

Original Article

Explore Gaps in Therapeutic Communication and Therapeutic Nurse - Patient Relationship at Tertiary Care Hospital

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ABSTRACT

Background: Effective communication in nursing is fundamental to quality patient care. The nurse-patient relationship is a vital aspect of healthcare, particularly in tertiary care hospitals, where the complexity of care is higher. Previous studies have highlighted gaps in therapeutic communication, impacting patient satisfaction and care outcomes.

Objective: This study aimed to explore the gaps in therapeutic communication and the therapeutic nurse-patient relationship at a tertiary care hospital from the nurses' perspective.

Methods: A cross-sectional, descriptive study was conducted at Liaquat University Hospital Hyderabad/Jamshoro. The study involved 116 nurses, selected through non-probability convenient sampling. Participants were included based on criteria such as willingness to participate, age between 25-60 years, and at least one year of work experience. Data was collected using structured questionnaires, focusing on demographic details and perceived communication gaps. SPSS version 21 was utilized for data analysis, with frequency, percentage, and mean \pm SD calculated for categorical and numerical variables. Chi-square tests were applied to determine significance.

Results: The mean age of the participants was 38.92 ± 9.672 years. Work experience ranged widely, with 21.9% having 2-5 years, and 2.1% having 31-35 years of experience. The major work areas included the Cardiac Ward (20.8%) and Gynea Ward (14.4%). Significant barriers identified were workload (87.5%), lack of respect (56.9%), and unfamiliar hospital environment for patients (55.5%). The study also found gaps in nurses' knowledge regarding therapeutic communication (33.4%), age difference barriers (31.9%), and lack of interest (22.3%).

Conclusion: The study reveals substantial gaps in therapeutic communication and nurse-patient relationships in a tertiary care setting. Addressing these gaps requires targeted interventions to enhance nurses' communication skills, reduce workload, and improve the hospital environment.

Keywords: Therapeutic Communication, Nurse-Patient Relationship, Tertiary Care Hospital, Nursing Communication Barriers, Patient Satisfaction.

INTRODUCTION

Therapeutic communication is a critical process in nursing that incorporates specific strategies for exchanging verbal and non-verbal messages, aiding in managing problems, stress, or feelings that contribute to suffering (1). This communication becomes especially vital when a patient is hospitalized, an inherently distressing experience (2). Central to professional nursing is the respect for human dignity, encompassing inner freedom and responsibility for oneself and others, and is integral to effective nurse-patient interaction, which relies on trust, support, and confidentiality (3).

Assertiveness, a key component in these interactions, is defined as an interpersonal behavior that promotes equality in human relationships. It allows individuals to act in their best interest, express honest feelings, and assert their rights without infringing on others' rights. This assertiveness underscores the dignity and uniqueness of every person a nurse interacts with (4). Communication, both verbal and non-verbal, plays a crucial role in the sharing of information, meanings, and feelings. Studies indicate that more than half of the messages in relationships are conveyed non-verbally, about 40% by tone of voice, and less than 10% through words.

Arnold and colleagues have demonstrated a significant correlation between patient satisfaction and the use of these communication skills (6).

Non-verbal communication, including eye contact, hand gestures, facial expressions, nodding, and touch, is essential as it enhances verbal communication and adds meaning to the interaction (8). Despite the training nurses receive in establishing effective communication, studies show a gap in the application of these skills in clinical environments (9). Issues such as a diminished sense of altruism among hospital staff have been cited as contributing factors (10). Communication pitfalls in hospitals are notably higher than in the general population, emphasizing the importance of skillful communication in healthcare settings (11).

In a multicultural society, effective nurse-patient relationships demand nurses to communicate with compassion and provide information that demonstrates interest, emotional acceptance, and confidence (12). A significant percentage of healthcare providers report a lack of skills in effective non-verbal communication. Patient satisfaction studies have revealed that a majority of patients are satisfied with the minimum services in hospital settings, though there remains room for improvement (13).

Moss (2012) highlighted the qualities of an effective nurse communicator, including active listening, acceptance, and assertiveness. Active listening is crucial for comprehending not just the words of the patient but also their underlying thoughts and feelings, which may be expressed through body language or what is left unsaid (14). Knowledge gaps in therapeutic communication, age differences between patients and nurses, and a need for more interest have been identified as areas needing attention (13).

