation—defined as the point when no new information or themes emerged—was achieved after conducting thirteen (13) interviews.

Data were collected through semi-structured, face-to-face interviews using an interview guide comprising open-ended questions that encouraged participants to share their experiences freely and reflectively. This flexible approach enabled the researcher to probe deeper into specific aspects of the participants' perceptions and contextual barriers. Each interview lasted approximately 30–45 minutes and was conducted in a quiet setting within the hospital premises to ensure privacy and minimize interruptions. Prior to data collection, participants were briefed about the purpose of the study, their right to withdraw at any stage, and the assurance of confidentiality. Written informed consent was obtained from all participants before interviews commenced. All interviews were audio-recorded with the participants' permission to ensure accuracy and were later transcribed verbatim. Thematic analysis was conducted following Braun and Clarke's six-step framework, which included familiarization with data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report (18). This systematic approach ensured methodological rigor, transparency, and credibility in identifying patterns and underlying meanings across the dataset. Ethical approval for the study was obtained from the Ethical Review Board (ERB) and Advanced Studies Research Board (ASRB) of Khyber Medical University, Peshawar. Institutional permission for data collection was also secured from the hospital administration of Khyber Teaching Hospital. All ethical principles of qualitative research—including respect for autonomy, confidentiality, and beneficence—were strictly observed. Participants were assured that their identities would remain anonymous, and collected data would be used solely for research purposes.

RESULTS

Thematic analysis of the qualitative interviews revealed a total of 29 initial codes, 10 categories, and 5 overarching themes that encapsulated nurses' perceptions regarding the barriers to developing effective nurse–patient therapeutic relationships in a public sector tertiary care hospital. These themes represented the multifaceted challenges faced in daily nursing practice, including communication limitations, time pressures, patient-related factors, cultural diversity, and gaps in professional education and training. The first theme, **Communication Challenges**, emerged from two major categories: *language barriers* and *communication breakdowns*. Nurses reported that linguistic diversity among patients frequently led to misunderstandings, incomplete information exchange, and patient dissatisfaction. Communication breakdowns were further attributed to emotional stress, workload pressure, and lack of continuity in nurse–patient interactions, resulting in limited trust and rapport building. The second theme, **Time Constraints**, reflected the effects of excessive workload and insufficient staffing. Two subthemes were identified: *workload and patient ratios* and *lack of time for building relationships*. Participants emphasized that caring for large numbers of patients left little opportunity for personalized communication, empathy, or active listening. Many nurses reported that their primary focus often shifted to task completion rather than therapeutic engagement due to time limitations.

The third theme, **Patient Factors**, encompassed subthemes including *patient resistance or reluctance* and *challenging patient behaviors*. Some patients were described as hesitant to share personal or emotional information due to mistrust, fear, or cultural taboos. Others displayed aggressive or non-cooperative attitudes, which further hindered therapeutic communication and emotional bonding. Nurses highlighted that uncooperative patient behavior often stemmed from anxiety, low health literacy, or previous negative healthcare experiences. The fourth theme, **Cultural and Diversity Factors**, was derived from the subthemes *cultural competence* and *influence of*

cultural diversity. Nurses reported that variations in cultural beliefs, religious practices, and gender norms frequently influenced interaction styles and communication openness. Participants noted that male and female patients often preferred to communicate with same-gender nurses, especially regarding sensitive health concerns, reflecting strong cultural norms and modesty expectations in the regional population. The fifth and final theme, **Training and Education**, consisted of two subthemes: *training on building therapeutic relations* and *continuing education and professional development*. Nurses expressed that although theoretical communication skills were part of their academic training, there was a lack of practical, hospital-based workshops or refresher programs focused on therapeutic communication. They emphasized the need for continuous professional education to improve empathy, cultural sensitivity, and conflict resolution skills in patient care. Collectively, the findings highlight systemic and interpersonal barriers that limit the formation of therapeutic nurse–patient relationships in public healthcare settings. The data emphasize that communication deficits, overwhelming workloads, patient behavioral factors, cultural differences, and inadequate professional training jointly contribute to weakened relational dynamics between nurses and patients.

