2020-07

Nurse to Patient Communication and þÿ A s s o c i a t e d F a c t o r s F r o m N u r s of View in Government Hospitals of Addis Ababa, Ethiopia 2020 Investigator

Dereje, Meketa

COLLEGE OF MEDICINE AND HEALTH SCIENCE

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF HEALTH PROMOTION AND BEHAVIORAL SCIENCES

NURSE TO PATIENT COMMUNICATION AND ASSOCIATED FACTORS FROM NURSES' POINT OF VIEW IN GOVERNMENT HOSPITALS OF ADDIS ABABA, ETHIOPIA 2020

INVESTIGATOR: DEREJE MEKETA (BSC)

A THESIS SUBMITTED TO THE DEPARTMENT OF HEALTH PROMOTION AND BEHAVIORAL SCIENCES, SCHOOL OF PUBLIC HEALTH, COLLEGE OF MEDICINE AND HEALTH SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS IN HEALTH PROMOTION

JULY, 2020

BAHIR-DAR, ETHIOPIA

NAME AND ADDRESS OF PRINCIPAL INVESTIGATOR (PI)	Dereje Meketa(BSC) Phone:0948902599 E-mail:derejemeketa15@gmail.com
NAME AND ADDRESS OF ADVISORS	Mr. Anemaw Asrat(assistant professor of Epidemology&Biostatics) Phone:0911751787 E-mail: anemawasrat@gmail.com
	Gebiyaw wudie Phone:0920054599 E-mail:fwudie@gmail.com
Total budget	The cost of research was **22,132.00 ETB**.
Study period	From March to May,2020
Study area	Government Hospitals of Addis Ababa, Ethiopia

ACKNOWLEDGMENT

First I would like to thank Bahir-Dar University School of Public Health, department of health promotion for facilitating conditions to prepare this thesis.

Then I Would Like to express my heartfelt gratitude towards My Advisor Mr. Anemaw Asrat and Mr. Gebiyaw wudie for their Understanding, Patience and Unreserved Guidance they are given to me throughout the Completion of this final thesis report.

ABSTRACT

Background: Nurse to patient communication refers to the exchange or sharing of any information regarding to patients by means of verbal (speech), or nonverbal form. Poor nurse-patient communication may result in patient complication, an increased length of stay, wastage of the resource use, dissatisfaction with care, lack of confidence or uncertainty and frustration for both the nurse and the patient. So, Determining of the magnitude of nurse-patient communication and associated factors is necessary for designing interventions. However, it is the least investigated area in the field of nursing research and factors were not addressed in Ethiopia.

Objective: The objective of this study is to assess nurse to patient communication and associated factors from nurses' point of view in Government Hospitals of Addis Ababa, Ethiopia 2020.

Methods: An Institution based cross sectional study was conducted from March 30 to April 15, 2020 GC. A total of 600 nurses were selected by simple random sampling technique. Data was collected by using pre-tested self-administered questionnaire. Data entry and cleaning was done by using Epi-data version 3.1.2 and exported to statistical package for social science (SPSS) version 23 for further analysis. Descriptive statistics, bi-variable and multivariable logistic regressions were done to identify possible factors associated with nurse to patient communication. Findings with p-value <0.05 at 95% confidence interval was considered as statistically significant in the final model.

Results: The study revealed that 318(54.8%) of the nurses had poor communication with patients. From the Bi-variable Logistic regression analysis nine independent variables was associated with the dependent variable. After that variables which have P value less than or equal to 0.25 were entered in Multivariable logistic regression and some of them have significant association with the outcome variable. Those are Salary of respondent AOR; 0.243(0.107-0.550), Communication skill training AOR; 0.023(0.010-0.057), Motivation; AOR 2.817(1.479-5.367), Workload AOR 0.096(0.046-0.202), Attitude; AOR 0.119(0.054-0.259) and Knowledge AOR 0.044(0.021-0.092).

Conclusion: The study found that nurse to patient communication was low in government hospitals of Addis Ababa. Salary, Communication skill training, Motivation, Workload, Attitude and knowledge were significant associated factors of communication.

Key terms: Effective communication, poor communication, nurse, patient

ABBREVIATION AND ACRONYMS

AOR: Adjusted odds ratio

BDU: Bahir Dar University

COR: Crude Odds Ratio

CI: Confidence Interval

BSc-Bachelor of Science

CRICO: Controlled Risk Insurance Company

FMOH - Federal Minster of Health

Gyn/Obs - Gynecology and Obstetrics

HSTP-Health Sector Transformation Plan

ICU - Intensive Care Unit

Msc-Master's Degree

NHPCS-National Health Promotion and Communication Strategy

SPHMMC-St. Paul's Hospital Millennium Medical College

SPSS - Statistical Package for Social Science

St.-Saint

ZMH-Zewditu Memorial Hospital

Table of contents

Contents **Page**

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDIX

1. Introduction

1.1. Background

Nurse to patient communication refers to the exchange or sharing of any information regarding to patients by means of verbal (speech), or nonverbal form. Nurses spend 20%–30% of their time for providing direct care at medical and surgical care unit. So, effective communication skills play a critical role in minimizing the stress associated with hospitalization for both patients and their families, and a key component in effective health care outcomes [1-3].

In establishing Effective communication between patients and nurses, where both speaks and listened without either interrupting, both ask questions for clarity, express opinions and inter-change information, and both are able completely grasp and understand what other to say. It is a key factor in the improvement of inter-personal relationships and subsequently the improvement of the patient's care and the quality of patients' recovery[2].

Effective communication is a core element of nursing practice to build good relationships between nurse and patient. It has good effects on health care quality as it leads to the right treatment and medicine which will result in patient satisfaction. All nursing activities such as assessment, planning, intervention, evaluation, health teaching, encouragement, counseling, and caring are never be achieved without effective communication. Therefore, effective communication in healthcare is defined as the interactive dynamic and bidirectional process that emphasized on promoting client well-being physically and emotionally [4-6].

The use of effective communication are increased recovery rates, a sense of safety and protection of adverse events, improved levels of patient satisfaction and greater adherence to treatment options; whereas ineffective communication can contribute to the incidences of Adverse events, patient dissatisfaction. If ineffective communication contributes to an adverse event, then better and more effective communication skills must be applied in response to achieve optimal outcomes for the patient's safety [7-9].

Consequently, having an appropriate communication in health care service guarantees the better psychological position of the recipient of health services and success in treating the disease, controlling the pain, remembering the history of the disease and enhancing the satisfaction of the patients. In contrast the negative outcome of ineffective communication

are decreased recovery rates, a sense of safety and protection, poor patient satisfaction and adherence to treatment options, patients' and families' anxiety during hospitalization, failure to understand the Psychosocial and emotional needs and increase distress in patients[2, 7, 10].

1.2. Statement of the problem

According to controlled risk insurance company research, 55 percent of miscommunication involved between providers and patients[11]. In Canada communication failure accounts 15% in hospital admissions[12]. In Egypt, nurses could not use basics of communication skills in their interaction with patients which may lead to conflicts and failure to attain a high quality of care[5]. In Ethiopia, therapeutic communication was low which accounts for only 33.9% from patient perspective study[13].

Among individual related factors language , age, gender and education differences, shortage of nursing staff, shorter experience ,lack of interest and motivation for the profession among the nurses, Lack of time, ward's condition, heavy workload were associated with ineffective communication [2, 4, 13-15].

Ineffective Communication was linked to 1,744 patient deaths and $ 1.7 billion in mal-practice costs and the root cause for nearly 66 % of all medical errors. Further, 37 percent of all high-severity injury cases (including death) involved a communication failure[11, 16].Generally, Ineffective communication is reported as a significant factor in medical errors and inadvertent patient harm[17].

Poor nurse-patient communication may result in patient complication, an increased length of stay, wastage of the resource use, dissatisfaction with care, lack of confidence or uncertainty and frustration for both the nurse and the patient. It was also an extremely common cause of inadvertent patient harm and medical errors; and creates negative impact in healthcare system, threatens professional creditability, and imposes extra expenses on the patient and healthcare system [18-20].

