

CHRISTIAN SERVICE UNIVERSITY COLLEGE

DEPARTMENT OF NURSING

**FACTORS AFFECTING COMMUNICATION AND RELATIONSHIP BETWEEN NURSES
AND SURGICAL PATIENTS AT THE KOMFO ANOKYE TEACHING HOSPITAL,
KUMASI**

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**A PROJECT WORK PRESENTED TO THE DEPARTMENT OF NURSING IN PARTIAL
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SCIENCE (NURSING)**

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DECLARATION

We have read the university regulations relating to plagiarism, certify that this report is all our own work, and do not contain any unacknowledged work from any other source. We also declare that we have been under supervision for this report herein submitted.

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Supervisor's Declaration

I hereby declare that the Preparation and Presentation of the Dissertation Were Supervised In Accordance With the Guidelines on Supervision Laid down by Christian Service University College.

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ABSTRACT

The study described in this paper was to thoroughly explore factors affecting communication and relationship between nurses and surgical patients at the Surgical unit of Komfo Anokye Teaching Hospital-KATH, Kumasi. With a descriptive study design, using a purposive sampling technique, researchers sought to discover factors perceived by nursing colleagues and surgical –in patients that influence nurse-patient communication and relationship and how these affect the quality of nursing care. The tool for data collection was structured open-and close-ended questionnaire. Sample characteristics were analysed using data collected from 40 nurses and 40 surgical patients and based on the information given by respondents, statistical techniques SPSS were employed to reduce, summarise, evaluate and communicate numerical information by presenting them in the form of tables and charts. Findings revealed that the level of nurse-patient communication and relationship was influenced positively by good human relations, a friendly hospital environment and respect for both nurses and patients alike among others. The study also brought to light poor communication strategies, unfriendly hospital environment, hostile attitude of nurses and patients toward each other, as some negative influences. Based on these findings some recommendations were made. Among these were, hospital management incorporating patient-centred care in its policy and conducting frequent in-service training on therapeutic communication strategies for all health care workers in the hospital.

DEDICATION

This work is dedicated to God Almighty for his immense guidance and protection throughout the conduction of this study.

ACKNOWLEDGEMENT

In a work of this nature, covering a span of many months and the hustles of this School, it is very difficult indeed, if not impossible, to recollect all the source of ideas used or adequately acknowledged debts where they are due. On the contrary, such ideas have become completely absorbed in our thinking that they pass unnoticed as our own.

Our Supervisor, Mrs Armah, has enriched this work considerably by her own research experience and critical appraisal of all sections of this work. To her, we owe immeasurable gratitude.

We are greatly indebted to Professor Owusu and Dr K. Nsiah who took keen interest in the progress of this work, critically read through the pages, gave many useful suggestions and the necessary guidance to help make this study a success.

The fruitful months we spent searching through books, journals and the internet for related literature on our research work have left lasting intellectual and methodological imprints on our work and perspective of critical thinking in nursing research and theory. May all the authors and publishers of the books and journals we consulted find the expressions of grateful and appreciative users in the pages of this work.

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CHAPTER ONE

INTRODUCTION

1.1 OVERVIEW ON COMMUNICATION

Communication is the ideas and information exchanged and actions or reactions that arise from that exchange and contact (Business Dictionary 2014). What really defines the communication is the relationship between the communicator and the recipient. Therefore, for a good nurse-patient relationship to be established, nurse patient communication must be effective.

High quality nurse-patient communication is the backbone of the art and science of nursing. It has an important impact on patient well-being, quality and outcome of nursing care. It is related to patient's overall satisfaction with their care.

If patients are dissatisfied due to lack of effective communication, they express their displeasures to others, deterring them from visiting the hospital for proper health care. This can have a negative impact on the populace, economy and the hospital because when patients treat themselves without a qualified health care provider; it can lead to some complications which will increase morbidity and mortality rate. Furthermore, government may spend a lot on unexpected problems that may need government intervention and the hospital may lose revenues as well.

Communication is a two-way process of reaching mutual understanding, in which participants not only exchange ideas (encode-decode), information and feeling but create and share meaning. Key to communication is to convey meaning. Communication comprises both verbal and non-verbal aspects. Verbal communication consists of oral communication such as conversations, teleconference, and telephone calls whereas written communication includes letters, reports, and emails.

