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## Barriers to Nurse-Patient Communication in Remote Saudi Arabia Areas' Nursing Workforce: A Standpoint to Address the Communication Barriers

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### Abstract

**Aim:** This study determined the barriers to nurse-patient communication from the perspective of company nurses working outside the urbanized areas of Saudi Arabia and proposed a guideline that addresses the nurse-patient communication barriers.

**Methods:** The study utilized quantitative research methodology, particularly the correlational research design, and a purposive sampling of 105 nurses and 105 patients in a private group of companies in the Kingdom of Saudi Arabia were included as the respondents of this study. This study utilized survey questionnaires that consist of three parts. The first part elicited data pertaining to the demographic profile of the respondents in terms of age, marital status, length of service, areas of assignment, and frequency of rest days. The second part used a standardized questionnaire adopted from the study of Albagawi (2019). The third part was from Marshall and Hays (2019).

**Results:** The majority of the nurse respondents belonged to the age group between 30-39 years old; single; with 4 to 6 years of working experience; assigned to an onshore rig site; and with the frequency of rest days every quarter. Barriers to nurse-patient communication obtained a mean of 1.8905 and a standard deviation of 0.6766 which is interpreted as average. Patient respondents are very satisfied in terms of the availment of medical services, attitudes of staff, and nurse communication with patients. There is a relationship between the area of assignment and frequency of rest days and nurse-patient communication barriers. Further, a relationship between nurse-patient communication and patient care satisfaction also exists.

**Conclusion:** The nurse-patient-related factors in terms of language barriers appeared to be the barriers to nurse-patient communication. Patient respondents experienced patient care satisfaction due to the provision of immediate medical attention by the nurses, the attitudes of staff, and nurse communication with the patient.

**Keywords:** Nursing, Nurse-Patient Interaction, Communication Barriers, Company Nurses, Interpersonal Relations

### INTRODUCTION

Quality nursing care is built on the foundation of effective nurse-patient communication. The nurse-patient communication includes verbal and non-verbal communication. The quality of care, clinical outcomes, and nurse-patient relationships as well as patient satisfaction depend on nurse-patient communication, without effective nurse-patient communication, the quality of care is compromised. According to Adriyanto (2020), the impact of good nurse-patient communication enhances the quality of care provided to the patients, and in return, patient experiences satisfaction from healthcare professionals, and as supported by Sinuya (2019) effective nurse-patient communication improves the quality of care delivered to the patient and enhances clinical outcomes for the client. Based on the study conducted by Alshammari (2019), it is essential for nurses to establish good nurse-patient communication, especially among patients coming from diverse cultures and different languages. It is expected that having good nurse-patient communication can ensure quality patient care (Van Bommel, 2020). Remarkably, patients who have formed an open and secure dialogue with nurses are more likely to disclose an honest history and expression of symptoms (Sabando & Alo, 2021). Thereby, for nurses, it can be said that good communication means approaching with the intention to understand the patient's concerns, experiences, and opinions. This includes using

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verbal and non-verbal communication skills, along with active listening and patient teach-back techniques (Downey & Happ, 2019).

Abudari (2021) showed that difficulty in establishing good nurse-patient communication can be detrimental to nursing practices and services, quality of care, and safety. This problem can lead to patients misunderstanding directions and failing to follow treatment protocols. It can also lead to healthcare workflow disruption, resulting in medical errors (Aghamolei, 2021). Oftentimes in poor nurse-patient communication, the message does not get across the way it was intended to or desired. This is due to the barriers which result in weak patient-nurse interactions or relationships. These nurse-patient barriers can range from language, cultural, gender, religious, and age differences (Okougha & Tilki, 2020). Nurse-related barriers can range from being overworked, shortage of nurses, lack of time, nurses' unpleasant experiences, and nurses' lack of knowledge on communication skills (O'Hagan, 2019). The patient-related barrier includes family interference, patient unawareness of the duties of nurses, anxiety, pain, physical discomfort, and resistance of patients to communicate with foreign nurses providing direct care to them (Silberman, 2020). Environmental barriers include critically ill patients on the site, a hectic environment, unfamiliarity with the clinic site, and unsuitable environmental conditions (Sinuya, 2019).

An abundant number of studies had dealt with the assessment and investigation of the nurse-patient communication barriers but a limited study was conducted to assess the nurse-patient communication from nurses working for private institutions or organizations or the nurses referred to as company nurses, specifically those working in Saudi Arabia's remote areas. If poor nurse-patient communication continues to be a challenge, nurses may not be able to provide the quality of care needed by the patient, and nurses may not be able to provide good clinical outcomes.