According to Ethiopia Federal ministry of health (FMOH) ,the Quality of patient care depends on the caregiver's ability to communicate with patient and with colleagues[21]. Further the National Health Promotion and Communication Strategy (NHPCS) of Ethiopia planned to enhance the capacity of health service providers in interpersonal communication

and counseling skills. Because, good interpersonal communication plays vital role to improve patient safety, quality of care, health behaviors and to uptake of different health services[22].

Additionally, good communication is one of the best tools that nurses have to develop a rapport or trust. This trust initiates the nurses to provide quality of care. So, effective communication is compulsory for nurse for both the progress of her practices and patient progress[23].

Thus knowing the level of nurse to patient communication and associated factors is necessary for designing interventions and to my knowledge it is the least investigated area in the field of nursing research and factors were not addressed in Ethiopia. Therefore, this study will be conducted with the aim of to fill the gap by identifying the magnitude and related factors for possible interventions.

1.3. Significant of the study

The finding of this study will help nurses to upgrade their practice and work based on using of effective communication skill strategies. And the hospital administrative to understand nurses' communication practice and to increase communication performance within their institution; and to better understanding of the factors that affect nurses' communication on quality of patient care delivered. Additionally, the result will be a key for health institution to address and act on areas where gaps are identified in communication between nurses and patients and improve their care's quality which in turn attract clients to their institutions. Lastly the study could also be used as a comparison for future related studies and to provide future direction for the program managers as well as policy makers in launching advanced communication strategy tools.

2. LITERATURE REVIEW

2.1. Nurse to patient communication

A studies conducted in shahid Ghazi hospital in 2013 and Sina hospital in 2018 Tabriz city, Iran indicated that quality of nurses' communication with patients were poor. However in another studies done in teaching hospital of Tehran and Greece found that nurses' communication with patients was satisfactory, that was contrary to the previous two studies [10, 24-26].

Another study conducted in General Hospital of Ireland on Nurse–patient communication showed that; communication between nurse and patient was poor[27].

The study conducted in Jimma university specialized hospital stated that nurse to patient communication was poor. It accounts for 33.9% low, 34.9% moderate and 31.3% high level of therapeutic communication [13].

2.1.1. Socio demographic related factors

A study conducted in the National Orthopedic Hospital Igbobi, Lagos on the effect of communication on nurse-patient relationship show that Language , religion, gender differences and time constraints were reported as significant factor associated with ineffective communication b/n nurses and clients[28].

A study conducted to a random sample of 291 nurses working in medical and surgical departments at five hospitals of Saudi Arabia, the results indicate that Nurses with shorter experience, nurses not taking communication skills training have significant association to ineffective communication than nurses with longer experience and nurses who had specialist courses on acquisition of communication skills training.[2].

Another descriptive cross-sectional study which was performed on 151 of nursing staff in educational hospitals of Kurdistan University of Iran on nurse to patient communication revealed that the most important factors were the Gender, Religious, Language, and Age difference between the nurses and the patient. These were reported as a significant factor that influences nurses communication with patients [6, 20].

According to the Study at Saudi Arabia on Impact of Language Barrier on Quality of Nursing Care revealed that, 49% of the nurses reported they have difficulty in dealing with patients because of the language barrier. These difficulties in communication due to language barriers may affect patient satisfaction and at the worst may lead to healthcare errors[29].

Another study in Ghana on assessment of therapeutic communication among Nurse and patient stated that age, religion, ethnicity, misconception and pain have the tendency of influencing communication among nurse and patient[30].

2.1.2. Nurses related factors

A descriptive Cross sectional study were conducted in two public hospitals affiliated to Alborz University of Medical Sciences noticed that Nurse's low self-esteem, Shortage of nurses, Lack of enough time, lack of knowledge regarding communication skills, and Poor economic status of the nurse were statically significant associated nurse related factors for communication between nurse and patients[4].

Another Cross-sectional survey was conducted in Jahromi city of two educational hospitals ,the results of this study indicated that heavy work load, lack of adequate time main greatest negative impact to effective communication [20].

A descriptive study was carried out in three randomly selected educational hospitals of Iran, the result indicates that heavy nursing workload, hard nursing tasks and lack of welfare facilities for nurses were the main associated factor for ineffective communication [31].

In a descriptive cross-sectional study Conducted in Kurdistan University Iran, the result of the study revealed that lack of time, heavy workload during the shift, lack of communication skills training, shortage in nursing staff, unproductive behavior of the nurse managers and lack of interest and motivation for the work among the nurses were a significant association with ineffective communication [6, 32].

2.1.3. Patient related factor

According to studies conducted in Iran on Barriers of nurse-patient communication from the nurses' point of view revealed that ,interference of patient companions, presence of

patients` companions at the patient's bedside, lack of cooperation by the patients` companions, and anxiety, pain and physical discomfort of the patients negative impact to effective communication[6, 33].

2.1.4. Organizational factor

A studies performed on the nurse-patient communication related to the organizational factors were ward and room condition, such as lighting, room size, ambient noise, and lack of privacy can prevent effective communication between nurse and client[34, 35].

A study conducted in Saudi Arabia nurses working in medical-surgical departments of five hospitals about barriers and facilitators of patient to nurse communication notice that, poor sanitation in patients' rooms, feeling of injustice in the workplace, lack of managerial appreciation for nurses, a significant association with ineffective nurse to patient communication[2].

Another cross sectional study conducted in two public hospitals affiliated to Alborz University of Medical Sciences in Iran stated that; improper ventilation, heating, cooling, and lighting, and Hectic environment of the ward were the most important factors that prevent communication among nurse and patients[4].

