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Level of Nurse to Patient Communication and Perceived Barriers in Government Hospitals of Bahir Dar City, Ethiopia

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LEVEL OF NURSE TO PATIENT COMMUNICATION AND PERCEIVED BARRIERS IN GOVERNMENT HOSPITALS OF BAHIR DAR CITY, ETHIOPIA

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ABSTRACT

Background: Communication is the exchanging of information from one group to the other through mutually understood ways. Communication barrier is anything that prevents receiving and understanding the messages. poor communication between patients and the nurses' result in an increased hospital stay and patient dissatisfaction. This study will provide basic information on the level of nurses to patients' communication and perceived barriers in government hospitals of Bahir Dar city.

Objective: To assess the level of the nurse to patient communication and perceived barriers in government hospital of Bahir Dar city, Ethiopia, 2020

Methods: Institution based cross-sectional mixed-methods study was conducted from February 24 to March 9/2020 in government hospitals of Bahir Dar city. The totals of 380 nurses were included in the quantitative study by using simple random sampling. Data were entered into Epi Data 4.6 and analyzed with a statistical package of social sciences version 25. Data were mainly analyzed using descriptive statistics, and binary logistic regression. For the qualitative study, purposive sampling technique was employed, and seven participants were interviewed. Thematic analysis was used.

Results: From the total participants 36.5% of nurses were found to have poor communication. Variables that have statistically significant associations with the level of communication were educational level (**P<0.001**), work experience (**P<0.001**), the unwillingness of nurses (**P=0.019**), and lack of communication skill (**P=0.012**). The highest perceived communication barriers were lack of continuous training with 82.7% followed by workload with 80.8% and the lack of medical facilities with 79.2% as reported by nurses. All environmental-related barriers were the perceived barriers of the nurse to patient communication.

Conclusion and recommendations: In this study, the communication of nurses to patients is found to be low. Nurse professionals need to have adequate or good communication skills to solve or overcome the problem of patients. To enhance communication with the patients; nurses and other stakeholders like the ministry of health, the health bureaus, and hospital authorities need to recognize the communication barriers.

Keywords: communication barrier, nurse-patient, Bahir Dar, Ethiopia, 2020.

ACRONYMS AND ABBREVIATIONS

AAPH	Addis Alem Primary Hospital
AOR	Adjusted Odd Ratio
BSC	Bachelor of Science
CI	Confidence Interval
COR	Crude Odd Ratio
ECCN	Emergency Medicine and Critical Care Nursing
ETB	Ethiopian Birr
FHCSH	Felege Hiwot Comprehensive Specialized Hospital
FMOH	Federal Ministry of Health
IQR	Inter Quartile Range
PhD	Philosophy of Doctorate
QUAL	Qualitative
QUAN	Quantitative
SPSS	Statistical Package of Social Sciences
TGSTH	Tibebe Gihon Specialized Teaching Hospital

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1. INTRODUCTION

1.1. Background

Communication is the transfer of information by exchanging verbal and non-verbal messages. It is a core skill for all healthcare professionals and nursing staff in particular since nurses spend more time with patients and relatives than any other healthcare professional. When nurses communicate effectively with interest, listen actively, and demonstrate compassion, patients may be more likely to report their experiences as positive, even at times of distress and illness (1). Communication is a two-way dialogue or road between patients and nurses, where both speak and listen to each other without interruption (2). It requires an understanding of the message; gives attention to the nature of messages, willingness to respond sensitively and flexibly by the use of verbal and non-verbal skills. These skills need to be embodied within the person of the practitioner for them to respond compassionately and flexibly regardless of the circumstances with which they are faced (3).

Good communication between nurses and patients is vital for better care. To achieve better care outcomes, nurses must understand and help their patients, demonstrating politeness, kindness, and honesty. They should also give time to the patient to communicate with the necessary confidentiality and must remember that this communication includes persons who surround the sick person, which is why the language of communication should be understood by all those involved in it (4). It can facilitate recovery, sense of safety and protection, improved patient satisfaction, and greater adherence to treatment options. Besides these, good communication through a patient-centered approach also serves to reassure relatives that their loved ones are receiving the necessary treatment (5). Nurses with good communication skills play a critical role in reducing the stress associated with hospitalization for both patients and their relatives. Good communication has become increasingly reported as a key component in better nursing care outcomes (6). Communication is a multi-dimensional, dynamic, and complex process, which takes place in the hospital or related places. Nurses in hospitals need to enhance their skills in communication to improve patient satisfaction (7).

A communication barrier is anything that prevents from receiving and understanding the messages others use to share their information, ideas, and thoughts. Behaviors like bias,

generalizations, and stereotyping can cause communication barriers. Language barriers occur when people do not speak the same language, or do not have the same level of ability in a language. Such a language difference is causing an inability to exchange information and therefore a potential for misdiagnosis and mistreatment. Even with in the same language, there are vocabulary differences based on regions and professions. The nursing professions have their nomenclature that non-medical persons may not be able to understand. It also affected by time constraints, cultural differences, lack of knowledge and communication skills, nurse discomfort, and environmental factors which causes poor patient outcomes (6, 8-11). When multiple communication barriers exist in a nurse-patient setting, the nurse must dedicate additional time and effort to communicate effectively to maximize patient care. The environment in which communication occurs, past experiences, personal perceptions of the sender or the recipient, and the nature of the message are critical determinants of communication (12).

Generally, patients can verbalize their problem at any health condition; if the nurses have a good communication approach. Communication is taking place between the sender and receiver by understanding the nature of the message. Barriers of communication can occur because of the presence of differences between the sender and the receiver and result in misunderstanding of the message. Good communication between nurses and patients plays a great role to bring the desired care outcomes.

1.2. Statement of the problem

The studies in Manchester, England, and Canada indicated that poor communication between patients and the nurses' results in an increased length of stay, wastage of the resource, patient dissatisfaction, absence of confidence and frustration for both the nurses and the patients (1, 13). A literature review indicated that poor communication had direct impacts on the nurses and the satisfaction of patients. It also showed that most barriers to good communication are associated with the characteristics of health care providers and patients (2). The poor communication of nurses with patients in the communication process that are carried out so as not to deliver the message as desired; greatly affects the communication process between nurses and patients(7). Failure to recognize the two-way communication capability quite often leads to negative conclusions and attitudes. Moreover, the message sent is not the same as the message received. The decoding of the messages is based on individual factors and subjective perceptions. The receiver interprets the message they heard is not according to what the sender said but according to their code (4). Nurses often had a poor relationship and patients often feel nurses did not meet all their communication needs (12).

In recent years, the nurse to patient interaction is observed as an important element in nursing practice. Research findings from the United States, Australia, Norway, and Brazil have confirmed that there were problems on the patients' side because of nurses give inadequate time to patients, which in turn limits patients' access to communicate their informational needs. Nurses did not understand communication as a key element to nursing care that should be used, especially at the time of the patient admission represented by feelings of fear, insecurity, and anxiety (9, 14-16).

According to evidence in Saudi Arabia showed that the current nurse to patient communication practices does not meet the needs of the patient due to cultural, religious, and language differences between nurses and patients (17). Studies in Iran, Saudi Arabia, and Ghana showed that the patient, nurse, and environmental related issues affect the communication between nurses and patients which have the ultimate result in reducing good communication (6, 10, 18).

In Ethiopia, a study conducted in Jimma university hospital that assessed predictors of communication by patients' point of view showed that therapeutic communication was poorly

implemented (19). Nevertheless, this does not show that the level of the nurse to patient communication and perceived barriers among nurses as the study participants and the communication of patients can be determined by the communication capacity of nurses. Therefore, if the nurses have good communication skills, the patients' also will have good communication with their nurses. If the level of the nurse to patient communication and barriers is not asses and solve, it will continue as the obstacles of communication, which can increase morbidity, long hospital stay, mortality of patients, increasing health care costs, and minimize clients' attraction towards health institutions. Even if, the Ethiopian ministry of health had designed and implemented a compassionate respectful caring training program for health care workers including nurses to bring satisfaction to the patients; which might, unfortunately, helps to improve nurses' communication with the patient. However, the nurse to patient communication in the health institution not solved, it observed as the obstacles of better care and patients suffered for long periods in the health institution without a listener and better care. Therefore the purpose of this study was to assess the' level of the nurse to patient communication and perceived barriers in government hospitals of Bahir Dar city.

In addition to these nurses' experience on the nurse to patient communication barriers were explored.

1.3. Significance of the study

A good relationship between nurses and patients helps to minimize mortality, morbidity, and long hospital stay, reducing health care costs, contributing to the country's economic development, and helps to maximize clients' attraction towards health institutions. Good communication is crucial and vital for better treatment outcomes of the clients.

This study will provide basic information on the level of nurses to patients' communication and perceived barriers in government hospitals of Bahir Dar city. Study findings will be used as input for decision-makers and responsible bodies like the federal ministry of health (FMOH), regional health bureaus, academic institutions, hospital authorities, and nurses, which help to decide what needs to be done to improve nurses to patients' communications. It will be used as baseline data for the researcher who needs to conduct on the area of the nurse to patient communication.

2. LITERATURE REVIEW

This literature emphasized that about the level of nurses to patients' communication and perceived barriers that includes; socio-demographic characteristics of respondents, common-related or perceived barriers on both sides, nurse-related, patient-related, and environment-related communication barriers.

2.1. Level of Nurse to patient's communication

The poor communication between nurses and patients throughout the world continues as the main obstacle to better care outcomes in health institutions.

An observational study conducted in João Pessoa, Brazil showed that 25% of nurses inform their name and activity at the clinic for the patient remained distant from the patient at the time of communication(16). Another evidence in Brazil claimed that 70.1% of nurses did not provide information for mothers about the health condition of their sick children (20). Study in the burn wards of women and men in Sina hospital of Tabriz, Iran showed more than 80% of hospitalized patients did not know their nurses (21). Evidence in Kasturba hospital, India showed that the verbal and nonverbal communication barriers were assessed and found that 79% of nurses experienced a moderate level of difficulty in communicating with patients (22).

Evidence in Jimma, Ethiopia showed that 33.9% of the nurses had a low level of therapeutic communication (19).

2.2 Socio-demographic related factors

There are different socio-demographic factors of nurses, which make them challenging to build relationships with their patients because of gender, age, work experience, and other demographic related issues.

The study conducted among 100 staff nurses of various departments of Kasturba hospital, India showed that Gender was a barrier of communication in which male nurses experienced more difficulties in multi-cultural context (22).

The studies conducted in Jahrom city, Iran from two educational hospitals and qualitative study in Ghana showed that age was the communication barrier between nurses and patients which supported by another study in Tehran, Iran indicated that young nurses under 25 years old were

faced a difficulty of communication with the patients (18, 23, 24); but the studies in Saudi Arabia and quantitative study in Ghana indicated that no significant difference was found in different age groups of the respondents (6, 25).

A study in India showed that the marital status of nurses affects communication. Single female nurses had difficulty in communicating in a friendly manner with male patients (26).

A qualitative study in China involved 11 nurses who were interviewed. Nurses were had two to three, three to five, and over five years of work experience. Those who experienced two to three years lacked communication skills with their patients. Evidence in Saudi Arabia also showed that nurses with shorter experience perceived more barriers to communication than nurses with longer experience (6, 27).

2.3. Common-related perceived communication barriers

Those barriers are common between nurses and patients, which can inhibit the communication of nurse to patient.

A study carried out at six university hospitals in Isfahan, Iran from the elderly patients' point of view the nurses had age difference from the patients was the main barrier of communication. Other evidence in two different areas of Ghana as well as in Isfahan and Tehran, Iran also showed that the difference in the age of the nurse from the patient was the barrier of communication (18, 23, 25, 28).