Therefore, this study aimed at evaluating the barriers to nurse-patient communication in remote Saudi Arabia area's nursing workforce and determined patient satisfaction to encourage healthcare policymakers in the Kingdom to implement programs and projects formulated based on the findings of this study.

## Literature Review

This study was anchored to Hildegard Peplau's Interpersonal Relations Theory which serves as the foundation of this study. emphasized that the nurse-client relationship is the foundation of effective nursing care and practice. Nurse's values, cultural race, beliefs, past experiences, expectations, and preconceived ideas are essential on the part of the nurses to establish an effective nurse-patient relationship, while for the patient, values, cultural race, language, beliefs, past experiences, and expectations play a significant role in establishing effective nurse-patient relationship among nurses. Peplau defined this type of relationship as therapeutic interaction between the patient who's in need of medical services and a nurse who is educated to recognize and respond to the needs of the patient.

Nurse-patient interaction requires good communication. Good communication plays an important role in the organization's effective functioning (Sibiya, 2019; Van Niekerk, 2019; Jooste, 2021). A nurse must, therefore, continuously try to improve his/her communication skills as poor communication can be dangerous and lead to confusion. Communication skills of nurses are difficult to master. In the study of Aghamolaie et al. (2021) which subdivided factors into: factors common to nurses and patients, nurse-related factors, patient-related factors, and environmental factors, it is the nurse- and patient-related barriers which were found to be more important than physical or environmental barriers. In terms of common factors between nurses and patients, colloquial language, and cultural and gender differences were of high importance; however, priorities were not quite similar between nurses and patients. Through establishing appropriate verbal communication, the nurse could thoroughly understand the patient's problems; hence, in many studies, the nurse's unfamiliarity with the patient's colloquial language has been mentioned as a communication barrier (Baraz & Shariati, 2020). In the Kingdom of Saudi Arabia, the consistently increasing number of non-Saudi expatriate nurses providing health care to patients is said to have contributed to the presence of barriers to nurse-patient communications. In particular, there are differences in culture, religion, and language among non-Saudi nurses and patients. Many non-Saudi nurses have limited knowledge about Saudi culture and experience difficulty in understanding, and in some cases respecting, the cultural and religious practices of patients. Further, limited nurse-patient communication impacts negatively the nurse-patient relationship, which can affect patient safety and lead to poor patient satisfaction (Alshammari, 2019).

In Saudi Arabia, company nurses are being deployed to areas outside the urban areas to supply the needs of companies or organizations based in those locations to ensure the health management and coverage of their own



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personnel. With this distinctive setting, it is imperative to examine through company nurses' own assessment and evaluation of the presence of barriers to nurse-patient communication that may influence patient care outcomes in organizations.

### Objective

This study determined the barriers to nurse-patient communication from the perspective of company nurses working outside the urbanized areas of Saudi Arabia.

Specifically, this study sought to answer the following questions:

1. What is the demographic profile of the respondents in terms of:
  - 1.1 Age;
  - 1.2 Marital Status;
  - 1.3 Length of Service;
  - 1.4 Area of Assignment; and
  - 1.5 Frequency of rest day(s)?
2. What are the barriers to nurse-patient communication in the forms of?
  - 2.1 Nurse patient factor;
  - 2.2 Nurse related factor;
  - 2.3 Patient related factor; and
  - 2.4 Environmental factor?
3. What are the levels of patient care satisfaction?
  - 3.1 Availment of medical services;
  - 3.2 Attitudes of Staff; and
  - 3.3 Nurse communication with the patient?
4. Is there a significant relationship between the demographic profile of respondents and barriers to nurse-patient communication?
5. Is there a significant relationship between the barriers to nurse-patient communication and patient care satisfaction?

### Hypothesis

The hypotheses of the study were tested at 0.5 level of significance having 95% reliability:

1. There is no significant relationship between the demographic profile of the respondents and the nurse-patient communication barrier.
2. There is no significant relationship between the barriers to nurse-patient communication and patient care satisfaction.

### METHODS

#### Research Design

The study utilized quantitative research methodology, particularly the correlational research design. The quantitative research design refers to the use of research methods that involves collecting sample sizes, focusing on the number of responses and examining the relationship between and among variables under investigation (Downey & Happ, 2019; Dizon & Sanchez, 2020; Salendab & Dapitan, 2021). Specifically, the researchers utilized the correlational research design. According to Silberman (2020) correlational research design investigates the relationship of variables without the researcher controlling or manipulating those variables.

The researchers decided to utilize the correlational research design because the study aimed to identify if there is a relationship between the demographic profile of the respondents and barriers to nurse-patient communication, the demographic profile of the respondents and patient care satisfaction and barriers to nurse-patient communication and patient care satisfaction.