Figure 1 Communication Challenges

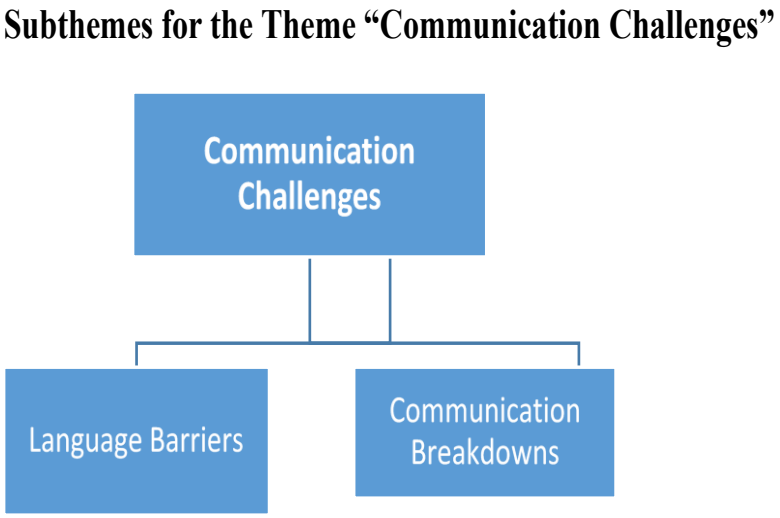

Figure 2 Subthemes for the Theme Communication Challenges

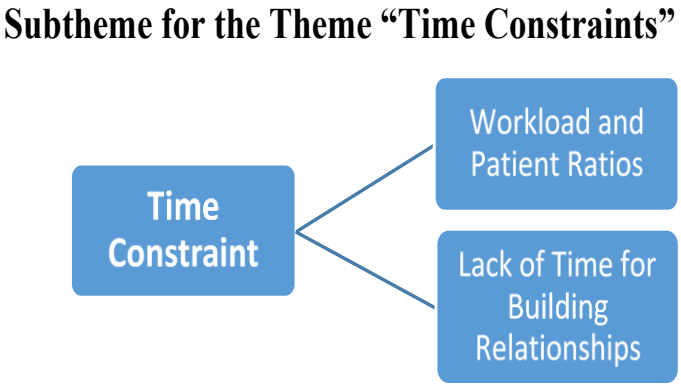

Figure 3 Subtheme for the Theme Time Constrains

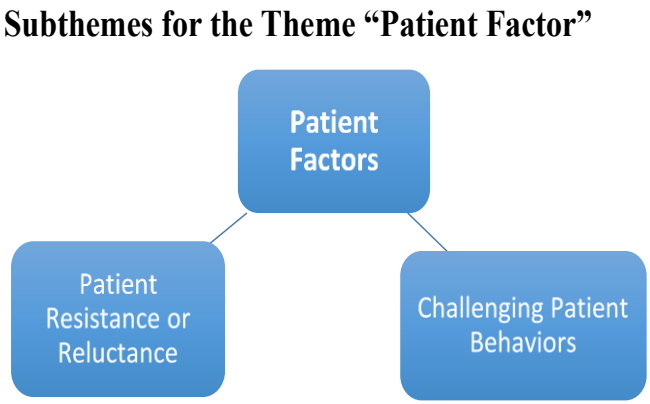

Figure 4 Subthemes for the Theme Patients Factor

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Subthemes for the Theme "Cultural and Diversity Factors"

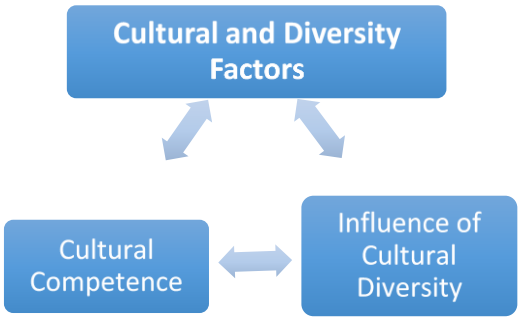

Figure 1 Subthemes for the Theme Cultural and Diversity Factors

DISCUSSION

This qualitative exploratory study provided an in-depth understanding of the barriers that nurses encounter while establishing therapeutic relationships with patients in public healthcare settings. The findings revealed five central themes—communication challenges, time constraints, patient-related factors, cultural and diversity considerations, and training and education—which collectively highlight the multifaceted nature of nurse–patient interactions. The interpretation of these findings, in light of existing literature, reinforces the global relevance of these barriers and underscores the urgent need for structural, educational, and policy-level interventions to strengthen therapeutic engagement in clinical practice. Communication barriers emerged as the most pervasive obstacle, reflecting a complex interplay of linguistic diversity, nonverbal misinterpretations, and the use of medical jargon. Similar to findings in prior research, language discrepancies between nurses and patients hindered accurate information exchange and trust building (9,10). The absence of interpreting services in tertiary hospitals further exacerbated these issues, demonstrating systemic inadequacies within Pakistan's public healthcare infrastructure. The recognition of nonverbal communication gaps aligns with literature emphasizing that cultural norms often dictate how patients interpret gestures, tone, and facial expressions (11). Moreover, the tendency of nurses to use technical or medical terminology—unfamiliar to patients with limited literacy—correlates with studies advocating the use of plain and empathetic language to improve patient comprehension and adherence (12). These findings collectively indicate that effective communication is not merely a linguistic process but a culturally and emotionally attuned exchange that requires conscious effort and institutional support. Time constraint was another dominant theme, illustrating the direct impact of workload and staffing shortages on therapeutic engagement. The findings are consistent with global evidence showing that excessive patient loads, high administrative demands, and inadequate nurse–patient ratios diminish opportunities for meaningful interaction (13–16). Similar studies have associated these time pressures with burnout, emotional fatigue, and reduced job satisfaction among nurses, ultimately compromising care quality and patient satisfaction (16,17). In Pakistan's resource-limited healthcare settings, where staffing disparities are severe, nurses often prioritize procedural efficiency over relational communication, resulting in task-oriented rather than patient-centered care. This pattern highlights the systemic imbalance between professional expectations and available resources, demanding urgent attention to workforce planning and organizational restructuring.