The language barrier was perceived to affect communication especially in Singapore, Jahrom city, Iran, and Taif Armed Forces Hospitals, Saudi Arabia (24, 29, 30).

The study in Isfahan, Iran from the elderly patients' point of view the nurses had differences in language was faced with communication difficulties with their patients (28). Another study at Taif armed forces hospitals, in Saudi Arabia among 343 nurses 49% of them were reported that they have faced difficulty in dealing with patients because of the language difference, and another study in Saudi Arabia by an integrative review method indicated that some of the communication practices rely on non-verbal methods due to a lack of a common language which often results in misinterpreted in the meaning of the communication (17, 30). A quantitative cross-sectional survey was done in orthopedic hospital of Igbobi, Lagos, Nigeria showed that

31.25% of respondents reported that the difference in language was negatively affected nurses' communication with clients (31)

The studies in a systematic review, India, and Tehran, Iran showed that patients' difference in gender from the nurses was perceived as the barrier of communication (7, 23, 26). However, a-quantitative study in Ghana indicated that no significant difference was found in gender difference (25).

Evidence in the orthopedic hospital of Igbobi, Lagos, Nigeria, and Ghana indicated that the religion was negatively affected nurses' communication with patients but a study in Saudi Arabia nurses tended towards neutral or agreement about issues concerned with religion (6, 18, 31).

Study in Saudi Arabia by using an integrative review indicated that many nurses had inadequate knowledge about Saudi culture and experienced difficulty in understanding and respecting the culture and another study in Lagos, Nigeria supported that 36.25% of nurses were reported that cultural difference was the barrier of communication with patients which was the biggest barrier in communication(17, 31). Other evidence in Alborz University of medical sciences, Karaj, Iran also showed that cultural difference was the barrier of communication (10).

2.4. Nurses-related to communication barriers

Nurse related communication barriers are the main obstacles to communication, which make patients not having a good relationship with nurses. Therefore, nurses can determine the patients' relation they want to have with them.

Evidence in Isfahan and Jahrom, Iran, Saudi Arabia, and Ghana indicated that workload was the barrier of communication between nurses and patients (6, 24, 25, 28).

A study carried out at six university hospitals in Isfahan, Iran from the elderly patients' point of view, (91.8%) of patients were reported that the obstacles in relationship with nurses were nurses' lack of communication skills such as not listening carefully to the patient (28). Recent studies in Egypt and two different areas of Nigeria also showed that nurses limited in communication skills was the major communication barrier between nurses and patients (31-33).

Studies in a systematic review, Singapore, and Ghana also showed that nurses were more reluctant or lack of interest to engage in communication which causes a communication barrier between nurses and patients (7, 25, 29).

Evidence in a systematic review, Egypt, and in two different areas of Nigeria showed that lack of time was the main communication barrier between nurses and patients (7, 31-33).

Studies in two different areas of Nigeria and Ghana showed that inadequate or shortage of nurses was affect the nurse to patient communication (18, 31, 33).

2.5. Patient-related communication barriers

There are patient-related issues that can inhibit nurse to patient communication; as a result, the care delivering to the patient is not aligning with the expected care they should receive.

A study in systematic review indicated that distrust of nurse competency was the communication barrier. Other evidence in Crete general hospital, Greece showed 48.3% of nurses agreed that Patients did not trust them. A study in Singapore showed that nursing has a low occupational prestige; as a result, communication is greatly inhibited as patients see nurses similar to foreign domestic workers (7, 29, 34).

Evidence in a systematic review, among six University hospitals in Isfahan, in three educational hospitals in a large city of Iran, and Saudi Arabia showed that the main obstacle of communication was the influence of diseases condition; but evidence in Egypt showed that there was no specific relationship between the nature of patients' disease and nurses communication during health education (6, 7, 23, 28, 32).

As different studies showed in a systematic review, Saudi- Arabia, and Ethiopia, the presences of patients' family or visitors on bedsides also affect nurse to patient communication (6, 7, 19).

In Saudi Arabia, evidence showed that patient contact with different nurses was the main barrier to communicate with the patient (6).

In Alexandria, Egypt's study revealed that regarding perceived problems in patients themselves, about half of the study subjects were perceived that pain is the most common problem disturbing nurse to patient communication (32). Evidence in Ghana indicated that Pain was the major

patient-related barrier to communication which accounts for 80% of respondents (18, 25). In Ethiopia, the study conducted among hospitalized patients in Jimma university showed 41.6% because of the pain their therapeutic communication with nurses was affected (19).

2.6. Environmental-related communication barriers

Patients and nurses alone do not only affect nurse to patient communication but also the environment in which both interact together can block the kinds of communication they need to have.

Evidence in a systematic review and Komfo Anokye teaching hospital, Kumasi, Ghana and another study in Ghana indicated that nurse to patient communication was affected when patients new to the hospitals (7, 18, 25).

Studies in qualitative analysis of literature review, Isfahan, Iran, Ghana, and Alexandria, Egypt showed that busy or crowded rooms were the main environment-related communication barrier (2, 18, 28, 32).

Inappropriate rooms condition (ventilation, heating, cooling and lighting, lack of privacy, poor sanitation) were seen as the obstacles of the nurse to patient communication as supported by evidence in a systematic review, and in Saudi Arabia (6, 7).

Evidence from qualitative analysis of the literature review showed that 10 out of the 12 articles were identified ′environment' as a major cause of poor communication between nurse and patient. The absence of basic needs like water, food, light, and other facilities results in hidden nurses to patients' communication. Another study in Alexandria, Egypt showed that there were inadequate facilities that affect patients' communication with nurses (2, 32).

A study in Saudi Arabia indicated that there was general agreement among the nurses that lack of continuous training in communication skills was seen as a communication barrier between nurses and patients (6).

2.7. Conceptual framework

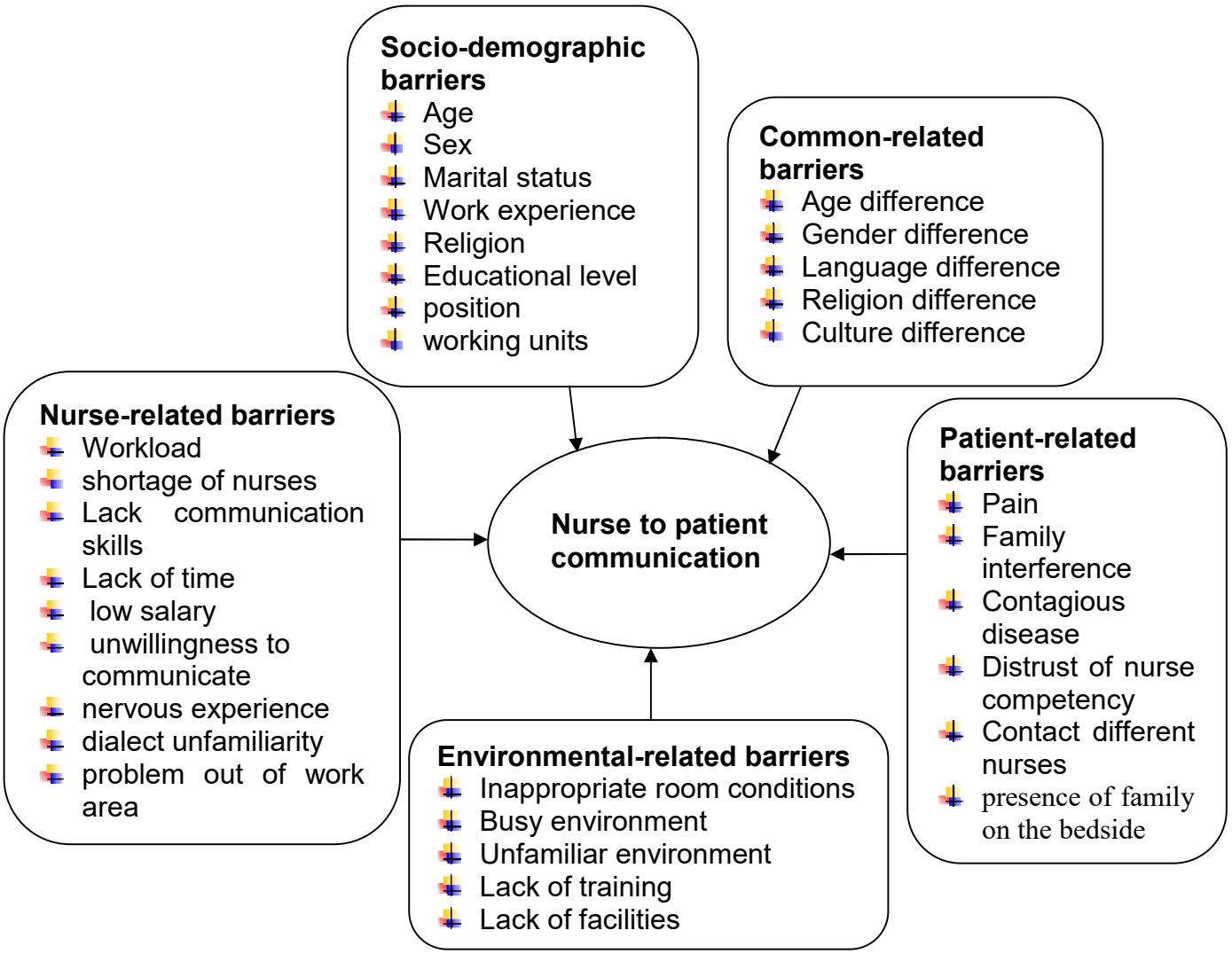

Figure 1: Conceptual framework of the nurse to patient communication and perceived barriers in governmental hospitals of Bahir Dar city, Ethiopia, 2020 for this study was adapted from literature (6, 7, 10, 18, 25, and 34).

3. OBJECTIVES

3.1. General objective

1. To assess the level of the nurse to patient communication and perceived barriers in governmental hospitals of Bahir Dar city, Ethiopia, 2020.

3.2. Specific objectives

1. To determine the level of the nurse to patient communication in government hospitals.

2. To identify perceived communication barriers between nurses and patients in government hospitals.

3. To explore nurses' experience on perceived communication barriers in government hospitals.

4. METHODS

4.1. Study area and period

The study was conducted in Bahir dar city, which is the capital city of the Amhara region, located 565 kilometers away from Addis Ababa in the North West direction. There are three governmental hospitals in Bahir Dar city administration. These are Tibebe Gihon specialized-teaching hospital (TGSTH), Felege Hiwot comprehensive specialized hospitals (FHCSH), and Addis Alem primary hospital (AAPH). The total numbers of nurses in these three hospitals were 744 in March 2020. Tibebe Gihon specialized teaching hospital located in Bahir Dar zuria woreda Southern part of Bahir Dar city. It can serve about 3.5-5 million population and there were 272 nurses in the hospital. Felege Hiwot comprehensive specialized hospitals located in North West of the city, which can serve 3.5-5, million people and there were 434 nurses. Addis Alem primary hospital found in the North-Eastern part of the city which can serve 60,000-100,000 people and there were 38 nurses (35). The study was conducted from February to March 2020.

4.2. Study Design

The institutional-based cross-sectional mixed methods were conducted to assess the level of the nurse to patient communication and perceived barriers in government hospitals of Bahir Dar city.

4.3. Source of Population

All nurses who work in governmental hospitals in Bahir Dar city.

4.4. Inclusion and Exclusion criteria

4.4.1. Inclusion criteria

Nurses working in the government hospitals of Bahir Dar city were included.

4.4.2. Exclusion criteria

Nurses on sick leave or annual leave and some other social problems during the data collection period were excluded.