#### Population and Sampling

The private institution where the study was conducted had approximately 170 company or site nurses deployed in various sites. The target population of this study included company nurses who provide direct nursing care to patients needing immediate interventions as well as patients or employees given immediate medical attention





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in the company clinic. The researchers utilized purposive sampling techniques to study a population that can give the information needed for the study (Karaca & Durna, 2019). This method of examining the entire population may be used in this study because the population shares common characteristics.

The inclusion criteria were company nurses who are employed in the company for more than three months. Exclusion criteria include employees who currently work in the company for less than 3 months, those nurses assigned to remote areas and those with almost no or with a poor internet connection who cannot access the Google link to answer the questionnaires, nurses who are currently on leave at the time of data gathering and those nurses with co-morbidities. For the patient, inclusion criteria involve patients who are working under the said private institution, given medical attention for at least 3 hours and age, and patients needing urgent care and referral to specialty hospitals. Taking into consideration the inclusion and exclusion criteria for the nurse respondents, 105 out of 170 nurses of the private medical group of companies were eligible to participate in the study, 20 nurses have co-morbidity, 19 were currently assigned in remote areas with almost no means to access the internet during the conduct of this study, 11 were newly recruited nurses, and 15 nurses were on leave at the time of data gathering. The set criteria assisted the researchers in identifying the population in an objective, reliable, and logical manner. A total of 65 nurses were excluded in the study. In the record provided by the Medical Unit, 105 out of 180 patients were included in the study in line with the inclusion and exclusion criteria for patient respondents. 65 patients at the time of data gathering were only given first aid and did not meet the criteria of receiving medical care for at least 3 hours and 10 patients were referred to specialty facilities requiring special medical needs.

### Instrument

This study utilized survey questionnaires that consist of three parts. The first part elicited data pertaining to the demographic profile of the respondents in terms of age, marital status, length of service, areas of assignment, and frequency of rest days. The second part used the standardized questionnaire that was adopted from the study of Albagawi in 2019 entitled Patient-related Factors for Nurses to Patient Communication Barriers that consists of a total of 20 items and answerable by a 3-point Likert scale with a description of 1-Lowest to 3-Highest. The instruments used in this study were all of acceptable validity and reliability. The third part was the standardized research instrument of Marshall and Hays in 2019 entitled The Patient Satisfaction Questionnaire Short form that consists of 20 items and is answerable by a four-point Likert scale with a description of 1-Not Satisfied, 2- Satisfied, 3- Moderately Satisfied and 4-Very Satisfied. The 20-item questionnaire is subdivided into three subscales (1) Availment of medical services, (2) attitudes of staff, and (3) nurse communication with the patient. The availment of medical services consists of 9 items, attitudes of staff consist of 4 items, and nurse communication with the patient consist of 7 items. Both of the adopted standardized questionnaires are considered reliable and valid for their results of Cronbach's alpha coefficients ( $\alpha$ ) ranged from 0.81 to 0.92. The researcher emailed both the authors of standardized instruments to grant permission to utilize their instruments in this study.

### Data Collection

The data were gathered, read, and analyzed following the objective of the study and in adherence to all protocols in the conduct of research.

### Treatment of Data

To determine the demographic profile of the respondents in terms of age, marital status, working experience, schedule of shift, and frequency of rest days, frequency and percentage distribution were utilized.

To determine the level of barriers to nurse-patient communication in the forms of nurse-patient factor, nurse-related factor, patient-related factor, and environmental factor, mean and standard deviation were employed. To determine the level of patient care satisfaction, mean and standard deviation were also utilized. To determine if there is a significant relationship between the demographic profile of the respondents and barriers to nurse-patient communication, ETA coefficient test was utilized. To determine if there is a significant relationship between the barriers to nurse-patient communication and patient care satisfaction, Pearson  $r$  was used.

### Ethical Considerations

Compliance with the University's Research Ethics Committee ensured the protection of moral and ethical standards while this study is being conducted. The researchers submitted a letter of permission to the authors of the standardized questionnaires that were used in this study. They also made sure that the participants were not



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subjected to any harm; the dignity of the participants was prioritized by ensuring their anonymity, privacy, and confidentiality.

## RESULTS and DISCUSSION

The statistical data analysis and interpretation of findings are presented in tables following the sequence of the research questions enumerated in the part of the statement of the problem.

Table 1

*Demographic Profile of the Nurse Respondents*

<b>Age</b>	<b>F</b>	<b>%</b>
20-29	12	11.43%
30-39	85	80.95%
40-49	7	6.67%
50-above	1	0.95%
<b>Total</b>	<b>105</b>	<b>100.00%</b>

Twelve (12) out of one hundred five (105) or 11.43% of the respondents aged between 20 to 29 years old; eighty-five (85) or 80.95% of the respondents age between 30 to 39 years old; seven (7) or 6.67% of the respondents aged between 40 to 49 years old, and one (1) or 0.95% of the respondents age 50 years old and above. Based on the data, it can be seen that the majority of the respondents age between 30 to 39 years old.