The nurse-client relationship progresses through several stages: pre-interaction, orientation, work, and termination (15). For a nurse to form a therapeutic relationship, she must first understand her beliefs and values and her capacity to create relationships (16). The nurse-patient process includes the orientation, identification, exploitation, resolution, and termination phases, each playing a unique role in establishing trust and facilitating patient care (17, 18, 19, 20).

Trust, considered the foundation of any therapeutic relationship, is fostered by honesty, trustworthiness, confidentiality, and a commitment to providing the best care, among other factors. Conversely, several factors can hinder the development of trust (21). Nurses also have ethical and legal duties to maintain patient privacy and confidentiality, which extends to all forms of patient information (22).

Therapeutic nurse-patient communication is a multifaceted process, necessitating skills in verbal and non-verbal communication, assertiveness, and active listening. Nurses must navigate the complexities of human interactions, respecting patient dignity and individuality, while also fulfilling ethical and legal obligations (23, 24). Continued education and awareness of these aspects are crucial for improving patient satisfaction and the overall effectiveness of healthcare delivery.

MATERIAL AND METHODS

This study was conducted at Liaquat University Hospital, a 1450-bed tertiary care facility in the Sindh Province of Pakistan. As one of the largest teaching hospitals affiliated with Liaquat University of Medical and Health Sciences, it boasts a rich history dating back to 1881 when it began as a medical school and subsequently achieved medical college status in 1942. The hospital, initially established for primary health care, now houses a wide array of clinical departments, including internal medicine, general surgery, and specialties like pulmonology, pediatrics, and psychiatry.

The research design adopted was a cross-sectional and descriptive approach. The study spanned three months, commencing post-ethical clearance from the Ethical Review Committee of Liaquat University of Medical and Health Sciences. It focused on a sample size of 127 nurses. Following Raosoft guidelines for sample size calculation, a base figure of 96 was identified. To account for non-responses and incomplete data, an additional 20% was added, resulting in a total of 116 nurses. The sampling technique employed was non-probability convenient sampling.

Inclusion criteria encompassed nurses willing to participate, both male and female, with at least one year of working experience, and aged between 25 to 60 years. Conversely, nurses unwilling to participate, younger than 25, with less than a year's experience, or those assigned to intensive care duties were excluded.

Data collection was carried out through structured questionnaires, which comprised two sections: demographic details and queries regarding communication skills in nurse-patient relationships. Data analysis was performed using SPSS version 21. The statistical methods included calculating frequency and percentage for categorical variables like gender and marital status, and mean \pm SD for numerical variables such as age and work experience. The chi-square test was employed to compare proportions across different groups, with a significance level set at <0.05 .

Ethical considerations formed a cornerstone of this research. Approval was secured from the Ethical Review Committee of Liaquat University of Medical and Health Sciences. The research adhered to the committee's protocols throughout. Informed consent was a prerequisite for participation. Consent forms, presented in English to accommodate the qualified nurse demographic, outlined the study's purpose and objectives. Participation was voluntary, with an emphasis on data privacy, accessible solely to the researcher.

RESULTS

The study conducted at Liaquat University Hospital Hyderabad/Jamshoro presented a comprehensive analysis of its participants' demographic and professional characteristics, as well as the barriers they face in their work environment.

Regarding the age demographics of the participants, as detailed in Table 1, the mean age was found to be 38.92 years, with a standard deviation of 9.672 years. The most common age, or mode, was 30 years, and the median age was slightly higher at 37 years. This range in age suggests a diverse group of participants in terms of experience and perspectives.

The work experience of the nurses, also outlined in Table 1, varied widely. The majority of participants had between 2 to 10 years of experience, each range accounting for 21.9% of the total. Those with 11-15 years of experience constituted 8.3%, while 10.4% had 16-20 years under their belt. A significant proportion, 18.8%, had 21-25 years of experience. Participants with 26-30 and 31-35 years of experience were 16.7% and 2.1%, respectively. This distribution indicates a blend of relatively newer and highly experienced nursing staff.