4.5. Study Variables

4.5.1. Dependent Variable

Level of the nurse to patient communication

4.5.2. Independent Variables

Socio-demographic factors

Age, sex, religion, marital status, educational level, position, work experience, working units

Common related barriers

Age difference, gender difference, language difference, religion difference, culture difference

Nurses related barriers

Workload, shortage of nurses, low salary, lack of communication skill, unwillingness to communicate, nervous experience, dialect unfamiliarity, lack of time, problem out of work area

Patients related barriers

Family interference, pain, distrust of nurse competency, contagious disease, contact different nurses, presence of family on the bedside

Environmental related barriers

Inappropriate room, busy environment, unfamiliar environment, lack of training, lack of facilities

4.6. Operational Definition

Good communication: Those nurses' who answered mean and above mean communication questions. That is there are 14 questions prepared to assess communication level with a Likert frequency scale (never, rarely, sometimes, often and always) with the value of 1 to 5; and the minimum response was 14 and 70 was the maximum. Therefore, the summation of the five Likert responses is 15 then divided by five which equals 3. Therefore the mean of one question is 3 and 42 is the mean of the 14 questions.

Poor communication: Those nurses who answered below mean communication questions.

4.7. Sample Size determination

The sample size for quantitative participants was determined by using a single population proportion formula.

$n= \frac{\left(\frac{Za}{2}\right)2\times P(1-P)}{d2}$ where,

n= sample size

$Z_{a/2}$= confidence level (95%)

p= 33.9% (19) ; so p=33.9% =0.339

d= the margin of sampling error tolerated (5%) = 0.05

n= $(1.96)^2$ x 0.339 (1-0.339)/0.0025= 344.33≈345 and 10% non-response rate was added that was 34.5≈35, and the final sample size was 380 nurses.

The sample size for qualitative was considered until data saturation, and seven nurses were interviewed with data saturation was gained at the fourth participant. Data saturation is a matter of identifying redundancy in the data or relates to the degree to which new data repeat what was expressed in previous data during data collection (36).

4.8. Sampling technique and procedure

4.8.1. Sampling technique

For the quantitative study, a simple random sampling technique was used. For the qualitative study, purposive sampling was applied to select nurses for an in-depth interview. The criterion for the selection was the work experience of nurses. Based on that, nurses who had better experience participated in the interview.

4.8.2. Sampling procedure

First, the three governmental hospitals in Bahir Dar city were selected based on convenience, and proportional allocation of samples based on the number of nurses was given for each hospital. By using sampling frame or list of nurses from each hospital and the required sample was drawn by a mixed slip of paper in the box. Finally, nurses from each hospital were selected by simple random sampling using the lottery method.

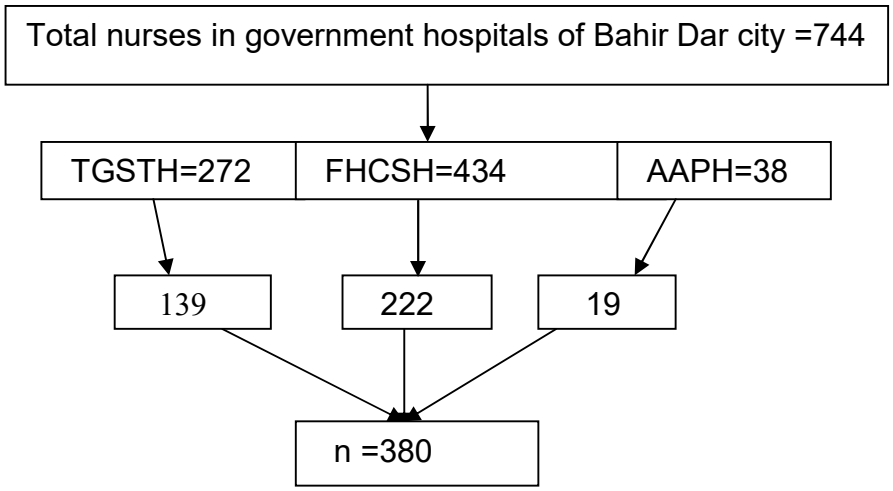

Figure 2: Schematic presentations of the sampling procedure of nurses in governmental hospitals of Bahir Dar city, Ethiopia, 2020.

4.9. Data collection tool and procedure

4.9.1. Data collection tool

A questionnaire assessing the level of nurses' to patients' communication and perceived barriers was adapted after a review of different works of literature (6, 25, 34). The data collection instrument was prepared in English and translated to Amharic, and again re-translated to English by nurse academician. The pre-test was done in 5% of the calculated sample at Debre Tabor hospital to check whether the questions are simple, clear, and easily understandable. The questionnaire contained three sections. The first part included demographic part contains 8 questions, the second part was concerned with the perceived barriers of nurses to patients' communication which contains 27 questions, which were assessed by five-point Likert scale using agreement (strongly disagree=1, disagree=2, neutral=3, agree=4 and strongly agree=5) then which latter categorized as strongly disagree and disagree=1, neutral=2, agree and strongly agree =3 for analysis; and the third part is about the level of communication questions which contains 14 questions with a minimum score of 14 and maximum of 70 scores. The validity of questionnaires' was checked by expert opinion (face validity) (37). Therefore the questionnaire's validity was checked through face validity by four nurse academicians, one of them is an assistant professor, two lecturers, one assistant professor with PhD holder, and three clinical BSc nurses who working at the hospitals. Internal consistency or reliability of the questionnaire was checked by using Cronbach's alpha, which was 0.919 for perceived barriers and 0.942 for the level of communication questions. An in-depth interview guide semi-structured questionnaire

was used to elicit information concerned perceived communication barriers from the nurses' point of view. Detailed information about nurses' thoughts was explored in-depth which was offered a more complete picture of perceived barriers of the nurse to patient communication.

4.9.2. Data collection procedure

Five BSc nurses facilitated the data collection for quantitative questionnaires after training on data collection procedures and instruments. The data collectors distributed the self-administered questionnaires to the respondents to fill it. The principal investigator collected the qualitative data.

4.10. Data quality assurance

Adequate training was provided for five data collectors and three supervisors. The codes were given to the questionnaires. Data collectors and supervisors checked the filled questionnaire for completeness every day. Problems encountered during the study period were discussed in the study team and solved. Computer frequencies and data sorting were used to check for missed variables, outliers, or other errors during data entry. For qualitative the accuracy of the transcripts was checked by repetitive listen to the audiotape and by reading the transcripts.

4.11. Data processing and analysis

Data were first checked for completeness and then each completed questionnaire assigned unique code. Subsequently, the data were entered using Epi Data 4.6. The generated data was exported to a statistical package for social sciences (SPSS) version 25. The data was cleaned by visualizing, calculating frequencies, and sorting. The analysis was done with descriptive statistics by using frequency, percentage, mean, median, and mode. Bivariate analysis between dependent and independent variables was performed using binary logistic regression by the enter method. Multicollinearity between independent variables was checked using the correlation coefficient. The correlation coefficients between predictor variables greater than 0.7 is an appropriate indicator for when collinearity begins to severely distort model estimation and subsequent prediction (38). All explanatory variables which had an association in bivariate analysis with a p-value less than or equal to 0.25 were entered into a multivariable logistic regression model. Hosmer and Lemeshow test was checked for model goodness of fit. During the analyses, 0.05 P-value, and 95% confidence interval (CI) was used. A P-value of less than 0.05 was taken as a significant association. Results were presented in text, tables, charts, and graphs. Convergent

parallel design (the quantitative and qualitative strands of the research are performed independently, and their results are brought together in the overall interpretation). In both quantitative and qualitative, the data collection and data analysis occur concurrently (QUAN + qual) and independently (39). For the qualitative study field note and audio record were taken. Each interview was transcribed by crosschecked both the audio record and the field note. The analysis was carried out by using deductive approach thematic analysis which involves coming to the data with some preconceived themes that expect to find reflected there, based on theory or existing knowledge (40). Based on this data were thematized in four major themes. The themes included; common-related communication barriers with sub-themes of language difference; nurse-related barriers with sub-themes of lack of communication skill, shortage of nurses and workload; patient-related barriers with sub-themes pain, and family interferences; environmental or health setting-related barriers with sub-themes of lack of medical facilities and lack of continuous training, inappropriate and busy environment. The integration was taking place in the results point of integration; in which writing down the results of the first component, the results of the second component are added and integrated (39). The result was triangulated to support the quantitative result.

4.12. Ethical clearance

Ethical issues within the study were taken into consideration when carried out the study. Ethical clearance was obtained from the institutional review board of Bahir Dar University, college of medicine, and health sciences. A formal letter was submitted to Addis Alem primary hospital, Felege Hiwot hospital, and Tibebe Gihon hospital. For both the quantitative and qualitative study, at the initial stage of data collection and interview, informed consent was obtained from respondents and assured that their participation will be recorded anonymously, and confidentiality of response was maintained throughout the study.

5. RESULTS

5.1. Quantitative results

5.1.1. Socio-demographic characteristics of the participants

A total of 380 samples were included in the study, and 370 nurses participated with a response rate of 97.4%. The participants' age ranged from 23 to 58 years, with a median age of 29 with 10 IQR. Among a total of participants, 189 (51.1%) were female. Regarding educational level, 328 (88.6%) nurses had a bachelor's and above qualification. The study participants also had work experience of 6 months to 33 years with a median of 6 with IQR of 9 (Table 1).

Table 1: Socio-demographic characteristics of nurses in governmental hospitals of Bahir Dar city, Ethiopia, 2020(N=370).

Variables		Frequency(N)	Percent
Age	18-25	66	17.8
	26-35	208	56.2
	36-45	76	20.5
	46 and above	20	5.4
Marital status	Single	181	48.9
	Married	165	44.6
	Separated	24	6.5
Educational qualification	Diploma	42	11.4
	Degree and above	328	88.6
Experience	<2 years	97	26.2
	2-5 years	85	23
	6-10 years	89	24.1
	>10 years	99	26.8
Working units	OPD	98	26.5
	ICU	67	18.1
	Medical	67	18.1
	Surgery	118	31.9
	Obs/gyne	20	5.4

5.1.2. Level of communication

Nurse to patient communication is the exchange of information that takes place between nurses and patients.

About 135 (36.5%) of the participants were found to have poor communication with 95% CI (31.9% - 41.9%) (Figure 3).

Figure 3: The level of the nurse to patient communication in governmental hospitals of Bahir Dar city, Ethiopia, 2020.

5.1.3. Level of communication assessment tool

The communication level of nurses was assessed using 14 items of communication. The respondents' score lies between a minimum of 14 to a maximum of 70. The mean used for dichotomous the data as poor and good communication was pre-determined (Table 2).

Table 2: Communication items used to assess the level of the nurse to patient communication in governmental hospitals of Bahir Dar city, Ethiopia, 2020.

Items	Never	Rarely	Sometimes	Often	Always	Mean for each
You inform the patients right	1	2	3	4	5	**3**
You inform patients of the results when taking their vital signs (blood pressure, temperature, heart rate)	1	2	3	4	5	**3**
You give the patient information on any diagnostic tests(namely the type of test, its purpose, preparation and what will happen during the test)	1	2	3	4	5	**3**
You inform the patient about the medication-taking during hospitalization(kind, dose, side effects)	1	2	3	4	5	**3**
You keep patients informed on the condition of their health	1	2	3	4	5	**3**
You inform the family about the health conditions of critical patients and children	1	2	3	4	5	**3**
You try to include/inform them about the decisions related to their therapy	1	2	3	4	5	**3**
You provide information to the patients when they ask you	1	2	3	4	5	**3**
You are polite and friendly towards your patients(manner of speaking, protection of privacy, respect in diversity)	1	2	3	4	5	**3**
You immediately respond to their call for help(notification button, sign)	1	2	3	4	5	**3**
You inform the patients on how to take care of themselves at home after being released from the hospital	1	2	3	4	5	**3**
You inform the patients about positions which help to alleviate pain	1	2	3	4	5	**3**
You dedicate adequate time to communicate with patients	1	2	3	4	5	**3**
You respond to the patients' concerns and complaints during their stay at the hospital	1	2	3	4	5	**3**
Overall mean score	**42**					

5.1.4. Distribution of socio-demographic and perceived barrier variables and the level of communication

Nurses, less than 2 years of experience 48 (13%) had poor communication. Those 91 (24.6%) of nurses agreed that unwillingness of nurses as a perceived communication barrier had poor communication (Table 3).