Non-verbal communication conveys meaning through facial expressions, gestures, speech, nitration, dressing and posture (Business Dictionary 2014). In Ghana, like other places, there are problems in nurse-patient communication. Evidence on nurse-patient relationship comes from four sources;

personal observations, anecdotes from patient and their families, media reports and official health reports (Korsah, 2011).

The relationship that is established between the nurse and the patient is the result of interplay or covert negotiations until a mutually satisfying relationship is reached. This depends on the duration of contact between the nurse and the patient, the needs of the patient, the commitment of the nurse and the patient's willingness to trust the nurse. Morse(2007)

From the ethical point of view, the professional nurse must be empathic, sympathetic and approachable. However, from encountered experiences, many patients complain that most nurses do not explain procedures and treatments to their patients. They mostly carry out procedures on patients without informing; explaining and finding out how these patients are faring and coping with life, ailment and treatment. This lack of communication can affect nurse-patient relationship

Formally and informally, the professional nurse cannot achieve anything meaningful with the patient without proper and effective communication. The nurse must understand that all forms of communication are equally important and he or she must properly develop the various communication skills.

This study targets the Surgical unit of KATH where it is expected that there will be nurse-patient communication gaps which will affect the relationship that exist between the nurses and the patients. This study is to find out nurses' and surgical patients' view on the nurse-patient communication relationship. The intervention is to find out those factors perceived by nurses and patients at the Surgical unit that influence their relationship and how these affect the image of the hospital, Ministry of Health and Ghana as a whole.

1.2 PROBLEM STATEMENT

Communication is the transfer of information between or among people. The practice of nursing utilizes constant communication between the nurses and the patient, the patient's family, the nurse's co-workers, supervisors and many others. Successful communication has three major components, a sender, a receiver and a message. Nurses have a great deal of information to send to others in a short period of time. To communicate effectively, one needs to know that, there are factors that can

influence how message is interpreted. A breakdown in communication can cause negative outcomes, Anderson(2013).

Therefore, there is public outcry about the behaviour of nurses during interactions with their patients. On the other hand, the nurses also do complain about the attitude of patients. The problem in nurse-patient relationship remains a problem, which needs to be investigated, with the view of mitigating the situation. It is hoped that through the study factors that affect nurse-patient communication and their relationship will be identified and recommendations made to address these. There has not been any study at the unit before.

1.3 AIM OF THE STUDY

The aim of the study is to find the factors influencing nurse- patient communication and relationship at the Surgical unit of Komfo Anokye Teaching Hospital

1.4 OBJECTIVES OF THE STUDY

The main objective of this study is to identify factor influencing communication and relationship between nurses and surgical patients.

The specific objectives are as follows;

1. To assess how nurses communicate with their patients
2. To assess how patients communicate with their nurses.
3. To determine the challenges confronting nurses and patients regarding communication and relationship.
4. To outline some factors preventing good communication for improved performance and relationship for speedy recovery.
5. To determine factors promoting communication and relationship

1.5 RESEARCH QUESTIONS

1. What are the nurses' level of communication and relationship with patients?
2. What are the patients' level of communication and relationship with nurses?
3. What are views of nurses and patients on challenges confronting them regarding communication and relationship?
4. What are the factors preventing good communication between nurses and patients?

5. What factors can promote communication and relationship.

1.6 JUSTIFICATION AND SIGNIFICANCE

The findings of this study will stimulate interest in academia for further investigations into factors that affect communication and relationship between nurses and surgical patients. It will also serve as a guide to nurses and institutions for education and protocols to help deal with specific issues that hinders communication and relationship between nurses and patients

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

Communication, as defined in the Business Dictionary (2014) is a two-way process of reaching mutual understanding in which participants not only exchange ideas (encode or decode), information and feeling but create and share meaning.

2.1 RELATIONSHIP

The way in which two or more people or things are connected with or involved with each other. Macmillan Dictionary (2009)

Based on the above definition, effective communication is essential in building healthy relationship. Hence, communication and relationship are interrelated or complement each other.

2.2 GENERAL ASPECTS OF NURSE-PATIENT COMMUNICATIONS/RELATIONSHIP

Humanity has certain basic needs that must be satisfied and the need to communicate is universal. Through communication, humans maintain contact with reality, validate findings with others to correctly interpret reality, and develop a concept of self in relation to others. Validation is enhanced when communication conveys an understanding of feelings. Communication is a behaviour that is learned through the process of acculturation. It is the avenue used to make needs known and to satisfy needs, for instance, infants use the cry to bring attention to need. In short, communication cannot be avoided; even with silence, nonverbal communication occurs. (Saxton *et al*, 2003).