The areas of work for the participants, as shown in Table 2, covered a broad spectrum of hospital departments. The Cardiac Ward and Gynea Ward were the most represented, with 20.8% and 14.4% of participants working there, respectively. Both the Medical Unit and Surgical Ward accounted for 8.4% each, similar to the CCU. Pediatrics was the least represented with 4.2%, while a significant 35.4% of participants worked in various other departments. This diversity in areas of work reflects the wide range of specializations and skills among the nursing staff.

Table 3 delved into the barriers faced by nurses in their work environment. Workload emerged as a significant concern, with 40.3% agreeing and 47.2% strongly agreeing that it was a barrier, resulting in a high mean score of 4.21. Unsuitable environmental conditions were also noted as a major barrier, with a mean score of 4.13, where 44.4% agreed and 40.3% strongly agreed with this sentiment. Stress-related issues were not far behind, with a mean score of 4.08, indicating a substantial impact on the nurses.

Table 1 Consolidated Distribution of Study Participants

Demographic/Professional Characteristic	Statistics/Number	Percentage (%)
Age (Years)		
Mean	38.92	
Standard Deviation	9.672	
Mode	30.0	
Median	37.0	
Work Experience (Years)		
2-5	21	21.9
6-10	21	21.9
11-15	8	8.3
16-20	10	10.4
21-25	18	18.8
26-30	16	16.7
31-35	2	2.1
Area of Working		
Cardiac Ward	20	20.8
Gynea Ward	14	14.4
Medical Unit	8	8.4
Surgical Ward	8	8.4
CCU	8	8.4
Pediatrics	4	4.2
Others	34	35.4