Table 3: Socio-demographics and perceived barrier variables and communication level of nurses in governmental hospitals of Bahir Dar city, Ethiopia, 2020 (N=370).

Variables	Level of communication	
	Poor communication	**Good communication**
Marital status	Single 80 (21.6%)	101 (27.3%)
	Married 50 (13.5%)	115 (31.1%)
	Separated 5 (1.4%)	19 (5.1%)
Educational level	Diploma 28 (8%)	14 (3.8%)
	Degree and above 107 (29%)	221 (59.7%)
Experience	< 2 years 48 (13%)	49 (13.2%)
	2-5 years 42 (11.4%)	43 (18.3%)
	6-10 years 29 (7.8%)	60 (11.6%)
	> 10 years 16 (4.3%)	83 (22.4%)
Work units	OPD 35 (9.5%)	63 (17%)
	ICU 23 (6.2%)	44 (12%)
	Medical 24 (6.5%)	43 (11.6%)
	Surgery 49 (13.2%)	69 (18.6%)
	Obs/gyne 4 (1.1%)	16 (4.3%)
Religious difference	Disagree 72 (19.4%)	143 (38.6%)
	Neutral 8 (2.2%)	8 (2.2%)
	Agree 55 (14.9%)	84 (22.7%)
Unwillingness of nurses	Disagree 32 (8.7%)	100 (27%)
	Neutral 12 (3.2%)	11 (3%)
	Agree 91(24.6%)	124 (33.5%)
Dialect unfamiliarity	Disagree 48 (13%)	116 (31.4%)
	Neutral 14 (3.8%)	23 (6.2%)
	Agree 73 (19.7%)	96 (25.9%)
Nervous experience	Disagree 52 (14%)	107 (28.9%)
	Neutral 18 (4.9%)	27 (7.3%)
	Agree 65 (15.6%)	101 (27.3%)
Shortage of nurses	Disagree 25 (6.8)	45 (12.2%)
	Neutral 5 (1.3%)	19 (5.1%)
	Agree 105 (28.4%)	171 (46.2%)
Lack of time	Disagree 17 (4.6%)	51 (13.8%)
	Neutral 6 (1.6%)	13 (3.5%)
	Agree 112 (30.3%)	171 (46.2%)
Lack of communication skill	Disagree 28 (7.6%)	69 (18.6%)
	Neutral 4 (1.1%)	24 (6.5%)
	Agree 103 (27.8%)	142 (38.4%)
New environments	Disagree 32 (8.6%)	73 (19.7%)
	Neutral 11 (3%)	22 (5.9%)
	Agree 92 (24.9%)	140 (37.8%)
Contagious disease	Disagree 23 (6.2%)	59 (15.9%)
	Neutral 15 (4.1%)	21 (5.7%)
	Agree 97 (26.2%)	155 (41.9%)
Distrust of competency	Disagree 27(7.3%)	73 (19.7%)
	Neutral 8 (2.2%)	24 (6.5%)
	Agree 100 (27%)	138 (37.3%)

From the total respondents, diploma nurses 28 (8%) and degree and above qualifications 107 (29%) had poor communication (figure 4).

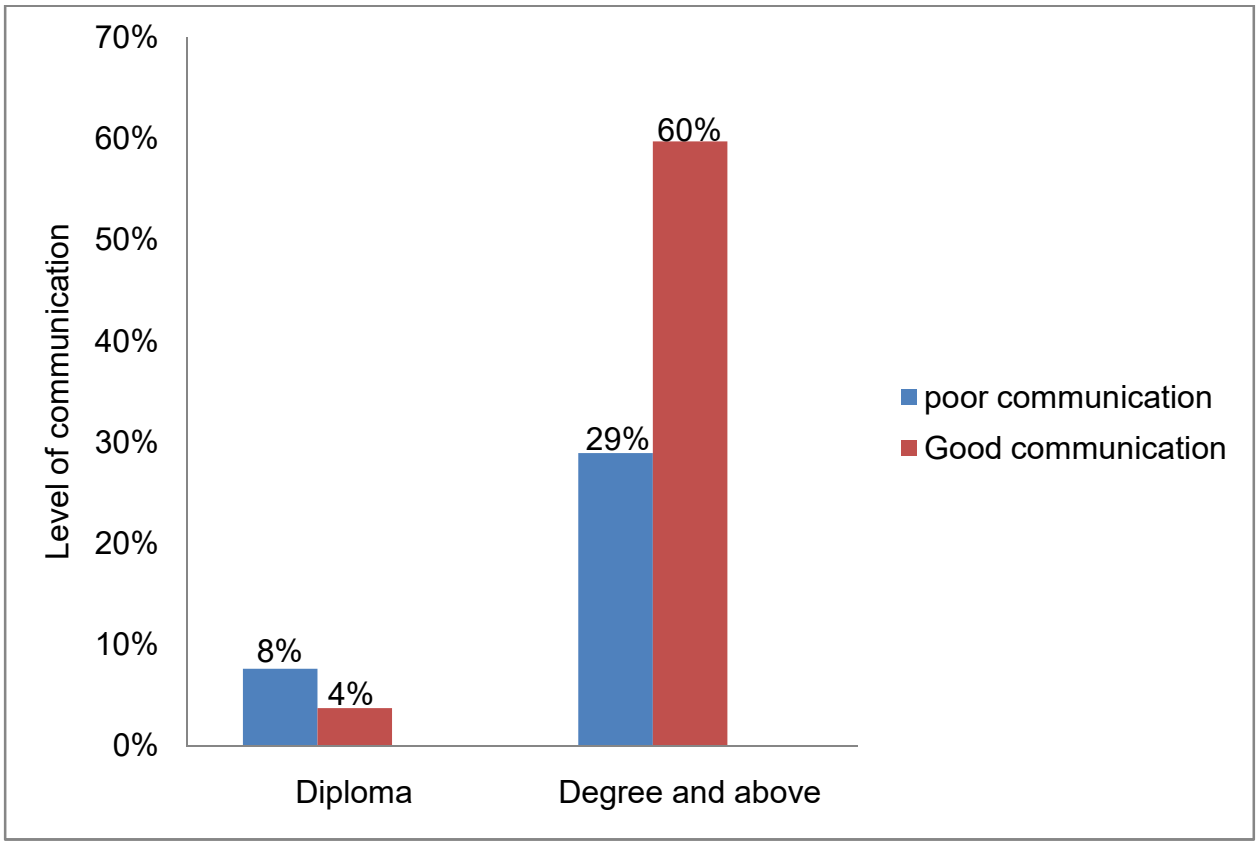

Figure 4: Educational level of study participants and their level of communication in governmental hospitals of Bahir Dar city, Ethiopia, 2020.

5.1.5. Common-related perceived communication barriers reported by nurses

Barriers that are common between nurses and patients inhibited the communication of nurses with the patients.

Language difference was the highest perceived common-related communication barrier with a mean score of 2.27, and 60.5% of nurses with CI (49.7%, 70.4%) were agreed that language difference as a perceived common-related communication barrier with (median=3, mode=3), whereas the religious difference was the least perceived barrier with the mean score of 1.80. However, nurses disagreed with gender, culture, religion, and age differences (median=1, mode=1) (Table4).

Table 4: Perceived common-related communication barriers in governmental hospitals of Bahir-Dar city, Ethiopia, 2020 (N=370).

Perceived barriers	Disagree	Neutral	Agree	Mean	Median	Mode
Language difference	124 (33.5%)	22 (6%)	224 (60.5%)	2.27	3	3
Age difference	207 (55.9%)	17 (4.6%)	146 (39.5%)	1.83	1	1
Gender difference	208 (56.2%)	19 (5.1%)	143 (38.6%)	1.82	1	1
Culture difference	206 (55.7%)	27 (7.3%)	137 (37%)	1.81	1	1
Religious difference	215 (58.1%)	16 (4.3%)	139 (37.6%)	1.80	1	1

5.1.6. Nurses related communication barriers reported by nurses

Nurse related communication barriers are barriers to communication, which make patients not having a good relationship with nurses.

The workload was the highest perceived nurse related communication barrier with a mean score of 2.66, and 80.8% of participants with CI (70.4%, 91.5%) were agreed as a barrier of communication, while unfamiliarity of the nurse with dialect was the least perceived communication barrier with the mean score of 2.01. About 74.6% of nurses with CI (65% - 83.9%) also agreed that a shortage of nurses as a perceived communication barrier. Workload, shortage of nurses, lack of time, lack of communication skills, problems outside the working area, nurses' unwillingness to communicate, and low salary were the perceived communication barriers (median =3, mode=3). The nurses were tending to neutral or agree about the place of working, nurses' unpleasant experiences, and unfamiliarity with dialect (median=2, mode=3) (Table 5).

Table 5: Perceived nurse-related communication barriers in governmental hospitals of Bahir Dar city, Ethiopia, 2020 (N=370).

Perceived barriers	Disagree	Neutral	Agree	Mean	Median	Mode
Work load	54 (14.6%)	17 (4.6%)	299 (80.8%)	2.66	3	3
Lack of time	68 (18.5%)	19 (5.1%)	283 (76.4%)	2.58	3	3
Shortage of nurses	70 (18.9%)	24 (6.5%)	276 (74.6%)	2.56	3	3
Lack of skill	97 (26.2%)	28 (7.6%)	245 (66.2%)	2.40	3	3
Low salary	109 (29.4%)	34 (9.2%)	227 (51.4%)	2.32	3	3
Problem out of working area	120 (32.5%)	50 (13.5%)	200 (54%)	2.23	3	3
Nurse's unwillingness	132 (35.7%)	23 (6.2%)	215 (58.1%)	2.22	3	3
work place	154 (41.6%)	52 (14.1%)	164 (44.3%)	2.03	2	3
unpleasant experiences	159 (43%)	45 (12.1%)	166 (44.9%)	2.02	2	3
Dialect difference	164 (44.3%)	37 (10%)	169 (45.7%)	2.01	2	3

5.1.7. Patient-related barriers reported by nurses

There are patient-related issues that can inhibit nurse to patient communication; as a result, the care delivering to the patients and they expect to receive is not going harmoniously.

The presence of pain was the highest patient-related perceived communication barrier with the mean score of 2.5, and 70.8% of nurses were agreed as a barrier of communication with CI (60.9%, 80.7%), whereas patients contact different nurses was the least perceived communication barrier reported by nurses with a mean score of 1.84. The nurses gave their agreement on pain, contagious disease, family interference, family or friends on the patient bedside, and distrust nurse competency (median=3, mode=3). Participants were tended to neutral about patients' resistance or unwillingness to communicate (median=2, mode=3), and tended to neutral or disagree with patient contact different nurses (median=2, mode=1) (Table 6).

Table 6: Perceived patient-related communication barriers in governmental hospitals of Bahir Dar city, Ethiopia, 2020 (N=370).

Perceived barrier	Disagree	Neutral	Agree	Mean	Median	Mode
Pain	81 (21.9%)	27 (7.3%)	262 (70.8%)	2.50	3	3
Contagious disease	82 (22.2%)	36 (9.7%)	252 (68.1%)	2.46	3	3
Family interference	101 (27.3%)	24 (6.5%)	245 (66.2%)	2.39	3	3
Family/friend on bedside	98 (26.5%)	29 (7.8%)	243 (65.7%)	2.39	3	3
Distrust competency	100 (27%)	32 (8.6%)	238 (64.3%)	2.37	3	3
Resistance/ unwillingness	154 (41.6%)	48 (13%)	168 (45.4%)	2.04	2	3
Patient contact	178 (46.1%)	74 (20%)	118 (31.9%)	1.84	2	1

5.1.8. Environmental related barriers reported by nurses

Patients and nurses alone do not only affect nurse to patient communication but also the environment in which both interact together can be the barriers of communication.