2.2. Conceptual frame work

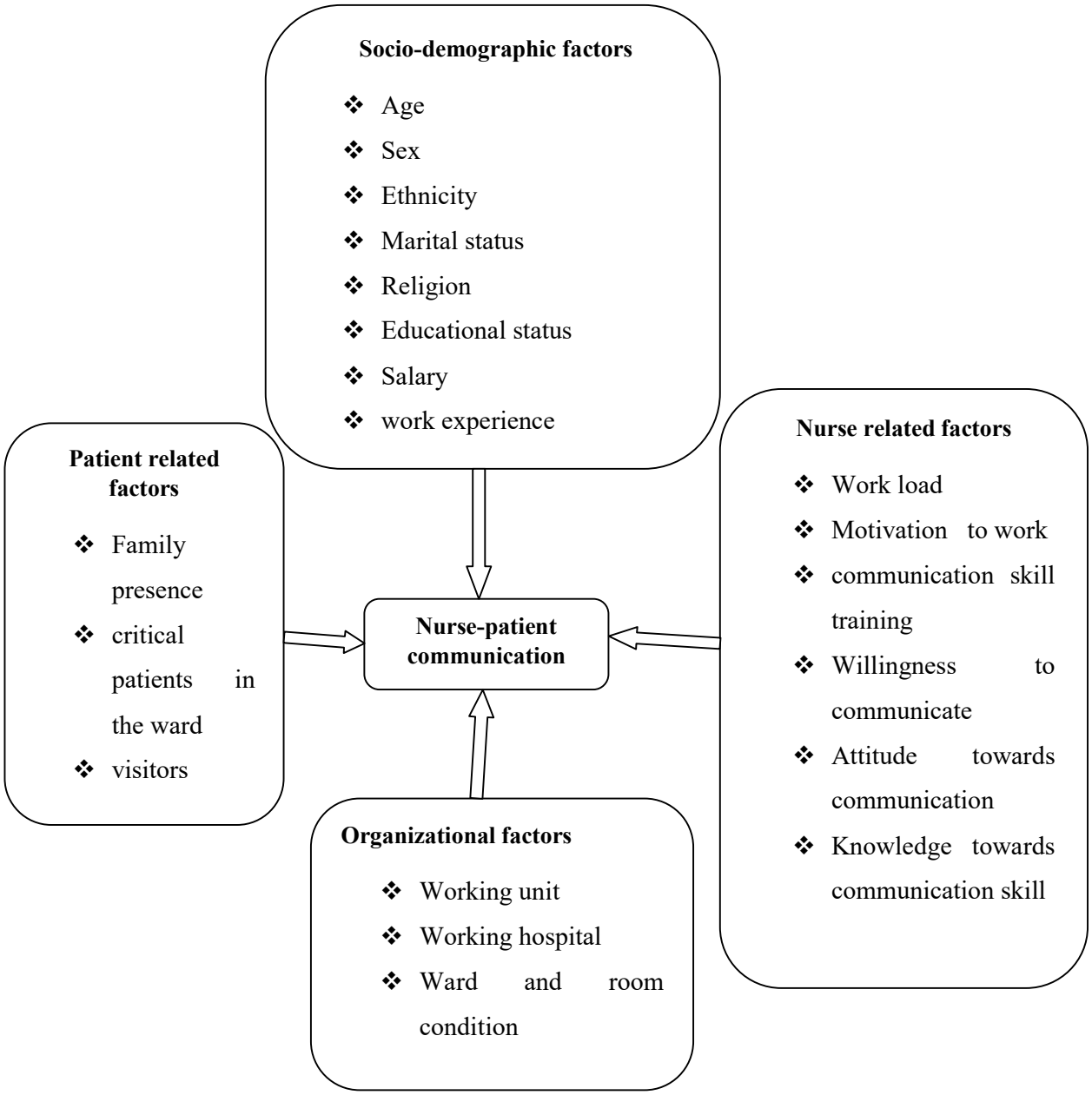

Figure 1: conceptual framework on nurse to patient communication and associated factors in government hospitals of Addis Ababa developed after review of literature[4, 20].

3. Objective

3.1. General objective

- To assess nurse to patient communication and associated factors from nurses' point of view in Government Hospitals of Addis Ababa, Ethiopia 2020.

3.2. Specific objective

- To assess nurse to patient communication from nurses' point of view in Government Hospitals of Addis Ababa, Ethiopia 2020.
- To identify associated factors of nurse to patient communication from nurses' point of view in Government Hospitals of Addis Ababa, Ethiopia 2020.

4. Methods and Materials

4.1. Study area and period

The study was conduct in Addis Ababa governmental hospitals, Ethiopia from March 30 to April 15, 2020 GC. Addis Ababa is the capital city of Ethiopia covers a landmass of 540sqkm and a total population of 4.794 million according to 2020 UN World urbanization prospects report and has 11 Government hospitals that give services to the public. These are Tikur Anbessa Specialized Hospital, Menelik Hospital, Zewditu Hospital, Yekatit Hospital, Saint Paul's, St. Peter Hospital, Ras Desta Hospital, Alert Hospital, Tirunesh Beijing Hospital, Gandhi Hospital and Emanuel Hospital. The hospitals are provides multi-dimensional aspects of care to clients who need health care services with a total number of 6477 nurses. The major clinical services are classified as pediatrics, medical, surgical, and Obs/gynecological departments and have special units (Referral clinics).

4.2. Study design

An institution based cross sectional study design was conducted.

4.3. Source population

All nurses who were working in government hospitals of Addis Ababa from March 30 to April 15, 2020.

4.4. Study population

All selected nurses who were working in government hospitals of Addis Ababa from March 30 to April 15, 2020.

4.5. Eligibility criteria

4.5.1. Inclusion criteria

- Nurses who were working for more than six months in the hospitals

4.5.2. Exclusion criteria

- Nurses who were on annual leave
- Nurses who were on Education
- Nurses who were on long term training during data collection period

4.6. Variables

4.6.1. Dependent Variable

Nurse –Patient communication indicates that either poor or good.

4.6.2. Independent Variables

- **Socio-demographic factors**: Age, Sex, Religion, Ethnicity, Marital status, Educational status, salary of nurse, work experience
- **Nurses related factors:** Work load, Motivation to work, communication skill training ,Willingness to communicate, Attitude towards communication, Knowledge towards communication
- **Patients related factors:** Family presence, critical patients in the ward, presence of visitors
- **Organizational factors:** ward and room condition, working unit, working hospital

4.7. Operational Definition

- **Nurse-patient communication:** refers to exchange of information measured by subscales which had a 25 item scale containing statements related to nurse-patient communication. Therefore to assess overall nurses-patients' communication; responses was sum up and a total score was computed. Possible scores range from 25–125. The respondent who scores the mean and above the mean were categorize under good communication; whereas scores below the mean scores had poor communication[36, 37].
- **Attitude of nurse towards communication:** Nurse Attitudes towards communication was measured by 10-item and to assess overall nurses attitude towards communication; responses was sum up and a total score was computed. Possible scores range from 10–50.The respondent who scores ≥70% was categorized as having

'Favorable attitude' (positive attitude) towards communication; whereas scores <70% as having 'unfavorable attitude (negative attitude)[38].

- **Knowledge of nurses towards communication:** It was measured by 11 items and to assess overall nurses' knowledge towards communication; responses were sum up and a total score was computed. The respondent who scores ≥64% have good knowledge towards communication; whereas scores below 64% had poor knowledge[38].
- **Willingness of nurse to communicate:** It was measured by 10 items and to assess overall nurses' willingness to communicate; responses were sum up and a total score was computed. Possible scores range from 10–50.The respondent who scores the mean and above the mean were categorize under high willingness to communicate; whereas scores below the mean scores had low willingness to communicate[36, 37].
- **Workload:** It was measured by 8 items and to assess overall nurses' workload; responses were sum up and a total score was computed. Possible scores range from 8–40. The respondent who scores the mean and above the mean were categorize under heavy workload; whereas scores below the mean scores had low workload[36, 37].
- **Motivation to works:** It was measured by 9 items and to assess overall nurses' motivation to work; responses were sum up and a total score was computed. Possible scores range from 9–45. The respondent who scores the mean and above the mean were categorize under high motivation; whereas scores below the mean scores had low motivation. [36, 37].

4.8. Sample size and Sampling procedure

4.8.1. Sample size calculation

The actual sample size was determined considering the following assumptions: level of confidence was taken to be 95% with 0.05 α value (which yields Z α/2 = 1.96 on the standard normal distribution curve), a 5% margin of error (d= 0.05) and since there was no study conducted in Ethiopia so p=50%=0.5. Based on this assumption, the actual sample size for the study was computed using one sample population proportion formula as indicated below.

$$n = \frac{\left(Z\frac{\alpha}{2}\right)^2 p(1-p)}{d^2}$$

Where, n_i = initial sample size

z = the value of the standard normal curve score corresponding to the given confidence interval = 1.96

p = proportion of nurse with poor/good communication, since there was no a study conducted in Ethiopia so p=50%=0.5.

d = the permissible margin of error (the required precision) = (5%) = 0.05

$$\frac{(1.96)^2 0.5(1-0.5)}{(0.05)^2}$$

n_i=384

The total numbers of nurses working in Addis Ababa governmental hospitals were 6,477.Since our study population is less than 10,000, I was used a correction formula.

ni= 384

$$N_f = \frac{384}{1+\frac{384}{6477}}$$

N_f =362.60≈363

As the sampling procedure is multistage, Design effect need to be considered =1.5

$$363 \times 1.5 = 545$$

Additional 10% allowance for absenteeism and refusal to participate in the study (non-response rate) was considered. The actual sample size therefore: 545+54.5=599.5≈600

4.8.2. Sampling procedure

The study was carried out in three selected governmental hospitals of Addis Ababa, Ethiopia. The study populations were nurses working in these hospitals. A multi-stage sampling technique was employed. In the first step three hospitals were selected by simple random sampling technique; namely Zewditu memorial hospital, St. Paul's hospital and Ras Desta memorial hospital. Then the sample size was determined according to the proportion of the nurses in each selected hospital and allocate based on the number of nurses working in each hospitals. Finally During the data collection period the predetermined size was obtained from each selected hospital using the simple random sampling method.

Proportionate allocation:- $ny = \frac{n*Nx}{N}$

Where;

n = total sample size

ny = sample size in hospital x

N = number of source population

Nx = population size in hospital x = number of hospitals (St. Paul's hospital,Zewditu Memorial hospital, Ras Desta Memorial hospital).