The nurse-patient relationship sets the tone for the care experience and has a powerful impact on patient satisfaction. Nurses spend the most time with patients. Patients see nurses' interactions with others on the care team and draw conclusions about the hospital. Nurses' attitudes towards work, their co-workers and the organization affect patient and family judgments. Without a positive nurse-patient relationship, there cannot be patient and family satisfaction, which provides an environment that supports anxiety reduction and promotes healing. Press Ganey Associates Inc.(2007).

Press Ganey (2007), identified "Nurses' communication" as the factor with the greatest impact on patients' overall ratings of their hospital experience. Quality of communication in nursing also has

the highest impact on patients' likelihood to recommend a hospital. This is because nurses are the first point of call when patients visit a facility and turns to spend more time with them than other health professionals when on admission.

2.3 NURSES-PATIENT COMMUNICATION

According to Patton and Griffin (1977), it is noteworthy that an old and interpersonal communication model is operative;

Sender → message → Receiver

In this model, the person who creates the message is the sender and the person to whom the message is sent is the receiver. Effective communication occurs when the receiver interprets the sender's message in the same way as the sender intended it and this is called feedback.

2.4 TYPES OF COMMUNICATION

The various types of communication include verbal, non-verbal, written and visual. Verbal communication includes spoken words, presentations, seminars . If we are short of time, it is hard to hear clearly and remember pieces of important information. The personalities of the sender and the receiver may create a bias or distortion of the message , Huber (2000). Non-verbal signals may mean different things to different people and can easily be misinterpreted. These include gestures, facial expressions and postures. Written communications include letters, memoranda and emails, whereas visual communication includes posters, photographs and drawings.

Communicating with patients is an essential part of nursing care. It contributes to sound decision-making and can help patient make appropriate and effective choices in their own care (Rudy *et al.*, 2003). Studies however show that even well trained and experienced nurses may find communicating with patients' difficult (Fallowed *et al.*, 2001). While nurses may accept the theory of patients-centered care, their actions often discourages patient communication and participation (Wellard *et al.*, 2003).

2.5 FACTORS AFFECTING COMMUNICATION

Although ineffective nurse-patient communication has been blamed largely on nurses' weak communication skills, other factors such as a task-oriented approach to nursing, workplace policies

and practices, lack of time and privacy, and work-related stress also contribute to the problem (Wellard *et al.*, 2003, Bowels *et al.*, 2001).

2.6 EFFECTIVE NURSE-PATIENT COMMUNICATION

Stein-Parbury (2005) highlights that effective communication in nursing practice involves an ability to understand patient's personal and idiosyncratic experiences of health and illness. The nurse should also be able to relay meaningful information to patients that promotes their wellbeing, and to provide patients with an opportunity to participate in their care to the extent that they desire; that is, communication with patients is always focused on the patient. This feature distinguishes effective communication with patients from everyday conversational communication in which the needs of both parties are being met. In short the needs of patient drive nursing communication".

In the opinion of Leebov Golde *et al* (2001), the multiple responsibilities of nurses breed task-orientation, not people-orientation. Seeing nurses focus on the tasks and activities of their jobs, patients and families wonder, "Where has all the caring gone?" "The caring might still be there, but patients and families do not see or feel it.

2.7 NURSES-PATIENT RELATIONSHIP

The nurse-patient relationship is viewed as central to the practice of nursing (Benner & Wrubel, 1989; Ramos, 1992; Tanner *et al.*, 1993; Weissman & Appleton, 1995). They described four phases of the nurse-patient relationship: orientation, identification, exploitation and resolution.

This conceptualization was subsequently expanded in the works of interactional nurse theorist such as King (1981) and Paterson and Zderad (1976) said human beings are viewed as holistic in nature, are special, dynamic, aware and multidimensional, capable of abstract thought, creativity, capable of taking responsibility, language, empathy, caring and other abstract patterns of communication are aspects of an individually high level of complexiy and diversity and enable one to increase knowledge of self and environment. Hence, persons are to be valued, to be respected, nurtured and understood with right to make informed choices regarding their health and may include families and communities. Recent studies continue to support the importance of relationship development to balance the emphasis on technical skills (McQueen 2000, Chant *et al.*, 2002). They emphasized that a capacity for forging relationships with others is a key attribute of individuals. Some studies have

explored the nature and types of nurse-patient relationships. The relationship between nurse and patient is the result of covert negotiations, until a mutually satisfying relationship is achieved. The duration of contact between nurse and patient, the needs of the patient, the commitment of the nurse and the patient's willingness to trust the nurse will affect the effectiveness of communication between the nurse and patient. It is argued that the intensity of the negotiations depends upon the patient's perception of the seriousness of the situation and the patients feeling of vulnerability and dependence (May, 1991; Morse, 1991; Morse *et al.*, 1997; Ramos, 1992).