All environmental-related barriers were perceived as communication barriers. Lack of continuous training on communication skills was the highest perceived communication barrier with the overall mean score of 2.71, and 82.7% of nurses with CI (73.1%, 93.1%) were agreed as a barrier of communication, while the unfamiliar environment was the least perceived environmental or hospital-related communication barrier with a mean score of 2.34. Nurses were agreed that lack of medical facilities, busy environment, inappropriate environment, unfamiliar environment, and lack of training as the perceived communication barriers (median=3, mode=3) (Table 7).

Table 7: Perceived environment-related communication barriers in governmental hospitals of Bahir Dar city, Ethiopia, 2020 (N=370).

Perceived barriers	Disagree	Neutral	Agree	Mean	Median	Mode
Lack of training	45 (12.1%)	19 (5.1%)	306 (82.8%)	2.71	3	3
Lack of facilities	60 (16.3%)	17 (4.5%)	293 (79.2%)	2.63	3	3
Busy environment	73 (19.7%)	23 (6.2%)	274 (74.1%)	2.54	3	3
Inappropriate environment	73 (19.7%)	27 (7.3%)	270 (73%)	2.53	3	3
Unfamiliar environment	105 (28.4%)	33 (8.9%)	232 (62.7%)	2.34	3	3

5.1.9. Bivariate and multivariable logistic regression

From the 8 socio-demographic and 27 perceived variables, 16 independent variables were associated with the outcome variables during bivariate analysis. Variables with a P value less than or equal to 0.25 were entered into multivariable logistic regression. However, two variables which were age and culture difference dropped or not entered into multivariable regression because of multicollinearity (age with experience=0.75 and culture with religious difference= 0.87). Finally, four variables were associated with the dependent variable. These were educational level, experience, the unwillingness of nurses for communication, and lack of communication skills. Those nurses who qualified degree and above were 6.14 times more likely with CI (2.74, 13.76) to have good communication than diploma nurses. Those nurses who had work experience of 6-10 years were 3.5 times more likely with CI (1.59, 7.75) and those who had greater than 10 years of experience were 12.85 times more likely with CI (4.75, 34.76) to have good communication than those nurses who had less than two years of work experience. Nurses who agreed that unwillingness of nurses to communicate as a perceived communication barrier were 60 % times less likely to have good communication than those who disagreed (Table 8).

Table 8: Bivariate and multivariable logistic regression in governmental hospitals of Bahir Dar city, Ethiopia, 2020.

Variables	Category	COR (95% CI)	P-value	AOR (95% CI)	P-value
Marital status	Single	**1**			
	Married	1.82 (1.17, 2.84)	**0.008**		
	Separated	3.00 (1.08, 8.41)	**0.036**		
Educational level	Diploma	**1**			
	Degree& above	4.13 (2.09, 8.17)	**<0.001**	6.14 (2.74, 13.76)	**<0.001**
Experience	<2 years	**1**			
	2-5 years	1.00 (0.56, 1.80)	0.992		
	6-10 years	2.03 (1.10, 3.70)	**0.020**	3.50 (1.59, 7.75)	**0.002**
	>10 years	5.08 (2.60, 9.90)	**<0.001**	12.85 (4.75, 34.76)	**<0.001**
Working section	OPD	**1**			
	ICU	1.06 (0.55, 2.04)	0.855		
	Medical	0.99 (0.52, 1.90)	0.989		
	Surgery	0.78 (0.45, 1.36)	0.383		
	Obs/gyne	2.20 (0.69, 7.17)	**0.181**		
Religion difference	Disagree	**1**			
	Neutral	0.50 (0.18, 1.40)	**0.187**		
	Agree	0.77 (0.49, 1.19)	**0.245**		
Nurses unwillingness	Disagree	**1**			
	Neutral	0.29 (0.12, 0.73)	**0.008**		
	Agree	0.44 (0.27, 0.70)	**0.001**	0.40 (0.18, 0.86)	**0.019**
Unfamiliar dialect	Disagree	**1**			
	Neutral	0.68 (0.32, 1.43)	0.310		
	Agree	0.544 (0.33, 0.86)	**0.009**		
Nervous experience	Disagree	**1**			
	Neutral	0.73 (0.37, 1.44)	0.364		
	Agree	0.76 (0.48, 1.19)	**0.226**		
Shortage of nurses	Disagree	**1**			
	Neutral	2.10 (0.70, 6.34)	**0.183**		
	Agree	0.90 (0.52, 1.56)	**0.**719		
Lack of time	Disagree	**1**			
	Neutral	0.72 (0.24, 2.20)	0.566		
	Agree	0.51 (0.28, 0.93)	**0.027**		
Lack of skill	Disagree	**1**			
	Neutral	2.44 (0.77, 7.66)	**0.128**	5.60 (1.45, 21.60)	**0.012**
	Agree	0.56 (0.34, 0.93)	**0.025**		
New environment	Disagree	**1**			
	Neutral	0.88 (0.38, 2.02)	0.757		
	Agree	0.67 (0.41, 1.09)	**0.107**		
Contagious disease	Disagree	**1**			
	Neutral	0.55 (0.24, 1.24)	**0.147**		
	Agree	0.62 (0.36, 1.07)	**0.088**		
Distrust competency	Disagree	**1**			
	Neutral	1.10 (0.45, 2.77)	0.824		
	Agree	0.51 (0.31, 0.85)	**0.010**		

5.2. Qualitative results

5.2. 1. Socio-demographic characteristics of nurses

Seven nurses have participated in the qualitative interviews, while five (71.4%) of them were male. The age of the participants ranged from 38 -50 with a mean age of 43.86 years.

5.2.2. Common-related communication barriers

Common barriers are those barriers that could arise from both sides of the nurse and patients, which can decrease the nurses to patients' communication. The barrier included under this was language difference.

5.2.3. Language differences

Persons without having common language cannot communicate effectively or properly to express their feeling as those who have a common language.

One of the participants said that the difference in language affects communication with the patients. The patients give other meanings as we told positive things for them (Participant 5). The other nurse continued that we have face difficulty in communication with those patients who speak other than Amharic like “Awigna”, and “Afan Oromo” language speakers cannot understand us whatever we talk good thing for them (Participant 6). The 50 years old nurses spoken that language difference with the patients also affect our communication for example; we cannot easily communicate with those patients who speak “Agewigna” (Participant1).

5.2.4. Nurse-related barriers

These are barriers that arise from the nurses, which can inhibit the nurse to patient communication. The barriers under this include workload, shortage of nurses, and lack of communication skills.

5.2.5. Workload

The presence of workload from the nurses is the potential threat of better care. When nurses carry out activities, more than their capacity they became burnout and unable to satisfy the patients' care needs.

There is a shortage of nurses as a result we serve the patients more than our capacity and we feel fatigued, exhausted, and burnout. This damages our communication with the patients (Participant 3). The other participant also continued we faced physical fatigue when we did more than our capacity; this leads to the obstacles of communication (Participant 6). I cannot give adequate

time to communicate with the patients rather I prefer to do the routine activities because of workloads (Participant 7).

5.2.6. Shortage of nurses

The presence of inadequate nurses in the hospitals or few nurses during their shift can damage communication with their patients because of unable to address all demands of the patient very well.

Especially at night shift nurse to patient ratio is one to ten up to twelve (Participant 5). A 38 years old nurse said that there are a limited number of nurses compared to the flow of the patients. Therefore, during this time, we prefer to do our routine activities like medication administration, doing the nursing process without listening to the patient idea. As a result, our communication with patients is affected (Participant 4). The other nurse continued we serve more than twenty patients, especially during duty time. If there is a shortage of nurses, we cannot give the required services timely for our clients (Participant 6).

5.2.7. Lack of communication skill

Communication skill for nurses is very essential to communicate effectively with their patients. Nurses without good communication skills, cannot provide better care for the patients.

One nurse told that some nurses have natural behavior that cannot shape with training (Participant 2). The other nurse continued we most nurses have lacked the skills to communicate with the patient like the place we select for communication, how to start communication, and are patients understand me or not...is not considered (Participant 4). Some nurses cannot fully explain what things are going to do for their patients about care or treatments (Participant 6). The other nurse said that I know one nurse she was assigned to work with me together in the pediatric ward. She was having an ethical problem. She made conflict most of the time with the patients. The entire mother knows her ethical problem and they always complained that we are not voluntary if this red nurse gives our children's medication. Therefore, this was the great barrier of communication with the patients (Participant 7).

5.2.8. Patient-related barriers

Patient-related barriers are these obstacles arise directly from the patients that inhibit nurse to patient communication. The barriers included under these were pain and family interference.

5.2.9. Pain

Pain is a general term that describes uncomfortable sensations in the body. It can change the behavior of the patients from stable to irritable mood and results in refuses to make contact with their caregiver.

One nurse revealed that the presence of pain decreases the communication between nurses and patients. If the patients are, in the good condition, they have a good facial expression for nurses greeting but if they are with the pain, they cannot respond to our greeting (Participant 1). The other participant also said that as the patients suffered by the pain, they are not voluntarily communicating with us (Participant 4). One of the participants also continued if the patients get pain they are not voluntary to communicate with the nurses (Participant 5). The 47 years old nurse said that patients with severe pain cause to disrupt our communication. Patients are not voluntary to give accurate data to us unless we give anti-pain and were reliving from pain (Participant 7).

5.2.10. Family interference

Conflict in the caring environment is common between care providers and the patients' attendants either intentionally or unintentionally. This is because of the unnecessary interferences of family or attendant with the caring process.

One of the nurses told that during we give care for the patients the family interferes with our activities. This makes angry for the nurses and leads to conflict with them and finally, communication with the patients inhibited. For example, one day the patient medication was discontinued in around session then the attendant comes and complained that why not you give the medication. The nurse responds for the attendant as it was discontinued, finally the attendant fight with the nurse why you discontinued it as it is already prescribed by the physician (Participant 5). The other nurse continued that at one-time one-college students come to us because of illness. During this time, we were trying to help her but; her friends come and disturbed us. They said this is not the disease rather she attacks by an evil eye person so, this cannot be treated by modern medicine, and they try to hit one of the nurses with us (Participant7).

5.2.11. Environmental-related barriers

These barriers are arising directly from the health care setting which caused the barrier of the nurse to patient communication. The barriers included under these were lack of continuous training, lack of medical facilities for the patients, inappropriate and busy environment.

5.2.12. Lack of continuous training on communication

If nurses do not get continuous training regularly, they cannot update themselves and they may easily subject to tradition as well as lacked basic caring skills.

To increase our communication with the patients we need to have continuous training. But there is no training to enhance the nurse capacity especially on communication skills (Participant 4). The other nurse continues, we need to have training on communications skill to enhance our communication with the patients (Participant 5). Lack of training on communication is the major barrier to communication with the patients so, short training needs to enhance the nurse to patient communication (Participant 7). The other nurse continued training is not given; even it provided for who not concerned it (Participant 6).

5.2.13. Lack of medical facilities

If the hospitals cannot provide the necessary medical equipment or materials for the patients; the patients complained goes to their immediate caregiver or nurses. This is the main cause of the communication barrier.