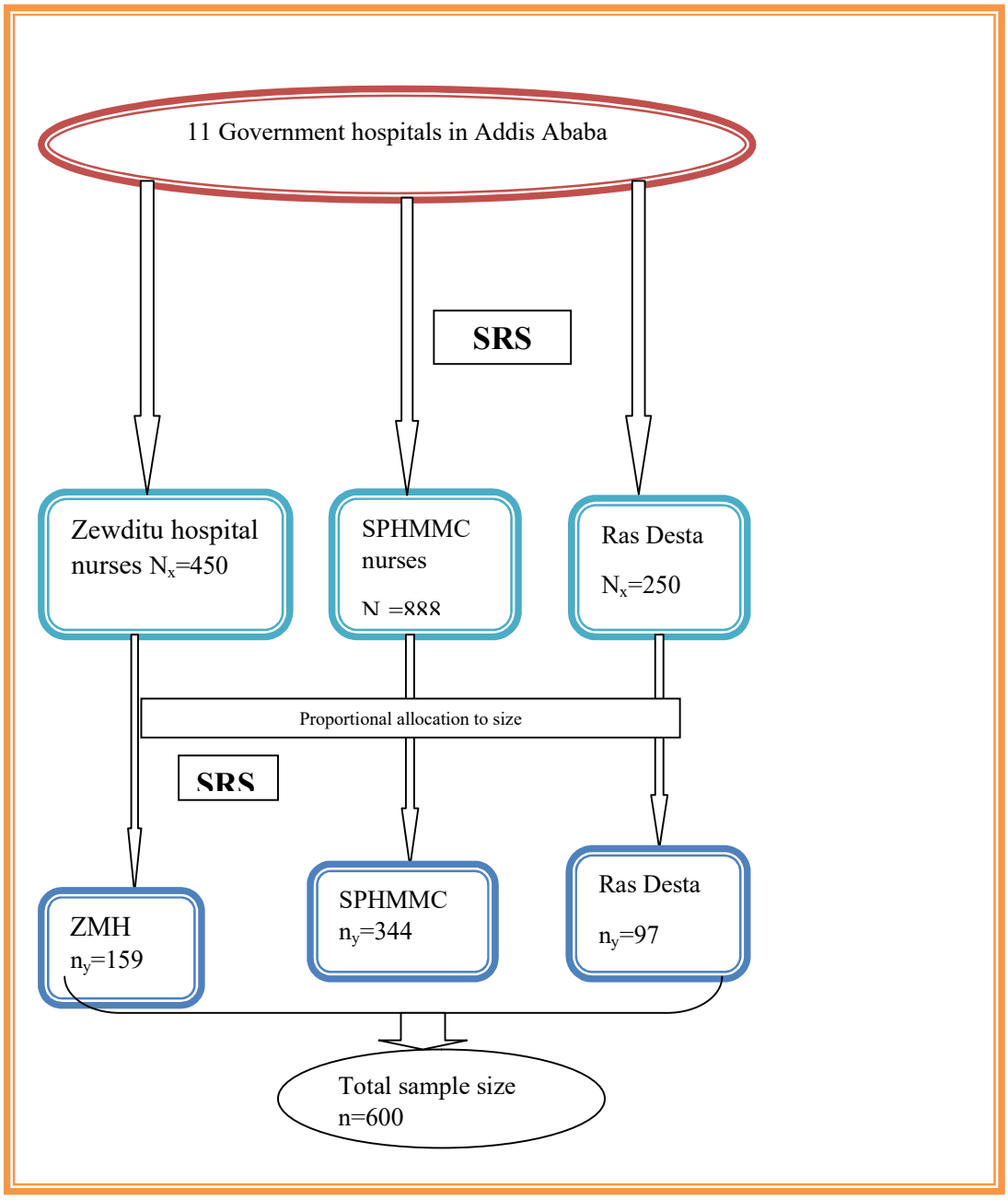

Figure 2: Allocation of samples for nurses working in government hospitals of Addis Ababa, Ethiopia 2020.

4.9. Data collection tools and measurement

A self-administered questionnaire was used to assess nurse to patient communication. The questionnaires were developing based on literatures review [4, 23, 26, 37-41] and prepared in English. The questionnaires were designed into parts of socio demographic characteristics of respondents, factor affecting communication & assessing nurse to patient communication. The first part included a socio-demographic question which contains 11 items, the second part was nurse related factors under this there were knowledge of nurse towards communication which contains 11 items with YES/NO response, Attitude towards communication contains 10 items with Likert scale type ranging from 10 minimum to 50 maximum total score, Willingness to communicate which contains 10 items with the response of strongly agree/strongly disagree ranging from 10 minimum to 50 maximum total score, motivation of nurse towards work with 9 items from strongly agree/strongly disagree response ranging from 9 minimum to 45 maximum total score and then work load measurement tool which contains 8 items with Likert scale type response ranging from 8 minimum to 40 maximum total score. Patient related factors with 3 items, organizational related factors with two item and questions relating to nurses communication was five point Likert scale type with 25 items ranging from 25 minimum to 125 maximum total score. Then individuals' response was sum up and a total score was computed.

4.10. Data collection procedure

The data collection was facilitated by ten BSC nurses who were given a one day training to familiarize them on approach, techniques of consent requisition and data handling. Shift of the respondents was arranged in contact with head nurses. Then the questionnaire was given to the nurses to fill their responses. While giving the questionnaire for the selected nurses we were told about the objectives of the study & appoint them when to return the questionnaire. In the absence of respondents repeated revisits were done.

4.11. Data quality assurance

To ensure the data quality the following measure was taken: Pretest was done on 5% of the sample in Minilik II hospital which was found in Addis Ababa before the actual data collection take place. Reliability test was checked using Cronbach's' alpha of ≥ 0.61 as the cut-off point to judge the internal consistency of each scale whether it is good or not. As a result the communication scale items was ($\alpha = 0.784$) and for communication factors such as

Motivation (α = 0.812), Workload (α = 0.617), Willingness (α = 0.621), Attitude (α = 0.669) and Knowledge (α = 0.641). Validity of the questionnaire was checked and valid questionnaire was adapted; opinion and comments was obtained from advisors, experts working in the SPHMMC and nurses working in Minilik II Hospital. And correction of vague concepts was made accordingly. One day intensive training was given for data collector. Overall activity was supervised by principal investigator. The collected data was check for completeness and clarity by the principal investigator in daily basis. The data was cleaned and cross –check before analysis by principal investigator.

4.12. Data processing and analysis

Data was check for completeness, edited and entered into Epi data version 3.1.2 and export to SPSS version 23.00 for further analysis. Bi-variable analysis were used to see the association of independent with the dependent variable at 95% confidence level; after that variables which have P ≤ 0.25 was entered into Multivariable logistic regression in order to control the potential confounders. Then those variables which have p-value less than 0.05 were considered as statistically significant. The Adjusted odds ratio with the 95% confidence interval was used to assess the strength of association. Additionally Multi-collinearty was checked using variance inflation factor and determinant of correlation matrix and found the value VIF less than ten and the value of correlation matrix (R >**0.00001)**. And the fitness of logistic regression model was check using Hosmer-Lemeshow goodness of fit test and found P-value greater than 0.05 and the model fitted. Finally, the result was summarized and presented in Texts, tables, and charts.

4.13. Ethical Consideration

This study was done in conformity with the ethical guidelines approved by Bahir-Dar University. By explaining objectives of the study and its significance, relevant permission was obtained from Administrative. At individual level after explaining the purpose of the study, verbal and written consent was obtained from all participants prior to their participation in this study. Furthermore, investigators were informed that their participation in the study was voluntary and that they were not obliged to answer to any questions with which they are uncomfortable. They were free to withdraw their participation from the study at any time they want. Participants were assured that confidentiality was maintained and they were complete the questionnaire and the respondents name not be included in the questionnaire.

