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## **Nurse-patient communications in emergency departments at Hebron governorate, Palestine**

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### **Abstract:**

**Background:** Nurse-patient communication is a process in which the nurse consciously influences the patients or helps them in better understanding through verbal and nonverbal communication, while encouraging patients to express their feelings and ideas. However, knowing barriers of communications between the nurse and the patient may help to develop appropriate strategies for adjusting and further training that can be carried out to educate nurses on communication obstacle, and equip them with strong communication skills.

**Aim:** The aim of this study was to assess nurse-patient communications by nurses working in the emergency departments.

**Methods:** A cross-sectional study was conducted in the emergency departments of three hospitals in Hebron governorate, Palestine. A close ended questionnaire was used to collect data. One-way ANOVA for mean difference by socio-demographic characteristics and multivariable linear regressions was conducted.

**Result:** The findings revealed that workload on the part of nurses, lack of time, and lack of empathy from nurses were the main important perceived barriers to communication reported by nurses. No significant difference was found between male and female nurses in their perception of communication barriers. The study showed that the barriers of communication among nurses and patients are intermediate. In addition, barriers related to the health system scored intermediate also at the emergency units. The analysis showed that the age of the nurse was associated with barriers ( $P<0.05$ ).

**Keywords:** Communication barriers, nurses, Palestine, communications, emergency care.

### التواصل بين الممرضين والمرضى في أقسام الطوارئ، محافظة الخليل، فلسطين

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#### الملخص:

التواصل بين الممرض والمرضى هو عملية يؤثر فيها الممرض بوعي على المرضى، وتساعد في فهم أفضل من خلال التواصل اللفظي وغير اللفظي، مع تشجيع المرضى على التعبير عن مشاعرهم وأفكارهم، ومع ذلك، فإن معرفة حواجز الاتصال بين الممرض والمرضى قد يساعد في تطوير استراتيجيات مناسبة للتعديل وكذلك إجراء مزيد من التدريب لتثقيف فريق التمريض حول حواجز الاتصال، وكيفية تزويدهم بمهارات اتصال قوية.

الهدف من هذه الدراسة هو استكشاف حواجز التواصل بين فريق التمريض والمرضى في أقسام الطوارئ. أجريت هذه الدراسة المقطعية في أقسام الطوارئ في ثلاث مستشفيات حكومية في محافظة الخليل، فلسطين. تم استخدام استبانته مغلقة لجمع البيانات. وتم إجراء اختبار ANOVA لدراسة العلاقة مع الخصائص الاجتماعية والديموغرافية.

النتيجة: كشفت النتائج أن عبء العمل على فريق التمريض، وقلة الوقت، وقلة التعاطف من قبل الممرضين كانا أهم العوائق المتصورة للتواصل والتي أبلغ عنها فريق التمريض. لا توجد فروق ذات دلالة إحصائية بين الممرضين تعزى لمتغير الدراسة، ولكن أظهرت الدراسة أن حواجز التواصل بين الممرضين والمرضى متوسطة. بالإضافة إلى ذلك، سجلت الحواجز المتعلقة بالنظام الصحي درجة

متوسطة، أيضًا في وحدات الطوارئ. كما أظهر التحليل أن عمر الممرض مرتبط بحواجز الاتصال مع المرضى ( $P > 0.05$ ).

**الكلمات المفتاحية:** حواجز التواصل، ممرضون، فلسطين، الاتصال، رعاية الطوارئ.

## Introduction

Communication is the exchange of information, feelings and thoughts among people. It has been defined as “a multi-dimensional, multi-factorial phenomenon and a dynamic, complex process, closely related to the environment in hospital or related places” (Andriyanto, 2019). Failure to communicate effectively is a major potential obstacle in the provision of standard services in healthcare settings. Street and colleagues (2009) emphasized that communication involves a direct face to face contact with patients that focus on enhancing the physical and emotional well-being of patients.

Communication is a vital element in all nursing activities and interventions such as prevention, treatment, therapy, rehabilitation, education, and health promotion (Williams, et al., 2007). Furthermore, the nursing process, as a scientific way of exercising and implementing nursing care, is accomplished through discourse in an interpersonal milieu involving specialized verbal communication abilities.

However, many studies have reported poor nurse-patient relationships (Fleischer, Berg, Zimmermann, Wüste, & Behrens, 2009). Therefore, the overall nurse-patient communication has not led to personal satisfaction (Tay, Ang, & Hegney, 2012). This is owing to the fact that the nurse-patient connection has a significant influence on health care quality, as does a lack of communication skills (or the failure to use them), both of which have a negative impact on the services offered to patients.