According to Langley (2021), Saudi Arabia has been experiencing a shortage of healthcare workers, including nurses, for many years. In order to address this shortage, the government has been actively recruiting healthcare professionals from around the world, including from the Philippines, India, and other countries. This recruitment drive has led to an increase in the number of foreign nurses working in Saudi Arabia, including those aged between 30-39.

Table 2

*Demographic Profile in terms of Marital Status*

<b>Marital Status</b>	<b>f</b>	<b>%</b>
Single	52	49.52%
Married	51	48.57%
Separated	2	1.90%
<b>Total</b>	<b>105</b>	<b>100.00%</b>

Fifty-two (52) out of one hundred five (105) or 49.52% of the respondents are single; fifty-one or 48.57% are married, and two (2), or 1.90% of the respondents are separated. Based on the data presented, it can be seen that the majority of the nurse respondents are single.

According to Payne (2020) the government of Saudi Arabia are not particular when it comes to the marital status of nurses. As long as they meet the qualification standards, and the years of nursing experience from their country of origin, they are given the opportunity to work in Saudi Arabia.

Table 3

*Demographic Profile in terms of Length of Service*

<b>Length of Service</b>	<b>f</b>	<b>%</b>
less than 3 years	28	26.67%
4 to 6 years	29	27.62%
7 to 9 years	28	26.67%
10 to 12 years	17	16.19%
13 to 15 years	3	2.86%



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**Total****105****100.00%**

Twenty-eight (28) out of one hundred five (105) or 26.67% of the respondents have been working in the organization for less than 3 years; twenty-nine (29) or 27.62% of the respondents are currently working in FMGC for 4 to 6 years; twenty-eight (28) or 26.67% of the respondents have been working in FMGC for 7 to 9 years, seventeen (17) or 16.19% of the respondents have been working in FMGC for 10 to 12 years and three (3) or 2.86% of the respondents have been working in FMGC for 13 to 15 years. Based on the data presented, it can be seen that the majority of the nurse respondents have experience working in the company for 4 to 6 years.

According to Demper (2021) nurses with several years of experience are often seen as more competent and confident in their abilities, and may require less training than a new graduate nurse. Additionally, experienced nurses may be better equipped to handle complex patient cases and provide high-quality care. The organization require a certain level of experience to meet the needs of their clients or patients.

Table 4

*Demographic Profile in terms of Area of Assignment*

<b>Area of Assignment</b>	<b>f</b>	<b>%</b>
Onshore Rig Site	73	69.52%
Offshore Rig Site	5	4.76%
Construction Site	27	25.71%
<b>Total</b>	<b>105</b>	<b>100.00%</b>

Seventy-three (73) out of one hundred five (105) or 69.52% of the nurse respondents are assigned to onshore rig sites, five (5) or 4.76% of the respondent are assigned to offshore rig sites and twenty-seven (27) or 25.71% of the respondents are assigned in the construction site. Based on the data presented, the majority of the respondents are assigned to in onshore rig site.

According to Smith (2022), it is possible that male nurses are working in onshore rig sites because of the demand for medical professionals in these locations. Onshore rig sites can be remote and isolated and may require medical staff to be on hand to attend to any medical emergencies or provide ongoing healthcare services for workers. It is also worth noting that in Saudi Arabia, there may be cultural or social expectations that men work in certain industries or locations. This could be a contributing factor to the presence of male nurses in onshore rig sites.

Ten (10) out of one hundred five (105) or 9.52% of the respondents have a rest day once a week; one (1) or 0.95% of the respondents have a rest day once a month; fifty-eight (58) or 55.24% of the respondents have a rest day quarterly; five (5) or 4.76% of the respondents have a rest day every 6 months; and thirty (30) or 29.52% of the respondents can have their rest day yearly. Based on the data presented, the majority of the respondents can have their rest day every three months. According to Johnson (2021) most of the male nurses working in the organization are given rest days quarterly because of the insufficient number of nurses that will provide direct care to the employees.