Patient-related factors also significantly influenced the therapeutic relationship. Subthemes such as patient mistrust, resistance, and non-compliance resonated strongly with existing literature that identifies patient attitudes and behaviors as crucial determinants of healthcare communication (18). Some patients exhibited aggression or emotional withdrawal, behaviors often associated with fear, lack of awareness, or prior negative experiences in the healthcare system (19,20). Such interactions strained interpersonal relationships and created emotional stress for nurses. The results suggest that while professional training is essential, nurses also require institutional psychological support and skill-based interventions to manage challenging behaviors effectively. Implementing de-escalation

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techniques, emotional intelligence training, and patient engagement strategies could mitigate these barriers and improve relational outcomes. Cultural and diversity-related factors further complicated nurse–patient interactions. The study emphasized that nurses frequently encountered patients whose beliefs, values, and gender norms influenced their willingness to communicate openly (21). In societies with strong cultural boundaries, such as Pakistan, gender-concordant care was often preferred, particularly in discussions involving intimate or sensitive health matters. The lack of cultural competence occasionally led to misinterpretations and strained trust, confirming literature that associates cultural insensitivity with patient dissatisfaction and reduced treatment adherence (22,23). Strengthening cross-cultural communication skills within nursing curricula and promoting inclusivity through continuing professional development could significantly enhance relational effectiveness in multicultural clinical environments. Training and education emerged as a crucial enabler of effective nurse–patient relationships. The findings underscored the necessity of incorporating therapeutic communication, empathy development, and interpersonal skill training into both undergraduate nursing education and ongoing professional programs (24). The observed gap between theoretical knowledge and practical application reflects inadequacies in experiential learning within clinical education. Continuous education programs focusing on reflective practice, conflict resolution, and compassion-based care were found essential to sustain therapeutic competence (25). Moreover, such initiatives contribute not only to patient satisfaction but also to nurses' personal growth, professional resilience, and career advancement, fostering a culture of empathy and excellence in healthcare delivery.

The study's strengths lie in its qualitative design, which allowed for the exploration of nurses' genuine perceptions and lived experiences in a high-pressure public healthcare environment. The use of thematic analysis provided a comprehensive framework for identifying interconnected patterns across diverse contexts, adding depth and richness to the findings. Furthermore, the inclusion of participants from multiple wards and intensive care units enhanced the transferability of results within similar institutional settings. Nevertheless, certain limitations warrant acknowledgment. The sample size of thirteen participants, although sufficient for data saturation, may not fully represent the diversity of nursing experiences across all public hospitals. The absence of participant demographic details, such as age, gender, or professional designation, limits contextual interpretation. Additionally, the exclusion of patients' perspectives presents a partial understanding of the therapeutic dynamic, as nurse–patient interactions are inherently bidirectional. Future research should integrate patients' viewpoints, include larger samples across different regions, and adopt mixed-method designs to triangulate findings and strengthen validity. In summary, this study highlights that establishing effective therapeutic relationships remains a multifaceted challenge for nurses in public sector healthcare settings. Communication deficiencies, time pressures, cultural diversity, and insufficient training collectively impede the delivery of holistic, patient-centered care. Addressing these barriers requires institutional reforms focused on workforce optimization, cross-cultural education, and continuous professional development. Strengthening therapeutic relationships in nursing practice not only enhances patient outcomes but also upholds the humanistic core of healthcare, where empathy, respect, and trust remain central to healing and recovery.

CONCLUSION

This study concluded that nurses working in public sector healthcare settings encounter multiple interrelated barriers that hinder the development of effective therapeutic relationships with patients. Communication difficulties, excessive workload, patient-related challenges, cultural diversity issues, and inadequate professional training collectively restrict the quality of nurse–patient interactions and compromise holistic care. The findings emphasize that strengthening communication competence, promoting cultural sensitivity, and addressing organizational workload imbalances are essential to improving therapeutic engagement. Continuous professional education and skill-based training emerge as vital strategies to empower nurses with the interpersonal, cultural, and emotional competencies required to foster trust, empathy, and patient-centered care. By addressing these barriers through targeted interventions and institutional support, healthcare systems can enhance both patient outcomes and the overall quality of nursing practice.

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AUTHOR CONTRIBUTION

Author	Contribution
Saddam Hussain*	Substantial Contribution to study design, analysis, acquisition of Data Manuscript Writing Has given Final Approval of the version to be published
Sabiha Khanum	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
Jan Azam	Substantial Contribution to acquisition and interpretation of Data Has given Final Approval of the version to be published
Masaood Khan	Contributed to Data Collection and Analysis Has given Final Approval of the version to be published
Saeed Iqbal	Contributed to Data Collection and Analysis Has given Final Approval of the version to be published
Daud	Substantial Contribution to study design and Data Analysis Has given Final Approval of the version to be published

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