5. RESULT

5.1. Socio-demographic characteristics of respondents

From a total of 600 participants, 580 were involved in the study and completed the questionnaires giving a response rate of 96.7%.Out of these,295 (50.9%) of the respondents were males. The respondents age ranged from 20 to 52 years with mean Age of 28.83 ± (SD 4.87).Of the participants 381(65.7%) were Orthodox in religion and followed by Muslim 93 (16.00 %). Most of the participants, 382 (65.9%) were Amhara in Ethnicity. From the respondents; 338 (58.3%) of them were single. Regarding educational qualification; 488(84.1%) of the participants hold a bachelor degree and 54 (9.3 %) of them a master's degree graduated. About 279(48.1%) of respondents work experience ranged from 1-5 years. 365 (62.9%) of respondents had ≥5001 Ethiopian birr monthly income. **(See table 1)**

Table 1: Socio-Demographic Characteristics of Nurses working in selected Government Hospitals of Addis Ababa, Ethiopia 2020.

variables	Category	Frequency (n=580)	Percent (%)
Age	≤25	125	21.6
	26-35	381	65.7
	36-45	42	7.2
	46-55	32	5.5
Sex	Male	295	50.9
	Female	285	49.1
Marital status	Single	338	58.3
	Married	242	41.7
Religion	Orthodox	381	65.7
	Muslim	93	16.0
	Protestant	90	15.5
	catholic	10	1.7
	*	6	1.0
Ethnicity	Amhara	382	65.9
	Oromo	127	21.9
	Gurage	37	6.4
	Tigray	17	2.9
	**	17	2.9
Educational status	BSC	488	84.1
	Msc and above	54	9.3
	Diploma	38	6.6
Work experience	1-5 year	279	48.1
	5-10year	177	30.5
	<1 year	64	11.0
	>10 year	60	10.3
Salary(in birr)	≥5001	365	62.9
	3501-5000	171	29.5
	2001-3500	44	7.6

Other:*=Jehovah, only Jesus

**=wolyata, Harari

5.2. Nurse to patient communication

The study participant reported that regarding communication, 262(45.2%) of them had a good communication, whereas, the remaining 318(54.8%) of them had poor communication with patients. **(See figure 3)**

Figure 3: Nurse to patient communication in Government hospitals of Addis Ababa, Ethiopia 2020.

5.3. Nurse related variables and communication

Regarding nurse related variables, out of 580 participants 193 of them had taken communication skill training; from these 11.4% had poor communication. And then 387 participants had not taken communication skill training; out of these 76.5% had poor communication. Regarding Motivation of the participants 313 had low motivation to work, out of these 63.8% had poor communication. Of Participants 317 had low work load and from these 37.5% had poor communication. Regarding willingness of the participants 314 had low willingness to communicate, of these 59.9% had poor communication. And also 340 participants had unfavorable attitude, of these participants 60% had poor communication. Of Participants 325 had poor knowledge and from these 84.3% had poor communication. **(See table 2)**

Table 2: Nurse related variables and communication in selected Government Hospitals of Addis Ababa Ethiopia 2020.

Variables		Communication		Total
		Poor	Good	
Communication skill training	Trained	22(11.4%)	171(88.6%)	193
	Untrained	296(76.5%)	91(23.5%)	387
Motivation	Low	200(63.8%)	113(36.2%)	313
	High	118(44.2%)	149(55.8%)	267
Workload	Low	119(37.5%)	198(62.5)	317
	High	199(75.7%)	64(24.3%)	263
Willingness	Low	188(59.9%)	126(40.1%)	314
	High	130(48.9%)	136(51.1%)	266
Attitude	Unfavorable	204(60%)	136(40%)	340
	Favorable	114(47.5%)	126(52.5%)	240
Knowledge	Poor	274(84.3%)	51(15.7%)	325
	Good	44(17.3%)	211(82.7%)	255

5.4. Patient related variables and level of communication

Out of 580 participants, 368 nurses were agreed that presence of emergency and critical patients in the ward affect communication, of these 191 of nurses (54.1%) had poor communication. And, 402 nurses agreed that family at bed side of the patient affect communication, from these 222 of nurses (55.2%) had poor communication. As well as, 457 of nurses agree that, presence of patient visitors affect communication, of these 263 of nurses (57.5%) had poor communication. **(See table 3)**

Table 3: Patient related variables and communication in selected Government Hospitals of Addis Ababa Ethiopia 2020.

Variables	communication		Total
	Poor	Good	
Emergency patient			
Yes	199(54.1%)	169(45.9%)	368
No	124(58.4%)	88(41.5%)	212
Family at bedside			
Yes	222(55.2%)	180(44.8%)	402
No	101(56.7%)	77(43.3%)	178
Visitors			
Yes	263(57.5%)	194(42.5%)	457
No	60(48.8%)	63(51.2%)	123

5.5. Organizational related variables and level of communication

Out of 580 participants, 454 nurses agreed that, wards and room condition affect communication; of these 56.8% had poor communication. Out of those 454 participant, 366(80.6%) nurses agreed that noisy ward, bad odor of the room 258(56.8%) and improper ventilation 295 (65%) had affect communication. Out of these 54.9%, 56.6%, 55.9% had poor communication due to noisy ward, bad odor, and improper ventilation respectively. **(See table 4)**

Table 4 Organizational related variables and communication in selected Government Hospitals of Addis Ababa Ethiopia 2020.

Variables	Communication		Total
	Poor	Good	
ward and room condition			
Yes	258(56.8%)	196(43.2%)	454
No	65(51.6%)	61(48.4%)	126
Noisy ward			
Yes	201(54.9%)	165(45.1%)	366
No	57(64.7%)	31(35.3%)	88
Bad odor			
Yes	146(56.6%)	112(43.4%)	258
No	112(57.1%)	84(42.9%)	196
Improper ventilation			
Yes	165(55.9%)	130(44.1%)	295
No	93(58.5%)	66(41.5%)	159

5.6. Bi-variable and Multi-variable Logistic Regression

5.6.1. Factors associated with level of communication

From the Bi-variable Logistic regression analysis nine independent variables was associated with the dependent variable. After that variables which have P value less than or equal to 0.25 were entered in Multivariable logistic regression and 6 of them have significant association with the outcome variable. Those are Salary of respondent AOR; 0.243(0.107-0.550), Age AOR; 0.090(0.015-0.537, Communication skill training AOR; 0.023(0.010-0.057), Motivation; AOR 2.817(1.479-5.367), Workload AOR 0.096(0.046-0.202), Attitude; AOR 0.119(0.054-0.259) and Knowledge AOR 0.044(0.021-0.092).

Nurses who had salary between 3501-5000 birr were 75% less likely to have good communication compared to nurses who had salary of ≥5001. Nurses who had not trained communication skill training were 97% less likely to have good communication compared to nurses who had trained communication skill training. Nurses who have high motivation were 2 times more likely to have good communication than nurses who have low motivation. Nurses who had high workload were 90 % less likely to have good communication compared to nurses who had low workload. Nurses who had unfavorable attitude were 88% less likely to have good communication than those having favorable attitude. Nurses who had poor knowledge were 95% less likely to have good communication than those having good knowledge. **(See table 5)**

Table 5 Bi-variable and Multivariable logistic regression of variables in selected Government hospitals of Addis Ababa, Ethiopia 2020.

Variables	Category	Communication		COR (CI)	AOR ,P-value (CI)
		Poor	Good		
Age	≤25	61	64	1	1
	26-35	219	162	0.705(0.470-1.057)	0.203(0.082-0.505)*
	36-45	26	16	0.587(0.287-1.199)	0.083(0.017-0.407)**
	46-55	12	20	1.589(0.716-3.525)	0.090(0.015-0.537)**
Salary	2001-3500	31	13	0.450(0.228-0.888)	0.066(0.017-0.255)*
	3501-5000	98	73	0.800(0.555-1.153)	0.232(0.103-0.521)*
	≥5001	189	176	1	1
Communication	Trained	22	171	1	1
training	Untrained	296	91	0.040(0.024-0.065)	0.024(0.010-0.059)*
Motivation	Low	200	113	1	1
	High	118	149	2.235(1.600-3.121)	2.817(1.479-5.367)**
Willingness	Low	188	126	1	1
	High	130	136	1.561(1.122-2.171)	1.751(0.946-3.239)#
Workload	Low	119	198	1	1
	High	199	64	0.193(0.135-0.278)	0.096(0.046-0.202)*
Attitude	Unfavorable	204	136	0.603(0.432-0.842)	0.119(0.054-0.259)*
	Favorable	114	126	1	1
Knowledge	Poor	274	51	0.039(0.025-0.060)	0.044(0.021-0.092)*
	Good	44	211	1	1

Note:-significant: *p<0.001, **p<0.01, ***p<0.05;

Not significant: #p>0.05

6. DISCUSSION

Good communication plays an important role in contributing to positive and desired quality of patient outcome in health care organizations. Therefore, the results presented here are crucial, and the main objective to be attained is to determine level of nurse to patient communication and associated factors in government hospital. Results from this research indicated that salary, communication skill training, motivation to work, workload, Attitude and knowledge were the main associated factor of communication.