Table 5

*Demographic Profile in terms of Frequency of Rest Days*

<b>Frequency of Rest Day(s)</b>	<b>f</b>	<b>%</b>
Once per week	10	9.52%
Monthly	1	0.95%
Quarterly (every 3 months)	58	55.24%
Biannual (every 6 months)	5	4.76%
Yearly	31	29.52%
<b>Total</b>	<b>105</b>	<b>100.00%</b>

Table 6 shows the level of barriers in nurse-patient communication. The nurse-patient factor obtained a mean of 2.0514, a standard deviation of 0.6620, and a description of "Average". The nurse-related factors garnered a mean of 1.9543 and a standard deviation of 0.6947 with a description of "Average". Patient-related factors acquired a mean of 1.8419 and a standard deviation of 0.6329 with a description of "Average". Environmental factors produced a mean of 1.7143 and a standard deviation of 0.6699 with a description of "Average". The levels of

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barriers to nurse-patient communication garnered an overall mean of 1.8905 and a standard deviation of 0.6766 with a description of "Average".

Table 6

*Barriers in Nurse-Patient Communication*

Forms of Barriers	Mean	Standard Deviation	Description
Nurse-patient factor	2.0514	0.6620	Average
Nurse-related factor	1.9543	0.6947	Average
Patient-related factor	1.8419	0.6329	Average
Environmental factor	1.7143	0.6699	Average
<b>Overall</b>	<b>1.8905</b>	<b>0.6766</b>	<b>Average</b>

Smith (2022) indicated that language differences serve as a major barrier in nurse-patient communication and interaction. Language differences between the nurse and the patient oftentimes lead to misunderstanding. If the nurse and patient do not speak the same language, there is a risk of misunderstandings. The nurse may use medical jargon or technical terms that the patient does not understand, leading to confusion and misinterpretation (Demper, 2021). According to Uyanik (2020), if the patient is unable to express their symptoms or concerns clearly due to language barriers, the nurse may miss important information about the patient's condition. Similarly, if the nurse is unable to explain the diagnosis, treatment plan, or medication instructions clearly, the patient may not fully understand their care. Furthermore, when the patient and nurse cannot communicate effectively, it can lead to frustration and mistrust. The patient may feel that the nurse is not listening or does not understand their needs, which can damage the relationship between the two and lead to decreased patient satisfaction (Johnson, 2021). And according to Langley (2021), language is often closely tied to culture, and when there are language differences, there may also be cultural differences. For example, a patient from a different cultural background may have different beliefs or expectations about healthcare, which can impact their communication with the nurse.

Barker (2020) revealed that nurses who are unable to speak the same language as their patients can have several negative effects on patient care. The inability to communicate effectively with patients can lead to misunderstandings and misinterpretations of symptoms, which can result in inaccurate diagnoses and inappropriate treatment. Language barriers can also increase the risk of medical errors. For example, a nurse may misunderstand a patient's medication instructions or fail to communicate important information to the patient, leading to adverse health outcomes, if a patient is harmed due to language barriers, the healthcare provider may be held liable for medical malpractice (Warren, 2020).

Ross (2019) asserted that reluctance on the part of the patient to communicate with the nurse is attributed to language differences. Patients who do not speak the same language as the nurse may feel intimidated or hesitant to communicate, especially if there are no interpreters or translation services available. Language barriers often lead to patients not trusting the healthcare system or the nurse, which can lead to reluctance to communicate (Thomas, 2021).

Burgess (2020) emphasized that the working environment can also have a significant impact on nurse-patient communication, and communication barriers can arise in different working environments. In busy or understaffed environments, nurses may not have enough time to communicate effectively with patients. This can lead to rushed or incomplete conversations and may result in missed information or misunderstandings. Walsh (2021) explained that in noisy or chaotic environments, such as emergency departments or intensive care units, it can be difficult to communicate effectively with patients. Patients may have trouble hearing or understanding the nurse and the nurse may find it challenging to focus on the patient's needs. Lack of privacy can also have an impact on nurse-patient communication. When patients do not have adequate privacy, they may be hesitant to discuss sensitive topics with nurses. This can lead to communication barriers and may result in incomplete or inaccurate patient histories (Nicholson, 2021).

Based on the Interpersonal Relations Theory once the nurse and the patient were not able to establish effective nurse-patient communication, misunderstanding, miscommunication, and patient dissatisfaction can occur.



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The impact of good nurse-patient communication enhances the quality of care provided to the patients and in return, patient experiences satisfaction from healthcare professionals and effective nurse-patient communication improves the quality of care delivered to the patient and enhances clinical outcomes for the client.

Table 7

*Patient Care Satisfaction from the View Point of Patient*

Areas	Mean	Standard Deviation	Description
Availment of medical services	3.3259	0.6993	Very Satisfied
Attitudes of Staff	3.4667	0.6672	Very Satisfied
Nurse communication with the patient	3.3633	0.7214	Very Satisfied
<b>Overall</b>	<b>3.3671</b>	<b>0.7025</b>	<b>Very Satisfied</b>

Table 7 shows the level of patient care satisfaction in terms of Availment of medical services, attitudes of staff, and nurse communication with the patient. Availment of medical services obtained a mean of 3.3259 and a standard deviation of 0.6993 with a description of "Very Satisfied", attitudes of staff garnered a mean of 3.4667, a standard deviation of 0.6672 with a description of "Very Satisfied", and nurse communication with the patient yielded a mean of 3.3633, a standard deviation of 0.7214 and a description of "Very Satisfied".