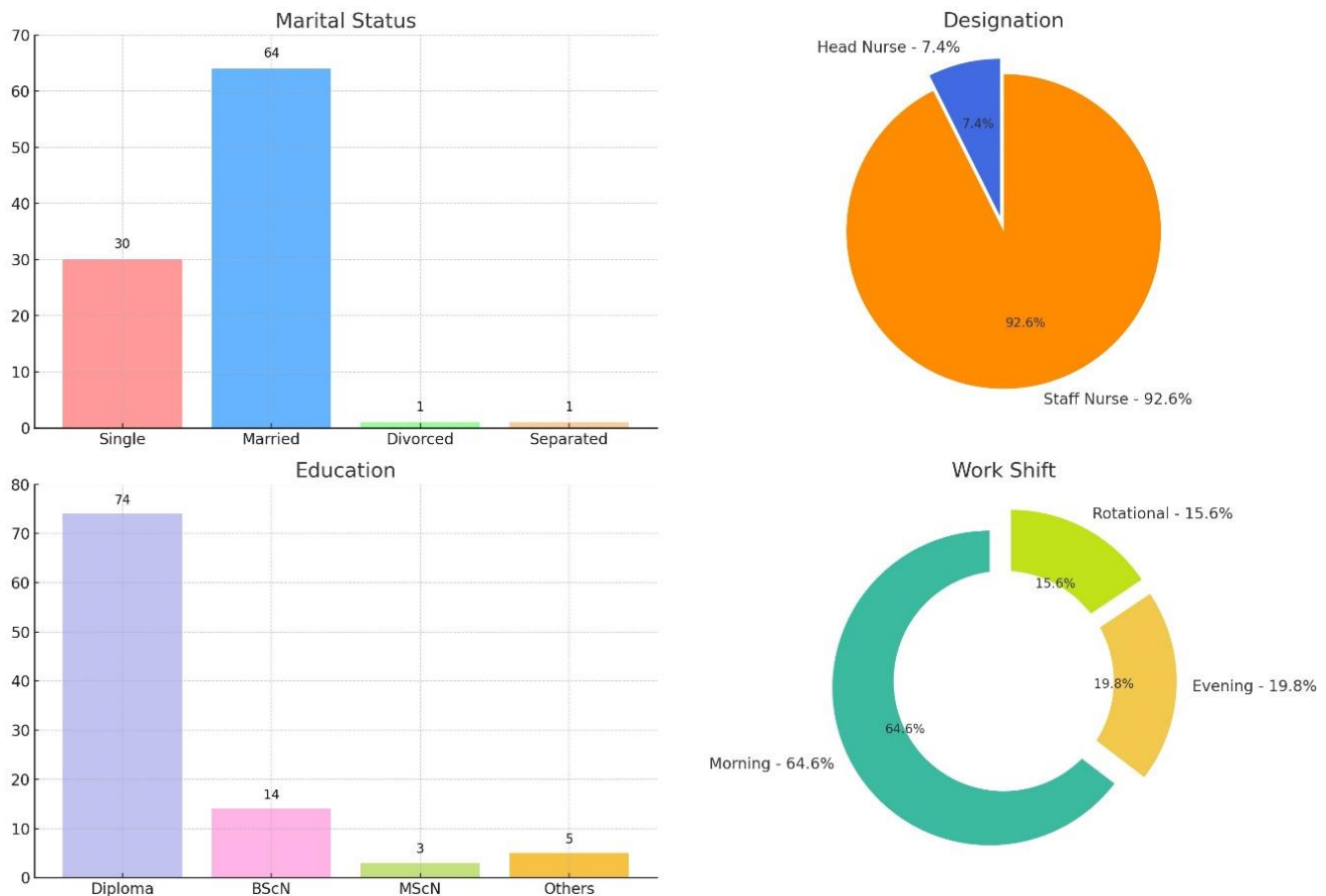


Figure 1 Participants' Characteristics

Figure 1, shows that bar graph depicting marital status reveals that 64 individuals are married, substantially exceeding the count of 30 singles, while only one individual is noted as divorced and another as separated. In the professional domain, a donut chart illustrates that 92.6% of the individuals serve as staff nurses, in stark contrast to the mere 7.4% who are head nurses. Educational qualifications are graphically represented, showing 74 individuals with diplomas, 14 with Bachelor of Science in Nursing degrees, 3 with Master of Science in Nursing, and 5 categorized under 'Others.' Another donut chart presents work shift distributions, with 64.6% working morning shifts, 19.8% on evening shifts, and 15.6% on rotational shifts. The charts employ varied color palettes for visual distinction—sky blues for marital status, and a blend of blues, oranges, and greens for the rest—with labels that enumerate the data points, offering a comprehensive quantitative snapshot of the surveyed group.

Table 2 Area of Working

Area of Working	Number of Participants	Percentage (%)
Cardiac Ward	20	20.8
Gynea Ward	14	14.4
Medical Unit	8	8.4
Surgical Ward	8	8.4
CCU	8	8.4
Pediatrics	4	4.2
Others	34	35.4

Table 3 Barriers in Nurse Work Environment

Barrier	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)	Mean Score
Workload	3 (4.2%)	4 (5.6%)	2 (2.8%)	29 (40.3%)	34 (47.2%)	4.21
Unsuitable Environmental Conditions	1 (1.4%)	7 (9.7%)	3 (4.2%)	32 (44.4%)	29 (40.3%)	4.13

Stress-related Issues	1 (1.4%)	7 (9.7%)	4 (5.6%)	33 (45.8%)	27 (37.5%)	4.08
Lack of Support by Other Staff	2 (2.8%)	13 (18.1%)	2 (2.8%)	45 (62.5%)	10 (13.9%)	4.02
Staff Shortage	5 (6.9%)	15 (20.8%)	2 (2.8%)	15 (20.8%)	35 (48.6%)	3.83
Poor Communication Between Nurse and Physicians	3 (4.2%)	19 (26.4%)	2 (2.8%)	39 (41.7%)	18 (25.0%)	3.67
Busy Environment of the Ward (Noise and Traffic)	–	23 (31.9%)	1 (1.4%)	28 (38.9%)	20 (27.8%)	3.60
Nursing Becoming Task-Oriented Instead of Patient-Centered	4 (5.6%)	19 (26.4%)	4 (5.6%)	25 (34.7%)	20 (27.8%)	3.53
Poor Job Performance by Other Staff	3 (4.2%)	23 (31.9%)	2 (2.8%)	33 (45.8%)	11 (15.3%)	3.36
Lack of Respect for Opinions Made by Junior Nursing Staff	11 (15.3%)	17 (23.6%)	3 (4.2%)	27 (37.5%)	14 (19.4%)	3.22
Unfamiliar Environment of the Hospital for the Patients	4 (5.6%)	26 (36.1%)	2 (2.8%)	34 (47.2%)	6 (8.3%)	3.17