This study evident that 54.8% nurses have poor nurse to patient communication, this results were agrees with the study done at Iran[10, 24]. This implies that the communication skills they acquired in school through health education course were not adequate. It might be also related to the lack of recurrent training about communication skill and techniques like other skill training. Additionally, Ineffective communication is reported as a significant factor in medical errors and inadvertent patient harm [17].Current healthcare system is aimed at creating competent and responsible healthcare professionals[21]. With this poor communication, it is hard to deliver high quality care. Henceforth, educational curriculum development about the way of effective communication skill is needed in all nursing specializations and practice settings.

In this study two of socio demographic variables such as Age and salary of respondent have significant association with the outcome variable. Nurses who had an age of 46-55 years were 91% less likely to have good communication than those having ≤25 years of age. This is line with previous studies done in Iran which stated that age was affected communication[4, 6]. A possible explanation may be the fact that with age is enhancing, communication skills changes subtly at least in part because of changes in Physical health, depression, and cognitive decline. And also Aging is responsible for physiologic changes in hearing, voice, and speech processes. Nurses who had salary between 3501 -5000 birr were 76.8% less likely to have good communication compared to nurses who had salary of ≥5001, which is consistent with the study conducted in Alborz university, Iran who reported that poor economic status of the nurse affected nurse to patient communication[4]. This might be due that low paid nurses had low satisfaction on their job; these are indirect impact to their interaction and communication with their patients.

The study showed that Nurses who had not trained communication skill training were 97.7% less likely to have good communication compared to nurses who had trained communication skill training.; this was line with the previous study conducted in Iran which told that lack of communication skill training was directly affected communication[6, 32]. The possible explanation is that communication skills training can improve patient-centered communication, enhance empathy and provide reassurance and assist discussion of psychosocial needs.

Whereas Nurses who have high motivation were 2.8 times more likely to have good communication than nurses who have low motivation; which is consistent in the study conducted in Iran, as it was reported that lack of interest and motivation for the work among the nurses were a significant association with ineffective communication [6, 32]. A possible explanation may be the fact that nurses experienced high job motivation if they felt they had greater autonomy to make their own decisions regards to patient needs and maintaining a positive relationship[42].

Regarding workload, Nurses who had high workload were 90.4% less likely to have good communication compared to nurses who had low workload, which is also consistent with the study conducted in Iran who reported that heavy workload of the nurse affects the communication[6, 20, 31, 32]. A possible explanation may be the fact that heavy workload affects time available for communication.

The study showed that Nurses who had poor knowledge were 95.6% less likely to have good communication than those having good knowledge. This finding is agree with the previous studies done in Iran revealed that lack of knowledge regarding communication skills affects nurses communication with patient[4]. A possible explanation may be that poor knowledge does not help the nurses to pass through each phase with confidence and communicate without prejudice during daily contact with patient.

In this study, Nurses who had unfavorable attitude were 88.5% less likely to have good communication than those having favorable attitude. This finding is consistent with other study results which indicated that nurses who had lack of attitude about the concept of communication and communication skill as a factor negatively influencing the communication[6]. The Nurses who had unfavorable attitude might have difficulties with social skills and communication. Favorable attitude is the more vital for the clients to be treated with dignity and concern so as to improve their self-confidence and self-esteem.

7. Strength and Limitations of the study

7.1. Strength

- This study is probably the first research that attempted to assess level of nurse-patient communications in Ethiopia.
- The study was conducted in hospital nurses and covered nearly all that were sampled for this study with a very low non-response rate of 3.3%. It will be helpful as base line information for future health plan and for other researcher.
- Internal consistency (Cronbach's alpha) of the tool was checked, which internally increased the quality of the estimates.

7.2. Limitations

- Firstly, cross-sectional nature of the study, it cannot revealed cause effect relationships.
- The findings in this study were subjected to respondents' discussion with their staff members to answer the question; this might result in social desirability bias.

8. Conclusion and Recommendation

8.1. Conclusion

The study found that nurse to patient communication was low in government hospitals of Addis Ababa. Salary, communication skill training, motivation, workload, Attitude and knowledge were the main factors associated with nurse-patient communication.

8.2. Recommendation

It is well known that communication is very essential to give nursing care. Measures should be taken to minimize the poor nurse-patient communication. Therefore the following recommendation will be forwarded.

- Nurses' knowledge should be improved by providing frequent training on effective communication skills.
- The hospital administrators should ensure that nurses should be motivated to exert and maintain efforts up to their organizational goals; in order to facilitate effective communication.
- The hospital administrators should ensure that nursing workload should reduced in order to facilitate effective communication.
- Nurses should be encouraged by nonfinancial incentives, this will be important in improving the implementation of good nurse-patient communication.

9. References

1. Hendrich, A., Chow, M.P., Skierczynski, B.A., *A 36-hospital time and motion Study, how do medical-surgical nurses spend their time?* Perm. J., 2008. . **12**(3): p. 25–34.).
2. Bander Saad Albagawi, L.K.J., *Quanitative exploration of the barriers and facillitators to nurse-patient communication in saudi-Arabia.* Journal of Hospital Administration, 2016. **6(1)**: p. 16.
3. Bello, O., *Effective communication in Nursing Practice: a litrature review.* 2017: p. 6-12.
4. Roohangiz Norouzinia, M.A., Maryam Shiri, Mehrdad Karimi , Elham Samami, *communication Barriers percieved by Nurse and patient.* Global Journal of Health science, 2016. **8(6)**: p. 65.
5. ALOTAIBi, B.B.M., *Nurses communication Barriers in Healthcare Centers.* International Journal of Nursing Didactics, 2018. **8(01)**: p. 24-34.
6. Farasat Ardalan, M.-I.B.-S., Mashaalah Etemadi-Sanandaji, Bijan Nouri, Sina Valiee, *Barriers of nurse -patient communication.* Nurs Pract Today, 2018. **5(2)**: p. 290-298.
7. R.wright, *Effective communication skills for the caring Nurse.* 2012.
8. Frank JR, B.S., *The Safety Competencies - Enhancing Patient Safety Across the Health Professions (PDF) (first ed.).* Canadian Patient Safety Institute. ISBN 978-1-926541-15-0. Archived from the original (PDF) on 2013-06-14. Retrieved 2014-11-04.), 2009.
9. CC., T., *What do we really know about patient satisfaction?* . Family Practice Management, , January 2007: p. 33-36.
10. Mojgan Lotfi1 , V.Z., Leila Valizadeh,Mohammad Khajehgoodari, *Assessment of nurse-patient communication and patient satisfaction from nursing care.* Nursing open, 2019. **6**: p. 1189-1196.
11. Christine Kern, *https://www.healthitoutcomes.com/doc/healthcare-miscommunication-costs-lives-and-billion-0001.* 2015.
12. Gillian Bartlett PhD, R.B.P., Robyn Tamblyn PhD, Richard J. Clermont MD, Brenda MacGibbon PhD, *Impact of patient communication problems on the risk of preventable adverse events in acute care settings.* CMAJ, 2008: p. 178(12).
13. Robera Olana Fite , M.A., Asresash Demissie , Tefera Belachew, *predictors of therapeutic communication between nurse and hospitalized patient.* heliyon, 2016. **5**.
14. Aghabarary, e.a., *Barriers to Application of communication skills by Nurses in Nurse-Patient interaction:Nurses and Patients' perspective.* IJN, 2009. **22(61)**: p. 19-31.
15. K. Amoha, e.a., *a qualitative Assessment of perceived Barriers to effective communication among nurse and patient.* BMC Nursing, 2019. **4**: p. 18.
16. Christine Kern, *Team strategies and tools to enhance performance and patient safety (TeamSTEPPS),* . Department of Defense and Agency for Healthcare Research and Quality http://www.ahrq.gov/qual/teamstepps/).
17. Devi, R.L., Victoria, E., *Effectiveness of communication strategies reminder among the nursing students on improving the communication practice with their clients in a selected community area at Bengaluru.* J. Sci. , 2013. **3**(1): p. 17–20.