According to Payne (2020) providing immediate medical attention to patients can have a significant impact on patient satisfaction. Patients who receive timely and appropriate care are more likely to feel satisfied with their healthcare experience and may be more likely to trust their healthcare providers. The study by Evans in 2020 revealed that patients who receive immediate medical attention perceive that they are receiving high-quality care which leads to increased satisfaction and trust in healthcare providers. And according to Morris (2019), patients who receive prompt medical attention may be more likely to comply with treatment recommendations and follow-up care, which can improve health outcomes and further increase patient satisfaction.

The attitude of a nurse can have a significant impact on patient satisfaction. A positive attitude can improve patient outcomes, increase patient satisfaction, and contribute to a more supportive healthcare environment (Lawrence, 2020). When nurses have a positive attitude, they are more likely to communicate effectively with patients. Effective communication can help patients feel heard, understood, and respected, which can lead to increased satisfaction. And as supported by Fletcher (2020) positive attitudes of nurses toward their patients, patients are more likely to follow treatment recommendations, comply with care plans, and feel confident in their ability to manage their health. A positive attitude can help build trust and confidence in patients. And as revealed in the study of Campbell in 2019 patients who have positive experiences with their nurses are more likely to feel satisfied with their healthcare experience. A positive attitude can contribute to a more positive overall experience and lead to increased patient satisfaction.

Kennedy (2019) revealed that nurses who consistently inform their patients about their treatment and condition can have a significant impact on patient satisfaction, trust, and health outcomes. Patients who are informed about their care and treatment plans are more likely to feel empowered, involved, and confident in their ability to manage their health. Patients who are well-informed about their condition and treatment are more likely to comply with treatment recommendations, which can lead to better health outcomes. Patients who feel well-informed by their nurse may be more likely to trust their healthcare providers and comply with care recommendations. And according to Hughes (2020) patients are informed about their care, they feel more involved in the decision-making process and may feel more satisfied with their healthcare experience.

Table 8 shows the relationship between the demographic profile of the respondents and the barriers to nurse-patient communication. Age obtained an eta value of 0.141, a  $p$  value of 0.653, a very weak correlation which can be interpreted as "Not Significant". Marital status garnered an eta value of 0.062, a  $p$  value of 0.535, a very weak correlation which can be interpreted as "Not Significant". Length of service produced an eta value of 0.218, a  $p$  value of 0.253, a weak correlation which can also be interpreted as "Not Significant". The area of assignment acquired an eta value of 0.293, a  $p$  value of 0.027, a weak correlation which can be interpreted as "Significant". Frequency of rest days obtained an eta value of 0.286, a  $p$  value of 0.012, a weak correlation which also is interpreted as "Significant".





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Table 8

*Relationship between the Demographic Profile of the respondents and the Barriers to Nurse-Patient Communication*

<i>ETA Coefficient</i>	<i>Nurse-patient Communication</i>	<i>Correlation</i>	<i>p-value</i>	<i>Interpretation</i>
Age	0.141	Very Weak	0.653	Not Significant
Marital Status	0.062	Very Weak	0.535	Not Significant
Length of Service	0.218	Weak	0.253	Not Significant
Area of Assignment	0.293	Weak	0.027	Significant
Frequency of Rest Days	0.286	Weak	0.012	Significant

According to Payne (2020) nurses of different ages may have different levels of experience and training, which can impact their ability to communicate effectively with patients. Some older nurses may have more experience in patient care, which can enhance their communication skills, while younger nurses may have more recent training in communication techniques, hence, age is not associated with communication barriers.

Burgess (2020) indicated that marital status is not typically considered a factor in communication barriers because it does not necessarily impact a person's ability to communicate effectively.

Nicholson (2021) asserted that the length of service is not necessarily a factor in communication barriers because it does not necessarily indicate a person's communication skills or ability to effectively communicate with others. While someone who has been in a particular job or industry for a long time may have a deep understanding of the technical aspects of their work, this does not necessarily mean that they have strong communication skills.

In the study of Martin (2020), it was found that the area of assignment of nurses can have a significant impact on nurse-patient communication, and a non-conducive working environment can create communication barriers that can affect patient outcomes and satisfaction. Busy and noisy environments can create distractions that can interfere with effective communication between the nurse and the patient. Interruptions can make it difficult to establish rapport and build trust with patients (Burgess, 2020). Lack of privacy can also have an impact on nurse-patient communication. When patients do not have adequate privacy, they may be hesitant to discuss sensitive topics with nurses. This can lead to communication barriers and may result in incomplete or inaccurate patient histories (Nicholson, 2021).