Communication in an Emergency Department (ED) is a key contributing factor to patient’s safety and satisfaction. The communicative challenges and risks in emergency departments arise directly from the significant and increasing contextual complexity of the emergency department environment (Li et al, 2012). Researche demonstrates that effective communication in EDs is a crucial factor

in determining the quality-of-care patients receive and to the patients' responses to that care (Tay, Ang, & Hegney, 2012; van Bekkum & Hilton, 2013). The complex, high stress, unpredictable, and dynamic work of emergency departments construct particular challenges for effective communication. In Palestine, emergency services are usually under pressure because of large numbers of injuries and traumas, shortages of healthcare practitioners, and inadequate medical equipment and supplies. So that the phenomenon of assault on the medical staff has recently spread greatly.

Prosen (2015) concurs that patients are entitled to culturally competent care; nurses must be prepared to recognize patients' needs that derive from their culture and develop skills that will facilitate their achievements. Unfortunately, there is a lack of communication skills, as well as training in the healthcare professions, which also play a major role in the therapeutic milieu.

An important aspect in patient satisfaction cited in many studies is the quality of communication between nurses and patients. Most studies have reported poor nurse-patient relationships (Bridges et al., 2013). This is due to the fact that health care quality is strongly affected by nurse-patient relationship, and lack of communication skills (or not using them) has a negative impact on services provided for patients. The results of previous studies have shown that nurses have been trained to establish an effective communication, but they do not use them effectively in clinical practice (Bridges et al., 2013).

Nurse-patient communications is a challenge in Hebron healthcare settings because of nursing shortage especially in the hospitals. Such communication barriers are common in many countries and they adversely affect the overall quality of health services (Cowan and Norman, 2006).

Hebron governorate (HG) is the largest governorate in the oPt with a population of 870,000 approximately and located in the south of the West Bank (PCBS, 2017). This study was conducted at all governmental hospitals in Hebron governorate which is managed by the Ministry of Health with a capacity of 30 beds in ED.

Researchers must determine factors affecting the implementation of communication between nurses and patients in order to increase patient satisfaction with nursing care ([Devi and Victoria, 2013](#)). Therefore, the aim of this study was to assess nurse–patient communications from nurses’ point view in the emergency departments.

### **Method:**

A cross-sectional descriptive design was utilized in this study to assess nurse–patient communications by nurses working in the emergency departments and to examine nurses’ perceived barriers to effective communication with their patients using a self-administered questionnaire as a tool to collect data. The study was conducted according to the human research ethics principles and code of conduct. All 73 nurses working in the emergency departments at three governmental hospitals were targeted for the survey which was conducted in May 2021. Nurses with at least three months clinical experience in the ED were included.

A self-administered questionnaire was constructed and divided into three sections: demographic data, nurse-related communication barriers, and system-related communication barrier. A pilot study was carried out before embarking in the field of work to ascertain clarity and applicability of the study’s tool and to identify obstacles that may be faced during data collection. It was carried out on 10 nurses, males and females other than those in the actual sample. They were selected randomly from the hospital’s ward after obtaining their consent to participate in the study. According to the output of the pilot study, the statements were modified and became suitable to be understood by the studied nurses. To verify the validity of the tool of study, it was presented to a group of clinicians and academic experts in this field. All their notes were taken into consideration. The Cronbach alpha reliability measure is 0.84. It’s observed that the reliability is high of barriers related to nurses. This meant that the questionnaire was a reliable and valid instrument to explore the communication and perceived relevant barriers between nurses and patients in the emergency department. All the seventy-three nurses working in emergency departments at the targeted hospitals

received the questionnaire, seventy of them returned the filled-out questionnaires achieving 95% response rate during all shifts of work. The survey took about 10 minutes to complete, the questionnaires were returned after completion in the ED. The questionnaire addressed demographic characteristics of nurses and factors that hinder effective nurse-patient communication. The questionnaire consists of 23 barrier-items over two subscales. These subscales include: Health system-related barriers (10 items) and nurse-related barriers (13 items). Participants were asked to identify their level of agreement or disagreement using a Likert scale of 1 to 5 where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree. Responses were dichotomized into low communications (mean score: 1- 2.33), intermediate communications (mean score: 2.34 – 3.66) and high category (mean score: 3.67 - 5) was used to consider bad communication.

### **Statistical analysis**

The data were analyzed using the Statistical Package for Social Sciences SPSS (version 26). Frequency distributions of independent variables (socio-demographic and study variables) were computed. One-way analysis of variance (ANOVA) and the independent-samples t-test were used to assess differences in mean of variables, then a multiple regression test was used to determine the correlation between the variables and perceived barriers to effective communications between nurses and patients. Significance was considered with a p-value <0.05.