All participants said that a lack of medical facilities was a barrier to communication. One female nurse said the hospitals could not provide all necessary medical facilities for the patients like a drug. For example, most societies in this surrounding area used health insurance. We prescribe drugs to the patients but they cannot get the drug inside the hospital rather they pushed to buy out of the hospital or in the private pharmacy. Then the patients complain to us, as they cannot afford to buy the drug. We told the truth as it is not our responsibility and if hospitals can list out the non-available drug and post to the working unit, we cannot prescribe it. They did not listen to us. This leads to conflict between nurses and patients and decreases communication (Participant 1). The other nurse continued that the health institution related issues are affecting our communication. For example, we send the patient to buy the drug out of the hospital then the patient made conflict with us. This is happening because the hospital cannot provide an adequate supply of drugs. This alters our communication with the patients (Participant 2). The health

insurance is another challenge for communication. The hospital cannot fulfill all the necessary drugs and the patients bought it out of the hospital. After that, they ask us to audit the cost of the drug. We respond to them our duties is to prescribe the drugs not auditing cost. This affects the communication we have with the patients (Participant 3). One male nurse also stated that the patient comes to the hospital with their health insurance, and drugs are not available adequately. During this time, the patient is not interested to listen to us whatever we talk. This challenges our communication with the patients (Participant 4). The patients come with their health insurance, and they expect everything inside the hospital. If they did not get the services as they expected they shout towards us. In this condition, our communication with the patients is affected (Participant 5). Almost all persons use health insurance and the hospital cannot provide all the patient medical facilities like drug supply. If they cannot afford to buy the drug out of the hospitals, their treatment may discontinue and they complain to us why the treatment discontinued. In this time, we lead to an unnecessary verbal fight with the patients (Participant 6). Patients come with health insurance for free services but the hospital cannot provide all the services like drug supply; when they ordered to buy out of the hospital the make conflict with us (Participant 7).

5.2.14. Inappropriate environment

Unsafe caring environments are among the obstacles of the nurse to patient communication. Unattractive health care environments can hinder the interaction between nurses and patients.

Participants reported that poor sanitation of the room also affects the communication between nurses and patients (Participant 4 and 7).

5.2.15. Busy environment

Busy environment or the crowdedness of the health care environment is can inhibit nurse to patient communication.

One of the nurses said that the place of the hospital as it is nearing to the road especially the emergency ward, the sound of the cars also affects us (Participant 5). The other nurse also continued his idea for example when I enter the ward to care for my patient I saw the persons who make crowded rooms at that time I prefer to leave the room; because the environment was not suitable for me to communicate with my patient (Participant 7).

6. DISCUSSION

The main purpose of this study was to assess the level of the nurse to patient communication and perceived barriers in governmental hospitals of Bahir Dar city. Perceived communication barriers include; common-related communication barriers; nurse-related, patient-related, and environmental-related barriers were assessed and explored in both quantitatively and qualitatively. The study participants were nurses working in governmental hospitals of Bahir-Dar city.

From the total of participants (N=370), 36.5% of nurses had poor communication. In this study, the proportion of poor communication is found to be high. This indicates that nurses did not get adequate communication skills in their training period at the college or university level. This result is higher than a study done in João Pessoa, Brazil showed that twenty-five percent of nurses introducing their name and activities for the patient remained distant at the time of communication. This discrepancy is due to the nurses were showed devote time to communicate with their patients compared to this study (16). The finding is similar to the study done in Jimma, Ethiopia, which showed that nurses were had a low level of therapeutic communication (19).

Educational level, work experience, the unwillingness of nurses, and lack of communication skills were associated with the outcome variable. The presence of Language difference, workload, shortage of nurses, lack of time, lack of communication skills, problems outside the working area, nurses' unwillingness to communicate, pain, distrust nurse competency, contagious disease, family interference, family or friends on the patient bedside, lack of continuous training on communication skills, lack of medical facilities, busy environment, inappropriate environment, and unfamiliar environment were perceived communication barriers reported by nurses.

In this finding, diploma nurses are more likely to have poor communication than those degrees and above-qualification nurses. This is obvious that being advanced from lower to higher-level education is expected to have better skill and knowledge because the required competencies seated in the curriculum bring this difference which is consistent with the evidence in British journal of nursing supports that degree nurses were showed genuine differences in clinical practice than diploma nurses (41).

In this study nurses who had less than two years of work experience were more likely to have poor communication than those who had work experience of 6-10 and greater than 10 years of work experience; which is consistent with the study done in China, found that as the nurses became experienced their communication level gets improved. Those who experienced two to three years were lacked communication skills with their patients (27). Evidence in Saudi Arabia also showed that nurses with shorter experience perceived more barriers to communication than nurses with longer experience (6). This is because while nurses get more experienced, they might acquire different communication skills or techniques that how they can approach and communicate with their patients than the less experienced or newly employed nurses.

Language difference was perceived common-related communication barrier reported by nurses. As the qualitative finding also supported that language difference, affect nurse to patient communication. This is because; the presence of multilingual people in Ethiopia including the study area can be the barrier of communication. This result is consistent with the studies done in Saudi Arabia in which nurses were reported that they faced difficulty in dealing with patients because of language differences (30). Another study in Saudi Arabia also supported this finding in which some of the communication practices rely on non-verbal methods due to a lack of a common language which often results in misinterpreted in the meaning of the communication (17).

In this study, nurses agreed that workload was the barrier of the nurse to patient communication, which is also supported, in the qualitative result of this study. Because when nurses working beyond their capacity they become exhausted and burnout as a result they cannot easily interact or communicate with their patients. This result is in line with a study conducted in Ghana; in-which nurses were agreed that overwork as the barrier of communication (18). This finding also supported by the studies done in two different areas of Iran indicated that workload was the barrier of communication between nurses and patients (23, 24). It also supported by a study in Saudi Arabia in which nurses were agreed that heavy workload as a barrier of the nurse to patient communication (6).

Nurses agreed that the shortage of nurses was a barrier of communication as participants in qualitative interviewees also strengthen this idea. The main reason is in this area the nurse to

patient ratio reaches to one to twenty or more compared to in the state of California the maximum nurse to patient ratio is one to six (42). This finding is similar to a study done in Ghana in which nurses were agreed that the shortage of nurses was the perceived barrier of communication (18). Other Studies in two different areas of Nigeria also supports that inadequate or shortage of nurses was affect the nurse to patient communication (31, 33).

Lack of time also another communication barrier reported by nurses. This is because, if the nurses carry a high burden of activities, they do not have adequate time to communicate with the patients. This result is aligned with the study done Egypt, and in two different areas of Nigeria, and Ghana showed that lack of time was the barrier communication between nurses and patients (18, 31-33).

More than sixty-six percent of nurses agreed that a lack of skills as a perceived communication barrier and respondents during an in-depth interview supported this finding. This finding is lower than the study in Isfahan, Iran in which more than ninety-one percent of the patients were reported that the obstacles in relationship with nurses were lack of communication skills of nurses such as not listening carefully to the patient (28). This difference is brought by the characteristics of the participants like most were not educated, did not know communication skills results in inflated finding, moreover, the participants were elderly, they might have a hearing impairment when the nurse communicated with them. The result is in line with the study done in Singapore in which nurses were less skilled to engage in communication (29).

Nurses agreed that Problems outside the working area were a barrier of communication, but a-study done in Saudi Arabia showed that there was disagreement about problems outside work as a barrier to communication (6). The difference is due to the work experience of nurses in Saudi-Arabia was from 1-24 months and since most of the nurses were freshmen for the working area, they might not be encountered problems out of working area compared to this study participants.

Nurses' unwillingness to communicate found to be the barrier of the nurse to patient communication. This is due to the presence of a lack of communication skills in the nurses. This is supported by studies done in Singapore and Ghana showed that nurses were more reluctant or lack of interest to engaged in communication which caused communication barrier between nurses and patient (25, 29)

In this study, the low salary paid for nurses was the barrier of communication. The reason is that if the nurses cannot pay based on the task performing, they will not satisfy with their work and result in a decrease in engaging in communication with patients. This is aligned with a study done in Saudi Arabia nurses were agreed that low salary was one of the perceived communication barriers (6).

More than seventy percent of nurses agreed that the presence of pain was a barrier of communication which also supported by the qualitative results. The main reason that patients seek to visit health institutions is the presence of pain. If pain cannot manage properly, the patients do not have the interest to communicate with their caregiver. This study is consistent with a study done in Ghana indicated that Pain was the major patient-related barriers to communication which accounts for eighty percent of respondents (18).

The finding indicates that the presence of contagious disease was one of the perceived communication barriers. This is because nurses afraid acquiring of communicable or contagious disease from the patients, they prefer to away from the patient and lead to a decrease in the nurses' interaction with their patients. This result is similar to the studies done in Iran that showed that the obstacle of communication was the influence of contagious diseases (23, 28). It also supported by a study done in Saudi Arabia (6).

In this study, family interference is the other barrier of the nurse to patient communication both in quantitative and qualitative results. It is due to the interference of family members in the patient caring process unnecessarily, the nurse preferred to leave the patient. This is aligned with the study done in Saudi Arabia, and a qualitative study in Ghana indicated that family interference was the barrier of Communication (6, 25).

Nurses agreed that distrust nurse competency is the main communication barrier. The finding is higher than a study in Crete, Greece showed nurses agreed that Patients did not trust them. This discrepancy is due to the people's perception of nurses in Greece now day increasing and social recognition is offered to nurses and the society knows the role of the nurse (43). This finding is supported by a study done in Singapore which showed that nursing has a low occupational prestige; as a result, communication was greatly inhibited as patients see nurses similar to

foreign domestic workers (29). This is happening because patients and their attendants do not give enough credit for the work of nurses

In this study, nurses agreed that the lack of continuous training on communication skills was the major barrier of communication, and participants' in-depth interviewees supported this finding. This is because nurses without adequate continuous training on communication skills can easily vulnerable to the communication barrier. This result is similar to the study done in Saudi Arabia indicated that there was general agreement among the nurses that lack of continuous training in communication skills was seen as a communication barrier between nurses and patients (6).

Both quantitative and qualitative finding shows lack of medical facilities is the barrier of the nurse to patient communication. Because patients come to the hospitals to get adequate services, if not this, patients make conflict with the frontline caregiver or nurses. This result is similar to the study done in Egypt showed that there were inadequate facilities that affect patients' communication with nurses(32). It also supported by the study done in Saudi Arabia nurses were showed their agreement as a barrier of communication (6).

In this study, both quantitative and qualitative findings show that a busy environment is one of the environmental-related communication barriers. Unsafe environments make boredom relationships between nurses and patients as a result they cannot create comfortable conversations on both sides. It aligned with studies done in Isfahan Iran, Ghana, and Egypt showed that busy or crowded rooms were the main environment-related communication barrier (18, 28, 32).

The finding indicates an unfamiliar environment was the barrier of communication as reported by nurses. When the patients are new to the health institution or hospitals, they faced different challenges like anxious interaction with caregivers and unable to find different service rooms in the hospital. This finding is similar to the studies done in two different areas of Ghana indicated that nurse to patient communication was affected when patients new to the hospitals (18, 25).

Generally, the finding revealed that nurses have found to be at a poor level of communication. There are perceived communication barriers including socio-demographics, common-related, nurse-related, patient-related, and environmental or hospital-related barriers, which affect nurse to patient communication. There was the correspondence of results in both quantitative and

qualitative methods or the findings in qualitative in-depth interviewees used to support the quantitative results. The result of this study has multidimensional implications. It can be used for the nurses to deal with and overcome the communication barriers. Dealing with the communication barriers mean also dealing with the problems of the patients so that the patients can get better care from their caregiver. As the barrier going to be minimizing or decreasing, the hospitals can be attractive for patients, safe for healing, increasing patient satisfaction, decrease hospital stay, and helps to minimize health care costs. Finally, this finding can be used as a baseline for further research.

7. STRENGTH AND LIMITATION OF STUDY

7.1. Strength of the study

The study employed a mixed-methods design, which helps to triangulate or support the quantitative findings by the qualitative findings.