According to Payne (2020), insufficient rest days for nurses can have a significant impact on their ability to communicate effectively with patients. When nurses do not have enough rest time, they may experience physical and emotional fatigue, which can affect their communication skills and lead to communication barriers with patients. Fatigue can impair cognitive function, making it difficult for nurses to process and respond to patient needs effectively. Nurses who are fatigued may struggle to focus on patient concerns and may not be able to provide the best possible care (Evans, 2020). And as explained by Morris (2019) nurses who work long hours without sufficient rest days may experience increased stress levels, which can negatively affect their communication skills. High levels of stress can lead to communication barriers and decreased patient satisfaction.

Table 9

*Relationship between the Barriers to Nurse-Patient Communication and Patient Care Satisfaction***Correlations**

		<i>Nurse Patient Communication</i>	<i>Patient Care Satisfaction</i>
<i>Nurse-Patient Communication</i>	Pearson Correlation	1	-.199*
	Sig. (2-tailed)		.042
	N	105	105
<i>Patient Care Satisfaction</i>	Pearson Correlation	-.199*	1
	Sig. (2-tailed)	.042	
	N	105	105



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Table 9 shows the relationship between the barriers to nurse-patient communication and patient care satisfaction. Data shows that nurse-patient communication as correlated to patient care satisfaction produced a correlation value of  $-1.99$ , a  $p$  value of  $.042$  which can be interpreted as significant at the  $0.05$  level.

Smith (2022) emphasized that nurse-patient communication plays a crucial role in patient satisfaction. Effective communication between nurses and patients can improve patients' understanding of their health conditions, treatment options, and expected outcomes, which can ultimately lead to higher levels of satisfaction with their healthcare experience. Nurses who take the time to listen to patients' concerns, explain procedures clearly, and answer questions in an understandable manner, patients are more likely to feel respected and cared for. This can help reduce anxiety, increase confidence in the care provided, and ultimately result in higher patient satisfaction (Demper, 2021). And according to Thomas (2021), effective nurse-patient communication is a critical factor in ensuring high levels of patient satisfaction. Nurses take the time to listen, communicate clearly, and demonstrate empathy and compassion; patients are more likely to feel satisfied with their healthcare experience. The impact of good nurse-patient communication enhances the quality of care provided to the patients and in return, patient experiences satisfaction from healthcare professionals and effective nurse-patient communication improves the quality of care delivered to the patient and enhances clinical outcomes for the client.

#### Language Differences

Effective communication between nurses and patients is crucial for providing quality healthcare. However, language barriers can significantly affect the quality of communication between them. Therefore, this guideline aims to address language barriers between nurses and patients to enhance communication and improve the quality of care provided.

The Interpersonal Relations Theory of Peplau can be applied to nurse-patient communication. Once the nurse and the patient were able to establish an effective nurse-patient relationship, effective communication can occur. The impact of good nurse-patient communication enhances the quality of care provided to the patients and in return, patient experiences satisfaction from healthcare professionals and effective nurse-patient communication improves the quality of care delivered to the patient and enhances clinical outcomes for the client.

### Summary, Conclusions, and Recommendations

#### Demographic Profile

##### Age

Twelve (12) out of one hundred five (105) or 11.43% of the respondents aged between 20 to 29 years old; eighty-five (85) or 80.95% of the respondents age between 30 to 39 years old; seven (7) or 6.67% of the respondents aged between 40 to 49 years old, and one (1) or 0.95% of the respondents age 50 years old and above. Based on the data, it can be seen that the majority of the respondents age between 30 to 39 years old.

##### Marital Status

Fifty-two (52) out of one hundred five (105) or 49.52% of the respondents are single; fifty-one or 48.57% are married, and two (2), or 1.90% of the respondents are separated. Based on the data presented, it can be seen that the majority of the nurse respondents are single.

##### Length of Service

Twenty-eight (28) out of one hundred five (105) or 26.67% of the respondents have been working in the institution for less than 3 years; twenty-nine (29) or 27.62% of the respondents are currently working in FMGC for 4 to 6 years; twenty-eight (28) or 26.67% of the respondents have been working in FMGC for 7 to 9 years, seventeen (17) or 16.19% of the respondents have been working in FMGC for 10 to 12 years and three (3) or 2.86% of the respondents have been working in FMGC for 13 to 15 years. Based on the data presented, it can be seen that the majority of the nurse respondents have experience working in the company for 4 to 6 years.