### **Results**

A total number of 70 participants responded (95% response rate) to the questionnaires. According to Table 1, most of participants were males; 70% (n=49) while 30% (n=21) were females. The majority of nurses were aged 26 to 35 years old, 37.1% (n=26), followed by the 36 to 45 age group 28.7% (n=20), the 20 to 25 age group consists 25.7% (n=18), and lastly above 45 years, 10% (n=7).

Most of nurses had a Bachelor degree in nursing, 47.1% (n=33), 34.2% (n=24) with a Diploma degree, and 12.8% (n=12) had a Master degree (see table 1). The majority of nurses, 31.4% (n=22), had an experience in the profession ranging from 1 to 2 years.

**Table 1: Demographic characteristics of nurses (n=70)**

	Characteristics	n	(%)
Gender	Male	49	(70)
	Female	21	(30)
Age in years	20 - 25	18	(25.7)
	26-35	26	(37.1)
	36-45	20	(28.7)
	≥ 45	7	(10.0)
Education level	Diploma	24	(34.2)
	Bachelor	33	(47.1)
	Master	12	(12.8)
Experience	< 1 year	20	(28.7)
	1 – 2 Years	22	(31.4)
	2 - 5 years	18	(25.7)
	≥ 6 years	10	(14.3)

### **Nurse-related communication barriers reported by nurses at emergency department**

The findings of this study revealed that there were barriers arising from nurses themselves, which could prevent the effective nurse -patient communication. The means and the standard deviations were calculated according to the dimensions of perceived barriers to effective communication among nurses and patients as shown in Table 2 and Table 3.

In Table 2, the total nurse-related barriers to effective communication score showed a mean of 3.11 with a SD of 0.30. It therefore indicates that nurses



caused adequate intermediate barriers in effective communication. Nurse-related barriers are those that are connected to a nurse's attributes. These attributes might make it difficult to establish a nurse-patient therapeutic interaction in the hospital.

**Table 2: Perceived nurse related- barriers to communications among nurses and patients, (n=70).**

<b>Nurse- related barriers</b>	<b>Mean</b>	<b>SD</b>	<b>p-value</b>	<b>Level</b>
Being overworked	3.93	0.48	0.001	High
Lack of time	3.80	0.41	0.001	High
Lack of empathy from nurses	3.47	0.41	0.001	Intermediate
Having several jobs and fatigue	3.36	0.48	0.001	Intermediate
Shortage of nurses	3.04	0.39	0.001	Intermediate
Insufficient knowledge	3.03	0.34	0.001	Intermediate
Poor relationship with colleagues	3.02	0.26	0.001	Intermediate
Nurse’s unpleasant experiences	3.02	0.45	0.001	Intermediate
Gender difference between nurse & patient	3.00	0.47	0.001	Intermediate
Negative attitude of the patient	2.80	0.37	0.001	Intermediate
Nurses’ inability to answer patients’ questions	2.76	0.50	0.001	Intermediate
Cultural preferences and beliefs	2.66	0.37	0.001	Low
Age difference between nurse & patient	2.52	0.38	0.001	Low
<b>Total</b>	3.11	0.30	0.001	Intermediate

According to Table 2, out of 10 items related to barriers to effective communication, the most frequently reported by nurses with total agreement included ‘being overworked’ which has the highest mean score of 3.93 with SD

0.48, followed by 'lack of time' with a mean score of 3.8 and SD 0.41. Both received the highest rank according to the mean scores. On the other hand, Cultural preferences and beliefs and age difference between nurse and patient had the lowest means of 2.66 and SD of 0.37, and 2.52 and SD of 0.38, respectively.

### **Health system-related barrier reported by nurses at emergency department**

Health system-related barriers are these obstacles that arise directly from the healthcare system that inhibit nurse to well communicate with patient. The responses' mean scores for each barrier are displayed in table 3.

**Table 2: Perceived health system related- barriers to communications among nurses and patients (n=70).**

<b>Health system-related barriers</b>	Mean	SD	p-value	Level
Stress related issues	3.92	0.46	0.001	High
Poor communication between nurse and physicians	3.91	0.45	0.001	High
Heavy patient workloads	3.90	0.44	0.001	High
Nurses are task-oriented instead of patient-centered	3.85	0.39	0.001	High
Unsuitable work environment	3.84	0.39	0.001	High
Unfamiliar environment of the hospital for the patients	3.78	0.36	0.001	High
Staff shortage	3.76	0.46	0.001	High
Poor job performance by other staff	3.36	0.41	0.001	Intermediate
Busy environment of the unit	3.35	0.33	0.001	Intermediate
lack of support from nurse managers	3.14	0.41	0.001	Intermediate
<b>Total</b>	3.57	0.29	0.001	Intermediate

In table 3, the stress related issues was identified as the major health system-related barrier to effective communication by nurses and had a mean score of 3.92 and SD 0.46. whilst lack of support from nurse managers (mean 3.14 and SD=0.29) was identified as the least perceived health system-related barriers to communication.