Lack of support from other staff (mean score of 4.02) and staff shortages (mean score of 3.83) were other notable barriers. Poor communication between nurses and physicians, and the busy environment of the ward, including noise and traffic, were acknowledged as barriers, with mean scores of 3.67 and 3.60, respectively. Task-oriented nursing as opposed to patient-centered care was identified as a concern (mean score 3.53), as was poor job performance by other staff (mean score 3.36). Finally, a lack of respect for opinions made by junior nursing staff and the unfamiliar environment of the hospital for patients were also highlighted as barriers, with mean scores of 3.22 and 3.17, respectively.

These results, rich in numerical values and percentages, offer a detailed picture of the challenges faced by nursing staff in various departments. The data underscores the need for targeted interventions to address workload, environmental conditions, stress, communication issues, and support systems within the hospital setting.

DISCUSSION

Good communication between nurses and patients is pivotal in facilitating the exchange of information, aiding patients in their treatment decisions, and enhancing their understanding of treatment outcomes (25). This study, aimed at exploring gaps in therapeutic communication and nurse-patient relationships from a nursing perspective at a tertiary care hospital, revealed significant insights. The mean age of respondents was 38.92 ± 9.672 years, aligning with findings by Norouzinia et al. (26) who reported a mean age of 30.95 years among nurses, and Maame Kissiwa et al. (27) who observed that a majority (69.4%) of nurses fell within the 26–35 years age group.

In terms of educational background, this study found that 77.1% of nurses held diplomas, 14.6% had completed their graduation (BScN), and a smaller fraction (3.1%) held master's degrees. These findings are consistent with those of Hamdan et al. (29), who reported that 56.9% of nurses held nursing diplomas, and the remainder had undergraduate and graduate education. In contrast, Ardalan F et al. (28) found a higher proportion of nurses with BSN (94.7%) and MSN (5.3%) qualifications.

A critical barrier to therapeutic communication identified in this study was workload, with 87.5% of nurses considering it a significant health system-related communication barrier. Other lesser perceived barriers included lack of respect (56.9%) and the unfamiliar hospital environment for patients (55.5%). These findings echo the observations of Norouzinia et al. (26), who noted nurses' reluctance to communicate and a lack of understanding of patients' needs as key barriers. Additionally, age differences were highlighted as a significant factor affecting communication, aligning with studies by Sung and Park, and others (30), which identified age and social class differences as barriers.

The present study also discovered that major barriers included nurses' lack of knowledge regarding therapeutic communication (33.4%), age differences between the nurse and the patient (31.9%), and a lack of interest (22.3%). These observations are in line with another study, which reported dissatisfaction among 18.6% of nurses concerning their knowledge and interest in this area (31). It was commonly observed that nurses avoided addressing complex issues like prognosis, end-of-life, and existential matters in palliative care, primarily due to a lack of knowledge and skills in handling such situations (32).

The nurse-patient therapeutic relationship is pivotal, creating a comfortable and safe environment for the patient to be open and honest (33). This relationship focuses on developing effective interactions and positive outcomes, emphasizing empathy and warmth to make patients feel relaxed and secure (34). Consequently, nurses need to be skilled communicators to foster this relationship (35). To address these gaps, it is recommended that future research should explore nurses' and patients' perceptions of factors influencing the nurse-patient relationship. Strategies such as minimizing ward crowdedness, implementing strict visiting schedules, and installing call bells could be beneficial. Hospitals should aim to reduce nurses' workload to facilitate effective therapeutic communication. Additionally, employing more nurses to meet the ideal nurse-patient ratio and encouraging a patient-centered approach are crucial. Promptly transferring critically ill patients to ICU and critical care units can give nurses more time for communication with other patients. Finally, ensuring a safe and comfortable environment for both nurses and patients is essential for effective communication.

CONCLUSION

In conclusion, the study highlighted a communication gap between nurses and patients, leading to patient dissatisfaction across various hospital wards. This issue necessitates urgent attention to improve patient satisfaction. Further research is recommended to delve into the sociocultural and environmental factors affecting patient satisfaction with nursing care.

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