18. E., B., *Effective communication skills in Nursing Practice.* Nursing standard, 2014. **29(14)**: p. 53-59.
19. M Leonard, S.G., D Bonacum, *The human factor:the critical importance of effective teamwork and communication in providing safe care.* Qual saf Healthcare, 2004. **13**: p. i85-90.
20. Marzieh Kargar Jahromi , S.R., *evaluation of Barriers contributing in the demonstration of an Effective nurse-patient communication in Education.* Global Journal of Health science, 2014. **6(6)**: p. 54.
21. FMOH, *A reference manual for nurses and Healthcare Managers in Ethiopia.* 2011. **second ed.**
22. Health, F.M.o., *national health promotion and communication strategy 2016-2020.* 2015.
23. SAYEDA NOOR UL NISA, M.H., MUHAMMAD AFZAL,SYED AMIR GILANI, *Quality of Nurse Patient Therapeutic Communication and Overall Patient Satisfaction during their Hospitalization Stay.* EUROPEAN ACADEMIC RESEARCH June 2019. **Vol. VII**(3): p. 1970-2011.
24. Moghaddasian S, e.a., *Nurse-Patient communication and its relation to satisfaction with nursing services in view point of cancer patients hospitalized in shahid ghazi hospital,Tabriz.* Journal of North Khorassn University of Medical Sciences, 2013. **5(2)**: p. 451-467.
25. Akhtari-Zavare M, e.a., *Cancer patient satisfaction.* Medical Journal of the Islamic Republic of Iran, 2011. **24(4)**: p. 212-220.
26. Theodosia Peleki, Z.R., Anastasia Mavraki, Manolis and N.R.a.M.R. Linardakis, *Assessment of Patients and Nurses' Opinions on the Bidirectional Communication During Hospitalization: A Descriptive Study.* Health Science Journal, 2015. **9**(3): p. 9.
27. McCabe, C., *Nurse–patient communication: an exploration of patients' experiences.* Journal of Clinical Nursing 2004. **13**: p. 41–49.
28. O.Arungwa, *Effect of communication on Nurse- Patient relationship in National Ortopedic hospital,Igbobi,Lagos.* West Africa Journal of Nursing, 2014. **25(2)**: p. 37-39.
29. Al-Harasis, S., *Impact of L anguage Barrier on Quality of Nursing at Armed Forces Hospitals,Taif,Saudi Arabia.* Middle East Journal of Nursing, 2013. **7(4)**: p. 17-24.
30. Vida Maame Kissiwaa Amoah, R.A., Dorothy Serwaa Boakye and Naomi Gyamfi, *a qualitative Assessment of perceived Barriers to effective communication among nurse and patient.* BMC Nursing, 2019. **4**: p. 18.
31. M. Anoosheh PhD, R., S. Zarkhah MSC, RN, S. Faghihzadeh PhD, MSC & M. Vaismoradi4 MSC, RN, *Nurse-Patient communication barriers in Iranian Nursing.* International Nursing Review., 2009. **56(2)**: p. 243-249.
32. Mobaraki A, M.A., *The barriers to effective communication with patients from the nurse s perspectives: a case study at Yasouj hospitals* Dena quarterly journal of Yasuj faculty of nursing and midwifery. , 2010. **5(1, 2)**: p. 63-71.
33. Norouzina R, e.a., *communication Barriers percieved by Nurse and patient.* Global Journal of Health science, 2016. **8(6)**: p. 65.

34. D.Weaver, *communication and language needs.* Nursing and Residential care, 2010. **12(2)**: p. 60-63.
35. A. Farasat, e.a., *Barriers of nurse -patient communication.* Nurs Pract Today, 2018. **5(2)**: p. 290-298.
36. Zemichael Weldegebriel;Yohannes Ejigu, F.W., Mirkuzie Woldie, *Motivation of health workers and associated factors in public hospitals of West Amhara, Northwest Ethiopia.* Patient Preference and Adherence, 15 Feburary,2016. **10** p. 159–169.
37. Nafkot Berhanu, B.M.E., Gebeyehu Tsega Nebeb, *Job Motivation and Associated Factors Among Health Care Professionals Working in Public Health Facilities of Gedeo Zone, Southern Ethiopia.* Clinical Medicine Research,2017; http://www.sciencepublishinggroup.com/j/cmr. **6(1):** : p. 9-22.
38. Thanasekaran P.*, B.Y., Shivaleela P. Upashe, Dereje Chala, *Knowledge, Attitude and Practice Regarding Therapeutic Communication among Nurses in Selected Government Hospitals in Oromia, Western Ethiopia, 2016.* American Journal of Nursing Science, 2017. **6(3):**: p. 159-164.
39. Kevin B. Wright, L.F., & Pradeep Sopory, *Willingness to Communicate about Health as an Underlying Trait of Patient Self-Advocacy: The Development of the Willingness to Communicate about Health(WTCH) Measure.* communication Studies March 2007. **Vol. 58, No. 1**: p. pp. 35–51.
40. Patrick M Mbindyo, D.B., Lucy Gilson and Mike English, *Developing a tool to measure health worker motivation in district hospitals in Kenya.* Human Resources for Health(http://creativecommons.org/licenses/by/2.0),, 20 May 2009. **7:40**: p. 1-11.
41. Burgoon, J.K., *The unwillingness-to-communicate scale: Development and validation.* Communication Monographs, 02 Jun 2009. **43:1**: p. 60-69.
42. Engeda, e.h., Anteneh messelle birhanu,and kefyalew addis alene., *Intent to stay in the nursing profession and associated factors among nurses working in Amhara regional statereferral hospitals,Ethiopia.* BMC NURSING, 2014. **13**(1): p. 24.

Annexes

Annex I. Information sheet

***Title of Research*:** Nurse to patient communication and associated factors from nurses' point of view in governmental hospitals of Addis Ababa, Ethiopia 2020.

***Institution*:** Bahir-Dar University, College of Medicine and Health Sciences, School of public Health, Department of health promotion & Behavioral sciences

Name of sponsor: Bahir-Dar University

***Principal Investigator*:** Dereje Meketa (BSc in public Health)

Mobile: +251 948 90 25 99

E-mail: derejemeketa15@gmail.com

***Advisor 1*:** Anemaw Asrat, (BSc, MPH in Epidemiology, Ass. Professor)

E-mail: anemawasrat@gmail.com

***Advisor 2*:** Gebiyaw wudie (BSc, MPH in Epidemiology)

E-mail:fwudie@gmail.com

***Background Information*:** knowing the communication among nurse and patient and associated factors is important to undertake different intervention measurement by governmental and nongovernmental responsible bodies. Because ineffective communication and relationship between nurse and patient create negative impact in healthcare system, threatens professional creditability, and impose extra expenses on the patient and healthcare system. Therefore assessing the communication and interaction between nurse and patient has impact to improve health care and reduce patients' dissatisfaction, on such adverse events due to communication problem. And it is appropriate to design programs, right intervention and strategies. Thus, this study is aimed to identify the factors associated to communication b/n nurses in dealing with patients in Government hospitals of Addis Ababa, Ethiopia. The study will be conducted in 600 individuals from different hospitals by administering pre-tested structured questionnaire.

Annex II: Consent form in English language

Questionnaire code_____

Consent form

My name is Dereje Meketa. I am attending my MPH in Health Promotion and Behavioral Science at Bahir-Dar University. I brought these questions to you to assess communication between nurse and patient and associated factors in government hospitals of Addis Ababa. The questionnaire will take about 20-30 minutes to fill. The purpose of this study is to get more information on communication and factors between nurse and patient that can be used to design appropriate intervention. Therefore, your honest and genuine participation by responding to the questions prepared is highly appreciated and helpful to attain the objective of the study. Your name will not be written on this form and no individual response will be reported to anybody. Hence, your answers are completely confidential. You do not have to answer any question that you don't want to answer and you may refuse to answer all of the questions.