7.2. Limitations of the study

This study was focused on nurses' perception only; the perceptions of patients on the communication barrier were not assessed and explored. As the response of the questionnaire was prepared by a Likert scale; there might be social desirability bias.

8. CONCLUSION

In this study, the communication of nurses to patients is found to low. Nurse to patient communication can be achieved by investing in continuous education as a way to enlighten professionals on the purpose of communication. Nurses, patients, and the environments are the main perceived communication barriers as indicated in both quantitative and qualitative methods. Lack of medical facilities or access is the main barrier of the nurse to patient communication, which needs great attention of the stakeholders. Nurse professionals need to have good communication skills to solve or overcome the problem of patients; and must communicate effectively to perform their roles as educators, managers, decision-makers, client advocators, problem solvers, and caregivers. To enhance communication with the patients; nurses and other stakeholders like the ministry of health, health bureaus, and hospital authorities need to recognize the communication barriers. Giving awareness on the communication barriers for the nurses helps to minimize the barriers and improve the nurses to patients' communication.

9. RECOMMENDATIONS

It is well known that communication is the most important for nurses and patients to share their ideas. If there is good communication between them, there can be better care for the patients. The following measures should be taken to minimize communication barriers and to improve the level of communication. The investigator would like to give the following recommendations.

- ✓ The stakeholder like the ministry of health, Amhara regional health bureau, and hospitals should prepare continuous training especially focused on communication skills
- ✓ Ministry of health, Amhara regional health bureau, and hospitals should work to reduce the workload of nurses to facilitate communication for better patient care.
- ✓ The hospital's authorities and health insurance agency should work together to provide all the necessary medical facilities especially drug supply for the patients.
- ✓ The hospitals should set patient visiting time for families or relatives and implement strictly to reduce family interference.
- ✓ Nursing schools or colleges should work on the nursing curriculum to incorporate more communication skill courses to enhance nursing communication skills.
- ✓ Finally, further research needs to address to know the perception of the patients.

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11. ANNEXES

Annex 1: Participant Consent Information Sheet

Participant information sheet

The questionnaire you have available is designed to examine the level of the nurse to patient communication and perceived barriers at government hospitals of Bahir Dar city. Your exact answer to questions can provide more accurate results and is very important in achieving the goals of this research. Participating in this research does not involve risks as well as have no direct benefit like money or material. The results of this research will be addressed to the authorities to eliminate barriers and communication problems between nurses and patients. The investigator assures that all information obtained will remain confidential and will be used to complete this research.

Thank you sincerely for your cooperation.

Moges Wubneh

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Adult Health Nursing Student

Bahir Dar University; college of medicine and health sciences; school of health sciences department of adult health nursing

Informed consent

In undersigning this document, I am giving my consent to participate in the study entitled "levels of nurses to patients' communication and perceived barriers among nurses in government hospitals of Bahir Dar, Ethiopia". I have understood that participation in this study is entirely voluntary. I have been told that my answers to the questions will not be given to anyone else and no reports of this study ever identify me in any way. I understood that participation in this study does not involve risks. I understood that participating in this study have no direct benefit like money or material. I understood that Moges Wubneh is the contact person if I have questions about the study or my rights as a study participant.

Respondent's signature _____

Data collector name _____ Signature _____ Date_____

Supervisor name _____ Signature _____ Date_____

Thank you

Annex 2: Quantitative questionnaires (English and Amharic version)

Bahir Dar University; College of Medicine and Health Science; School of Health Science Department of Adult Health Nursing

ID number_____

Section I: demographic characteristics: encircle from the given option and write if any other idea.

No	Questions	Answer
101	Sex	1. Male 2. Female
102	Age	_____ in year
103	Marital status	1 Single 2.Married 3.Widowed 4.Divorced
104	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other _____
105	Educational level	1. Diploma 2. BSc 3. MSc
106	Position	1.Nurse 2.Head Nurse
107	Name of the section you are currently working on	_____
108	Service in year	_____

Section II: concerned with the present barriers to nurses' use of communication skills score as follows: Strongly disagree = 1, Disagree = 2, Neutral = 3, Agree = 4 and 5= Strongly agree

Note: Encircle from the given option and write if any other idea

	Questions To what extent you agree that your communication with the patients will be affected as a result of;	**Response**				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
201	Age difference between nurse and patient	1	2	3	4	5
202	Gender differences between nurse and patient	1	2	3	4	5
203	Cultural difference between nurse and patient	1	2	3	4	5
204	Religious difference between nurse and patient	1	2	3	4	5
205	Language differences between nurse and patient	1	2	3	4	5
206	Unfamiliarity of nurses with dialect	1	2	3	4	5
207	Nurse's unwillingness to communicate with the patient	1	2	3	4	5
208	Nurse's unpleasant experiences with patients	1	2	3	4	5
209	The place of nurses working	1	2	3	4	5
210	Having problems outside the working area	1	2	3	4	5
211	Shortage of nurses relatively to the patients' number	1	2	3	4	5
212	Work load of nurses	1	2	3	4	5
213	Not having enough time	1	2	3	4	5

214	Lack of communication skill	1	2	3	4	5
215	patients resistance and unwillingness to communicate	1	2	3	4	5
216	the presence of pain	1	2	3	4	5
217	The presence of patients' family or friend on the patient's bedside	1	2	3	4	5
218	The presence of family interference	1	2	3	4	5
219	Patient presence in an unfamiliar environment	1	2	3	4	5
220	The busy environment (high noise and abundant traffic)	1	2	3	4	5
221	Inappropriate environmental conditions (inadequate ventilation in the environment, heat and cold, inappropriate light, Poor room sanitation, unpleasant odors, etc)	1	2	3	4	5
222	Lack of continuing training in communication skills	1	2	3	4	5
223	presence contagious disease	1	2	3	4	5
224	Patient contact with different nurses	1	2	3	4	5
225	Lack of facilities for patients	1	2	3	4	5
226	Low salary of nurses	1	2	3	4	5
227	Distrust of patients by nurses competency	1	2	3	4	5

Section III: Question about the level of the nurse to patient communication. Circle one from each of the given alternatives based on frequency. Never=1, rarely=2, Sometimes=3, Often=4, Always=5

Information during hospitalization						
		Never	Rarely	Sometimes	Often	Always
		1	2	3	4	5
301	You inform the patients right					
302	You inform patients of the results when taking their vital signs (blood pressure, temperature, heart rate)	1	2	3	4	5
303	You give the patient information on any diagnostic tests(namely the type of test, its purpose, preparation and what will happen during the test	1	2	3	4	5
304	You inform the patient about the medication-taking during hospitalization(kind, dose, side effects)	1	2	3	4	5
305	You keep patients informed on the condition of their health	1	2	3	4	5
306	You inform the family about the health conditions of critical patients and children	1	2	3	4	5
307	You try to include/inform them about the decisions related to their therapy	1	2	3	4	5
308	You provide information to the patients when they ask you	1	2	3	4	5
Care provided by the nursing staff						
309	You are polite and friendly towards your patients(manner	1	2	3	4	5

	of speaking, protection of privacy, respect in diversity)					
310	You immediately respond to their call for help(notification button, sign)	1	2	3	4	5
311	You inform the patients on how to take care of themselves at home after being released from the hospital	1	2	3	4	5
312	You inform the patients about positions which help to alleviate pain	1	2	3	4	5
Communication during hospitalization						
313	You dedicate adequate time to communicate with patients	1	2	3	4	5
314	You respond to the patients' concerns and complaints during their stay at the hospital	1	2	3	4	5

የመረጃ ቅጽ

እርስዎ የያዙት መጠይቅ በባህር ዳር ከተማ በሚገኙ በመንግስት ሆስፒታሎች ውስጥ ያሉትን ነርሶች ከታካሚዎች ጋር ያላቸውን የተግባቦት ደረጃ እና መሰናክሎችን ለማወቅ የተዘጋጀ ነው። እርስዎ ለጥያቄዎች ትክክለኛ መልስ መስጠትዎ የበለጠ ትክክለኛ ውጤቶችን ሊሰጥ ይችላል እናም የዚህን ምርምር ግቦች ለማሳካት በጣም አስፈላጊ ነው። በዚህ ጥናት መሳተፍ አደጋዎችን አያስከትልም፤ እንዲሁም የገንዘብ ወይም ቁሳቁስ ጥቅም አያስገኝም። በነርሶች እና በታካሚዎች መካከል ያሉ መሰናክሎችን እና የተግባቦት ችግሮችን ለማስወገድ የዚህ ምርምር ውጤት ለባለድርሻ አካላት እሚደርስ ይሆናል። ተመራማሪው የተገኘውን መረጃ ሁሉ ሚስጥራዊ ሆኖ እንደሚቆይና ይህንን ምርምር ለማጠናቀቅ ጥቅም ላይ እንደሚውል ያረጋግጣል ።

ለትብብርዎ ከልብ አመሰግናለው።

ሞገስ ውብነህ

ስልክ ቁጥር +251923232599

የአዋቂዎች ጤና ነርስ ተማሪ

ባህር ዳር ዩኒቨርሲቲ፤ የሕክምና እና የጤና ሳይንስ ኮሌጅ ፣ የጤና ሳይንስ ትምህርት ቤት፣ የአዋቂዎች ጤና ነርስ ት/ክፍል

የስምምነት ቅጽ

ይህንን ሰነድ በመረዳት እኔ “በባህር ዳር ፣ ኢትዮጵያ በሚገኙ የመንግሥት ሆስፒታሎች ውስጥ ያሉ የነርሶች እና የሕመማን ተግባቦት ደረጃ እና እንቅፋቶች” በሚለው ጥናት ውስጥ ለመሳተፍ ፈቃደኛ ነኝ። በዚህ ጥናት መሳተፍ ሙሉ በሙሉ በፍቃደኝነት መሆኑን ተረድቻለሁ። መልሴ ለማንም እንደማይሰጥ ተነግሮኛል፤ ቢሆንም የዚህ ጥናት ዘገባ በምንም መንገድ ስለ እኔማንነት አይገለፅም። በዚህ ጥናት መሳተፍ አደጋዎችን እንደማያስከትል እና እንዲሁም የገንዘብ ወይም ቁሳቁስ ጥቅም እንደማያስገኝ ተረድቻለሁ። ስለ ጥናቱ ወይም የጥናቱ ተሳታፊ ስሆን የመብት ጥያቄዎች ካሉኝ የምጠይቀው ሰው **ሞገስ ውብነህን** እንደሆነ ተረድቻለሁ።

የጥናቱ ተሳታፊ ፊርማ _____

የመረጃ ሰብሳቢ ስም_____ ፊርማ_____ ቀን_____

የተቆጣጣሪ ስም_____ ፊርማ _____ ቀን_____

አመሰግናለሁ።

መጠይቆች

ባህርዳር ዩኒቨርሲቲ፤የሕክምና እና የጤና ሳይንስ ኮሌጅ፣የጤና ሳይንስ ትምህርት ቤት፣ የአዋቂዎች ጤና ነርስ ት/ክፍል

የመለያ ቁጥር _____

ክፍል:ግላዊነትን በሚመለከት ከተሰጡት አማራጮች መካከል ያክብቡ እና ሌላ ሀሳብ ካለ ይፃፉ፡፡

ተ.ቁ	ጥያቄ	መልስ
101	ጾታ	1. ወንድ 2. ሴት
102	ዕድሜ	-------በዓመት
103	የጋብቻ ሁኔታ	1. ያላገባ/ች 2. ያገባ/ች 3. የሞተበት/ባት 4.የፈታ/ች
104	ሐይማኖት	1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታን 4.ካቶሊክ 5. ሌላ ይግለጹ _____
105	የትምህርት ደረጃ	1. ዲፕሎማ 2. ድግሪ 3. ማስተርስ
106	ማዕረግ	1. ነርስ 2. የነርስ ኃላፊ
107	በአሁኑ ሰዓት እየሠሩበት ያለው ክፍል	_____
108	አገልግሎት በዓመት	_____