##### Area of Assignment

Seventy-three (73) out of one hundred five (105) or 69.52% of the nurse respondents are assigned to onshore rig sites, five (5) or 4.76% of the respondent are assigned to offshore rig sites and twenty-seven (27) or 25.71% of the respondents are assigned in the construction site. Based on the data presented, the majority of the respondents are assigned to onshore rig sites.

##### Frequency of Rest Days

Ten (10) out of one hundred five (105) or 9.52% of the respondents have a rest day once a week; one (1) or 0.95% of the respondents have a rest day once a month; fifty-eight (58) or 55.24% of the respondents have a



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rest day quarterly; five (5) or 4.76% of the respondents have a rest day every 6 months; and thirty (30) or 29.52% of the respondents can have their rest day yearly. Based on the data presented, the majority of the respondents can have their rest day every three months.

#### Barriers to Nurse-patient Communication

The nurse-patient factor obtained a mean of 2.0514, a standard deviation of 0.6620, and a description of "Average". The nurse-related factors garnered a mean of 1.9543 and a standard deviation of 0.6947 with a description of "Average". Patient-related factors acquired a mean of 1.8419 and a standard deviation of 0.6329 with a description of "Average". Environmental factors produced a mean of 1.7143 and a standard deviation of 0.6699 with a description of "Average". The levels of barriers to nurse-patient communication garnered an overall mean of 1.8905 and a standard deviation of 0.6766 with a description of "Average".

#### Patient Care Satisfaction from the View Point of the Patient

Availment of medical services obtained a mean of 3.3259 and a standard deviation of 0.6993 with a description of "Very Satisfied", attitudes of staff garnered a mean of 3.4667, a standard deviation of 0.6672 with a description of "Very Satisfied", and nurse communication with the patient yielded a mean of 3.3633, a standard deviation of 0.7214 and a description of "Very Satisfied".

#### Relationship between the Demographic Profile of the respondents and the Barriers to Nurse-Patient Communication

Age obtained an eta value of 0.141, a p-value of 0.653, a very weak correlation which can be interpreted as "Not Significant". Marital status garnered an eta value of 0.062, a p-value of 0.535, a very weak correlation which can be interpreted as "Not Significant". Length of service produced an eta value of 0.218, a p-value of 0.253, a weak correlation which can also be interpreted as "Not Significant". The area of assignment acquired an eta value of 0.293, a p-value of 0.027, a weak correlation which can be interpreted as "Significant". Frequency of rest days obtained an eta value of 0.286, a p-value of 0.012, a weak correlation which also is interpreted as "Significant".

#### Relationship between the Barriers to Nurse-Patient Communication and Patient Care Satisfaction

Data shows that nurse-patient communication as correlated to patient care satisfaction produced a correlation value of -1.99, a p-value of .042 which can be interpreted as significant at the 0.05 level.

Based on the findings of this study, the following conclusions are drawn:

1. Majority of the nurse respondents belonged to the age group between 30-39 years old; single; with 4 to 6 years of working experience; assigned to an onshore rig site; and with the frequency of rest days every quarter.
2. The nurse-patient-related factors in terms of language barriers appeared to be the barriers to nurse-patient communication.
3. Patient-respondents experienced patient care satisfaction due to the provision of immediate medical attention by the nurses, the attitudes of staff, and nurse communication with patients.
4. Area of assignment and frequency of rest days are significantly related to nurse-patient communication barriers.
5. A significant relationship exists between nurse-patient communication and patient care satisfaction.

Furthermore, this study supports the theoretical framework of Hildegard Peplau's Interpersonal Relations Theory emphasizing that the nurse-client relationship is the foundation of effective nursing care and practice. Nurse's values, cultural race, beliefs, past experiences, expectations, preconceived ideas, and language between the nurse and the patient are essential to establish an effective nurse-patient relationship, while for the patient, values, cultural race, language, beliefs, past experiences, and expectations play a significant role in establishing effective nurse-patient relationship among nurses.

Based on the findings and conclusion, the following are the recommendations of the study:

1. Further studies should consider respondents from different age groups, marital status, length of service, area of assignment of frequency of rest days.
2. Hospital administrators through nurse managers should always assess barriers to nurse-patient communication so as to immediately address the problems.
3. Patient care satisfaction should always be maintained by ensuring that Availment of medical services is accessible to patients and that positive attitudes of staff in providing nursing care to patients.
4. The relationship between the demographic profile in terms of area of assignment and frequency of rest day and nurse-patient communication barriers must be immediately addressed to ensure that quality care is given to patients.





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5. The significant relationship between the nurse-patient communication barriers and patient care satisfaction must be addressed to ensure patient care satisfaction.

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