The total mean score of health system-related barrier to effective communication as perceived by nurses was 3.57 which are considered as an intermediate level with SD of 0.29.

In order to see the significance of demographic variables with perceived barriers, the results of independent t-test and the ANOVA are depicted in Table 4 and Table 5. Nurse-related barriers scores of different persons according to demographic characteristics were compared with independent-samples t-test and one-way analysis of variance (ANOVA).

**Table 4: Distribution of independent t-test on nurse perceived barriers based on gender and age**

	Gender	N	Mean	SD	T	p-value
Nurse perceived barriers	Male	49	3.04	0.26	0.772	0.44
	Female	21	2.97	0.30		

**Table 5: One way ANOVA results of nurse perceived barriers and demographic group of respondents**

	Sum of Squares	df	Mean Square	F	Sig.
<b>Age</b>					
Between Groups	0.308	3	0.103	0.636	0.04
Within Groups	10.649	66	0.161		
Total	10.957	69			
<b>Experience in years</b>	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.751	3	0.250	1.618	0.19
Within Groups	10.206	66	0.155		
Total	10.957	69			

Education level	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.39	2	0.196	1.243	0.25
Within Groups	10.57	67	0.158		
Total	10.96	69			

According to Table 3 and Table 4, the relation between the overall health system and nurses- related barriers (nurses' view) with nurses' demographic variables, it was found that there were no statistically significant differences between nurses' demographic variables and the overall health system and nurses' related barriers ( $p>0.05$ ) except for the age variable. There was a statistically significant difference between the nurse's age and barriers in communication ( $F=0.636$ ,  $p$ -value=0.04). This may indicate that the young age is a barrier since it requires the nurse to consider effective communication with patients as a special value that includes very important skills for guidance, follow-up, or contact arrangements.

## Discussion

This study assessed particularly the level of barriers of communication among nurses working at emergency departments and patients in the study area. The study showed that the barrier of communication attributed to nurses is intermediate, where the total nurse-related barriers to effective communication score show a mean of 3.11 with a SD of 0.30, while for barriers attributed to the health system was higher with a mean of 3.57 and SD 0.29.

The nurses' overwork during the shift, lack of adequate time, lack of empathy from nurses, and shortage in nursing staff were the most important barriers. This may be due to nurse-patient ratio in emergency department, and the increased patients' numbers in relation to nurses' numbers. Shortage of nurses increases workload, and therefore, there is no enough time to establish a good relationship and effective communication with patients. Anooosheh and colleagues (2009) also found nurses' workload, lack of facilities, physical and mental fatigue, and lack of communication skills training as the main nurse-patient communication barriers. It's important that nursing managers should consider the standards of the

nurse-to-patient ratio to achieve more effective communication (Loghmani, Borhani, & Abbaszadeh, 2014).

Concerning health system-related barriers, the current study showed that the majority of nurses becoming task-oriented instead of patient-centered. This result is also explained by heavy patient workloads (Albagawi & Jones, 2017).

As regarding perceived communication barriers, there was no statistically significant difference between nurses' demographic variables with the overall health system and nurse-related barriers except for the age, where young nurses challenge more barriers in communication. Moreover, the findings of this research indicate a need to improve communication between nurses and patients in order to provide safe and high-quality practice in Palestinian EDs, which will contribute to higher quality of healthcare and patient satisfaction.

## **Conclusion**

The level of nurse-patient communications in this study is found to be inadequate. The nurse and health system-related barriers are both intermediate. The most reported nurse-related barriers are being overworked and lack of time, while for health system-related barriers the most expressed items were stress related issues, poor communication between nurse and physicians, heavy patient workloads, nurses are task-oriented instead of patient-centered, and unsuitable work environment. However, it is important that all barriers must be unbarred to promote effective communication. No significant differences were found in perceived barriers with demographic variables except for the age. The hospital decision makers should ensure that nursing workload is reduced in order to facilitate effective communication. Finally, there is an overwhelming need to conduct further researches to explore the environmental challenges, resource limitations, staff capacity, and soft skills that influence the staff's current and future needs, patient care experience to improve the therapeutic communications.

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