ክፍል II ነርሶች ከታካሚዎች ያላቸውን የተግባቦት መሰናክሎችን በሚመለከት እንደሚከተለው መልስ ይስጡ፡፡ በጥብቅ እልስማማም=1 ፣ አልስማማም=2 ፣ ገለልተኛ= 3 ፣ እስማማለሁ= 4 እና በጥብቅ እስማማለሁ = 5

ጥያቄዎች በዚህ ምክንያት ከታካሚዎች ጋር የሚያደርጉት ተግባቦት በምን ያህል መጠን እንደሚጎዳ ስምምነትዎን ይምረጡ፡፡		መልስ				
		በጥብቅ እልስማማም	አልስማማም	ገለልተኛ	እስማማለሁ	በጥብቅ እስማማለሁ
201	በነርሶች እናበታካሚዎች መካከል የዕድሜ ልዩነት መኖር	1	2	3	4	5
202	በነርሶች እናበታካሚዎች መካከል የጾታ ልዩነት መኖር	1	2	3	4	5
203	በነርሶች እናበታካሚዎችመካከል የባህል ልዩነት መኖር	1	2	3	4	5
204	በነርሶች እና በታካሚዎች መካከል የሃይማኖት ልዩነት መኖር	1	2	3	4	5
205	በነርሶች እና በታካሚዎች መካከል የቋንቋ ልዩነት መኖር	1	2	3	4	5

206	ነርስ ከታካሚው ጋር ለመግባባት ፈቃደኛ አለመሆን	1	2	3	4	5
207	ነርሶች ለዘዬ አዲስ መሆን	1	2	3	4	5
208	የነርስ ከታካሚች ጋር ደስ የማይሉ የግንኝነት ትውስታዎች መኖር	1	2	3	4	5
209	ነርሶች የሚሰሩበት የስራ ክፍል	1	2	3	4	5
210	ከስራ ቦታ ውጭ ችግር መኖር	1	2	3	4	5
211	ከታካሚዎች ቁጥር አንጻራ የነርሶች እጥረት መኖር	1	2	3	4	5
212	የስራ ጫና መኖር	1	2	3	4	5
213	የነርሶች የሳዓትእጥረት መኖር	1	2	3	4	5
214	የተግባቦት ችሎታ አለመኖር እጥረት	1	2	3	4	5
215	ታካሚዎች ለመግባባት ፈቃደኛ አለመሆን	1	2	3	4	5
216	የህመም መኖር	1	2	3	4	5
217	የታካሚዎች ቤተሰብ ወይም ጓደኛ በታካሚው መኝታ ክፍል ውስጥ መኖር	1	2	3	4	5
218	የቤተሰብ ጣልቃገብነት መኖር	1	2	3	4	5
219	ታካሚዎች ለአካባቢው አዲስ መሆን	1	2	3	4	5
220	ሥራ የበዛበት አካባቢ (ከፍተኛ ጫጫታ እና መጨናነቅ) መኖር	1	2	3	4	5
221	ጥሩ ያልሆነ የአካባቢ ሁኔታ(በአከባቢው በቂ የአየር ዝውውር፣ሙቀትና ቅዝቃዜ፣ጥሩ ያልሆነ ብርሃን፣በታካሚዎች ክፍል ውስጥ ዝቅተኛ ንፅህና ፣መጥፎ ሽታ ፣ ወዘተ) መኖር	1	2	3	4	5
222	የተግባቦት ችሎታዎችን ለማዳበር ቀጣይነት ያለው ስልጥና አለመኖር	1	2	3	4	5
223	ከታከሚዎች የተላላፊ በሽታ መኖር	1	2	3	4	5
224	የታካሚዎች ከተለያዩ ነርሶች ጋር ግንኙነት መኖር	1	2	3	4	5
225	ለታካሚዎች የመሳሪያ እጥረት መኖር	1	2	3	4	5
226	የነርሶች ደመወዝ ማነስ	1	2	3	4	5
227	ታካሚዎች በነርሶች ብቃት አለመተማመን	1	2	3	4	5

ክፍል III ነርሶች ከታካሚዎች ያላቸውን ተግባቦት ደረጃ በተመለከተ የቀረበ ጥያቄ

እያንዳንዱን እያነበቡ ከተሰጡት አማራጮች መካከል ያክብቡ፡፡ በጭራሽ=1፣ አልፎ አልፎ=2፣ አንዳንድ ጊዜ=3 ፣ ብዙውን ጊዜ= 4 እና ሁል ጊዜ= 5

		በጭራሽ	አልፎ አልፎ	አንዳንድጊዜ	ብዙውንጊዜ	ሁል ጊዜ
301	ለታካሚዎች መብታቸውን ያሳውቃሉ	1	2	3	4	5

302	የደም ግፊት፣ የሙቀት መጠን ፣ የልብ ምት ሲወስዱ ውጤቱን ለታካሚዎች ያሳውቃሉ	1	2	3	4	5
303	በማንኛውም ምርመራ (ምርመራው ዓይነት ፣ ዓላማው ፣ ዝግጅት እና በምርመራ ወቅት ምን እንደሚደረግ) ለታካሚው መረጃ ይሰጣሉ ።	1	2	3	4	5
304	በህክመና ወቅት ስለሚወስደው መድሃኒት (አይነት ፣ መጠን ፣ የጎንዮሽ ጉዳት) መረጃ ይሰጣሉ።	1	2	3	4	5
305	ለታካሚዎች ስለ ጤንነታቸው ሁኔታ በተከታታይ ያሳውቃሉ።	1	2	3	4	5
306	ስለ ፅኑ ህመማን እና ልጆች የጤና ሁኔታ ለቤተሰብ ያሳውቃሉ	1	2	3	4	5
307	ለታካሚዎች ስለህክምናቸው ሁኔታ ውሳኔዎችን እንዲወስኑ ያደርጋሉ።	1	2	3	4	5
308	ታካሚዎች መረጃ በሚጠይቁበት ጊዜ ምላሽ ሰጥተዋል።	1	2	3	4	5
309	ለታካሚዎችዎ ጨዋ እና ወዳጃዊ አቀራረብ አለዎት (አነጋገር፣ የግላዊነት ጥበቃ ፣ የብዝሀነት አክብሮት)	1	2	3	4	5
310	ለእገዛ ጥሪቸው ወዲያውኑ ምላሽ ይሰጣሉ (ደወል ፣ ምልክት)	1	2	3	4	5
311	ከሆስፒታል ከወጡ በኋላ በቤት ውስጥ እራሳቸውን እንዴት እንደሚንከባከቡ ለታካሚዎች ያሳውቋቸዋል።	1	2	3	4	5
312	ህመምን ለማስታገስ ስለሚረዱ አቀማመጥ/የአተኛኘት ሁኔታ ለታካሚዎች ያሳውቋቸዋል።	1	2	3	4	5
313	ከታካሚዎች ጋር ለማውራት በቂ ጊዜ ይሰጣሉ።	1	2	3	4	5
314	ታካሚዎች በሆስፒታል ቆይታቸው ለሚያነሱት ስጋት እና ቅሬታምላሽ ይሰጣሉ።	1	2	3	4	5

አመሰግናለሁ

Annex 3. Qualitative guide questionnaires (English and Amharic version)

Participant number _____

Hello, how are you? I want to say thank you for taking the time to meet with me today.

My name is _____. I would like to interview you a few questions about your experience and opinion of the nurse to patient communication while you are working in the hospital. You are selected to participate in this study and I think that you will be in a position to provide me relevant and detailed information to meet my study objectives. If you are interested to participate in this study, I will proceed to the interview questions that help to answer the study questions. The interview will take a minimum of 40 minutes. I will be taping the session because I do not want to miss any of your comments. Although I will be taking some notes during the session, I cannot possibly write fast enough to get it all down. Because we are on tape, please be sure to speak up so that I do not miss your comments. All responses will be kept confidential. You can stop the interview at any time.

Are there any questions about what I have explained?

Are you willing to participate in this interview?

Yes _____

No _____

Name of interviewer _____ signature _____

Date of interview _____

In-depth Interview Guide

1. How do you see the nurse to patient communication in your experience?
2. How do you know whether your communication with the patient is poor or good?
3. In your point of view what are the barriers of communication between nurses and patients?
4. Do you have any other additional comments or remarks concerning the interview?

Thank you

የቃለ-መጠይቅ መመሪያ መረጃ እና ስምምነት

የተሳታፊ ቁጥር _____

እኔ _____ እባላለው።

የጥናቱ አላማ ነርሶች ከታካሚዎች ጋር የሚኖራቸውን የተግባቦት መሰናክሎችን ለማወቅ ነው። ስለዚህ በዚህ ጥናት ተሳታፊ እንዲሆኑ የተደረገው የተሻለ የስራ ልምድ የላቸውን ነርሶች ነው። በሆስፒታል ውስጥ በሚሰሩበት ጊዜ ከታካሚዎች ጋር ያለዎትን ግንኙነት ወይም ተግባቦት በተመለከተ ተሞክሮዎን እና አስተያየትዎን እንዲያጋሩኝ ጥያቄዎችን እጠይቅወታለሁ።

በዚህ ጥናት ውስጥ ለመሳተፍ ፍላጎት ካለዎት የጥናቱን ጥያቄዎች ለመመለስ የሚረዱትን የቃለ መጠይቅ ጥያቄዎችን እቀጥላለሁ። ቃለ-መጠይቁ በትንሹ 40 ደቂቃ ሊወስድ ይችላል። ምንም እንኳን በቃለ- መጠይቁ ወቅት ማስታወሻዎችን የምይዝ ቢሆንም፤ ሁሉንም ነገር በፍጥነት መጻፍ አልችልም፤ ስለዚህ አስተያየቶችዎ እንዳይቀሩብኝ ስለምፈልግ የድምፅ መቅጃ እጠቀማለው። ሁሉም ምላሾች በሚስጢር ይያዛሉ። በማንኛውም ጊዜ ቃለ-መጠይቁን ማቋረጥ ይችላሉ። እስካሁን ካብራራሁት ነገር ጋር በተያያዘ ጥያቄ አለዎት?

በዚህ ቃለ መጠይቅ ውስጥ ለመሳተፍ ፈቃደኛ ነዎት?

አዎ _____

አይደለውም _____

የጠያቂ ስም _____ ፊርማ _____

የቃለ መጠይቅ ቀን _____

1. **ነርሶች ከታካሚዎች ጋር ያላቸውን የተግባቦት ሁኔታ ምን ይመስላል? እርስዎ እንዴት ያዩታል?**
2. **ከታካሚዎች ጋር የሚያደርጉት ተግባቦት ጥሩ መሆኑን አለመሆኑን እንዴት ያውቃሉ?**
3. **በእርስዎ እይታ በሆስፒታሉ ውስጥ በነርሶች እና በታካሚዎች መካከል ስኬታማ ተግባቦት እንዳይኖር የሚያደርጉ እንቅፋቶች ወይም መሰናክሎች አሉ? ካሉ ምንምን ናቸው?**
4. **በቃለ መጠይቁ ወቅት ሌሎች የቀሩ ወይም ተጨማሪ አስተያየቶች አሉዎት?**

አመሰግናለሁ።

Annex 4: Declaration

I, the undersigned, declared that this is my original work, has never been presented in this or any other university, and that all the resources and materials used for the research, have been fully acknowledged.

Principal Investigator

Name _____ Signature _____ Date_____

Advisors

Name: 1. _____ Signature _____ Date_____

2. _____ Signature _____ Date_____

Examiners

Name: 1. _____ Signature _____ Date _____

2. _____ Signature _____ Date_____