Would you willing to answer?

Yes ☐ then put your signature below and proceed to the next page

By signing this document, I am giving consent to fill the research questionnaire. I understand that I will be part of the research study that is looking into the assessment of nurse to patient communication and associated factors from nurses' point of view in government hospitals of Addis Ababa. I also informed that the participation would be entirely voluntary and that I am free to withdraw at anytime.

Participant's signature_____ Date_____

Data collector's signature_____ Date _____

No ☐ please stop here.

Thank You!

Annex III. Questionnaire in English language

Part 1:Questions assessing the Socio-demographic and socio-economic characteristics of respondents

Instruction: Please circle the letter in front of the option you choose. If you are asked to write a response or if your answer is not listed among alternatives, please do in the blank space provided.

S.no	Questions	Answers
101	Age	----------
102	Sex	1. Male 2. Female
103	Marital status	1. Single 2. Married 3. Widowed 4. Divorced
104	Religion	1.Orthodox 3.Protestant 2. Muslim 4. Catholic 5.Other specify _____
105	Ethnicity	1.Oromo 3. Tigray 2.Amhara 4. Gurage 5.others(specify)_____
106	Educational status	1. Diploma 2. BSC 3. MSC and above
107	Communication skills training	1.trained 2.untrained
108	Working unit	1.OPD 2.Surgical Ward 3.Medical Ward 4.Gyn/Obs Ward 5.Pedi Ward 6.other(specify)_____
109	Working hospital	1.Zewditu Hospital 2.St. Paul's Hospital 3.Ras Desta Hospital

110	Work experience	_____
111	Salary (in birr)	_____

Part 2: <u>Questions on factors affecting nurse-patient communication</u>

Instructions: Please make it (√) in front of the option you choose from 1=strongly agree to 5= strongly disagree.

A. Motivation of nurses toward the work

s.<u>n</u>	Items	Strongly agree	Agree	undecided	disagree	Strongly disagree
201	Only I do this job to get paid					
202	I am often absent from work					
203	I feel emotionally drained at the end of every day					
204	Sometimes when I get up in the morning, I fear having to face another day					
205	It is not a problem if I sometimes come late for work					
206	I am not satisfied with my colleagues in my work					
207	I do this job as it provides long-term security for me					
208	I feel very little commitment to this health center					
209	I do not think that my work in this					

	health facility is valuable these days					

B. Work load

s.n	Item	Strongly agree	Agree	undecided	Disagree	Strongly disagree
301	I do not have enough work to do.					
302	I find myself with nothing to do.					
303	I had less time than I need to done my work.					
304	After I complete all of my work, there is still time left in my work day.					
305	In order to work at my full capacity, I need rest to do more.					
306	I have too much time to complete my work.					
307	I had more enough work to done to fill my entire work day.					
308	I could be less productive when I had more work to do beyond my capacity.					

C. Willingness to communicate

s.n	Item	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
401	I am comfortable while I give to them adequate and clear description concerning the disease and procedure					
402	I allowed to the patient to ask questions in every time					
403	I allowed to the patient to contact Frequently to talk about health issues.					
404	I am offered to share information with patients about the nursing protocol that is either ongoing or already done.					
405	I am offered to share information regarding any changes in current treatment plans for the patient.					
406	I allowed to the patient to actively seek out information about their health.					
407	I allowed to the patient Only talk about health issues.					
408	I feel nervous when I have to speak to the patient.					
409	Talking to the patient is just a waste of time.					
410	I don't ask for advice from family or patient when I have to make decisions.					

D. Attitude of nurse towards communication

s.n	Item	Strongly agree	Agree	Undecided	Disagree	Strongly disagree

501	Effective therapeutic communication b/n nurse and patient improves nursing care service					
502	Effective therapeutic communication is time-bound					
503	Effective therapeutic communication b/n nurse and patient is unplanned activity					
504	Effective therapeutic communication b/n nurse and patient encourages withholding distressing thoughts					
505	Effective therapeutic communication promotes self-care and independence					
506	Effective therapeutic Communication includes rejecting the patient if he does not listen to the nurse					
507	The nurse is accountable for Effective therapeutic Communication					
508	Therapeutic communication is need based					
509	Therapeutic communication uses personal resources to meet unique needs of patients					
510	Therapeutic communication requires active listening and wise use of silence by the nurse					

E. Knowledge of nurse towards communication

s.n	Items	Yes	No
601	Communication between nurse and patient is called therapeutic communication		
602	Nurse to patient communication is same as social communication		
603	Therapeutic communication facilitates mutual growth for nurse and patient		
604	Therapeutic communication includes verbal, non-verbal communication		
605	Therapeutic communication is useful in all clinical settings		
606	Therapeutic communication means giving advice to the patient		
607	Therapeutic communication helps to deliver specific nursing intervention		
608	Therapeutic communication helps to determine the clients problems		
609	Therapeutic communication helps to success of the plans		
610	In the therapeutic communication, the family members should be the primary focus of interaction		
611	Nurse can focus on patient problem in therapeutic communication, thus therapeutic communication is diagnostic as well as prognostic.		

1. Do you think that Presence of emergency and critical patients in the ward may effect your communication with Patients?
    A. Yes
    B. No

2. Do you think that Presence of Family at the bedside of the patient may effect your communication with Patients?
    A. Yes
    B. No

3. Do you think that Patient visitors were allowed to enter into the hospital despite the regular time of visits effect your communication with Patients?
    A. Yes
    B. No
4. Do you think your ward and room condition may effect your communication with Patients?
    A. Yes
    B. No
5. If yes, Please specify.
    A. Noisy ward
    B. Bad odor
    C. Cold room
    D. Inadequate lighting
    E. Inadequate space in the room
    F. improper ventilation
    G. other, specify_____

Part 3: <u>Questions assessing regarding to nurse-patient communication</u>

Instructions: Please make it (√) in front of the option you choose. Assess based on the scale of "1: Strongly disagree "up to "5: Strongly agree."

s.n	Items	Strongly agree	Agree	neutral	Disagree	Strongly disagree
801	I am not inform patients of their rights					
802	I am inform patients of the results when taking their vital signs (blood pressure, temperature, heart rate)					
803	I am not immediately informing the result of laboratory investigation report to the patient.					
804	I am inform the patient about the medication they take during hospitalization(kind, dose, side effects)					
805	I have a Concern regarding patient health related problem and improvement					
806	I am inform patients about the department on the day of arrival(orientation of space, routines, bell)					
807	I am treat the patient with respect in every aspect					
808	I am not prompt in making decision regarding patient care					
809	I am prompt in making decision regarding patient care.					
810	I give a time to explore their feeling in front of me					
811	I give proper and necessary response when the patients need physical and psychological need					

812	I am humble and polite towards patients during communication					
813	I am not immediately respond to their call for help					
814	I am attentive for the patient physical & psychological need					
815	I have concern for patient privacy					
816	I am Clarified all patients doubt.					
817	I am inform the patients on how to take care of themselves at home after being released from hospital					
818	I am helpful and showed concern to reduce or to eliminate any stress, anxiety, hopelessness and pain of patients.					
819	I appreciate the patient when they completed tasks related to treatment					
820	I Used name to call the patient.					
821	I am respond to the patients' concerns and complaints during their stay at hospital					
822	I have made patients feel that they can trust on me					
823	I am not took account of patients preference in giving and taking medication.					
824	I am not maintain proper eye contact during communication with the patient					
825	I maintain Privacy and confidentiality of the patient.					

Declaration

I, the undersigned public health student, declare that this thesis is my original work in partial fulfillment of the requirement for the Master of Public Health in Health Promotion and Behavioral Sciences.

Name of student Signature

Dereje Meketa (BSC) _____

Place of submission Date of submission

_____ _____

This thesis work has been submitted for examination with my advisor(s).

Name: Mr. Anemaw Asrat *(MPH in Epidemiology, Asst. Professor in Epidemiology)*

Signature: _____

Date: _____

Mr. Gebiyaw Wudie *(MPH in Epidemiology)*

Signature: _____

Date: _____