May (1995) highlighted that the nurse-patient relationship goes beyond 'sitting and listening' and 'talking', in which the patient is the object of clinical attention or a subject manifesting psychological problems. Here, the patient should not be known only based on what he/she says, but is also known to the nurse in an intimate and private way. Because of the underlying structural inequality of relations between nurse and patient, May (1995) has described the relationship as in some way, being similar to pastoral care. The nurse expresses sympathetic concern, while patient reveals the most private aspects of his/her life at the same time.

When nurses take time to talk to patients and meet their needs, they must then contend with other, competing, work demands. In order to make time to talk, nurses may have to rearrange other works or reallocate staff to meet patient's expectations. When their expectations are not met, the following common complaints are made as proposed by Calnan (1984):

- Being given insufficient information about their condition and its management, we hear what we want to hear. Patients hear only 30% of what is said during interrogation.
- Lack of details of what is involved in special investigations and treatment.
- Pain unrelieved and unappreciated by staff.
- Noise
- The quality of food, roughness as being handled, lack of attention, having to wait and being treated as simpleton.
- No indication of length of stay in hospital, when to work.

When patients have the opportunity to criticize their nurses, their dissatisfaction usually centres not around the nurses' technical competence but on their inadequacies in communication. (Calnan, 1984)

2.8 FACTORS PREVENTING GOOD COMMUNICATION

Calnan (1984) asks, what are the factors that prevent good communication in the nurse-patient relationships? Is the nurse always to be blamed? There are faults on both sides. The patient only consults the nurse when he/she is ill; he is rightly anxious and not as receptive as the nurse, who is not ill. In the strange environment of a ward, besides listening to words he may not understand, he is worried about his job, his family, and his future. Investigations and treatment worsens the situation. He is now an alien in an environment where routine and rules govern the day. Nurses on the other hand, used to everyday medical terms and their own routine, tend to assume that the patient will pick up the essentials quickly; they have many patients in their care and little time to spend talking with each of them. As a result, the patient gets the idea that they are arrogant and uncaring.

Brody (2003) also indicated language, culture, client's health status, developmental level, emotion, using jargons and communication blocks as barriers to therapeutic communication. Some of these factors are elaborated below.

Language: - Even when two people speak the same language, it may be difficult for them to understand each other. In addition to linguistic barriers, discrepancies in sophistication of vocabulary, for example, intrusive self-talk, preconceptions and individual differences in the use of certain words and expressions can render messages unintelligible despite a shared dialect. Imagine the potential barriers when two people do not speak the same language?

Health Status: The clients who are in pain or in perceptual alterations such as loss of hearing or vision may impact the communication process.

Emotion: In the health care setting providers are sometimes guilty of treating the client as a curiosity, a problem, or a disease. This stance may create emotional distance, an unwillingness to "be there" with the client. In order to be able to focus on clients conditions, the nurse must first and foremost, remember that the client is a human being in need of empathy and understanding.

Using Jargons: Health care professionals often distance themselves from clients by using jargons. Nurses should use language that is easily understood by the average lay person.

Communication Blocks: Certain responses that are acceptable in the context of social conversation may be inappropriate during therapeutic interaction. Communication roadblocks can confuse, intimidate or even anger the client. Nurses must strive to develop strategies and techniques to optimize the therapeutic value of their interaction.

2.9 COMMUNICATION STRATEGIES FOR NURSES

The following guidelines can be adopted to enable nurses communicate effectively with patients

- Use of open-ended questions to enhance the client's sense of control.
- Consider the reported client's age, developmental level, cultural background, and health status.
- Be mindful of clients knowledge and literacy level, and speak neither down to the client or over client's head
- Maintain a calm and caring demeanours, even if time is limited

2.10 IMPROVING NURSE-PATIENT COMMUNICATION

- Sitting down during patient encounters
- Developing an understanding of the patient as an individual, not as a disease.
- Showing empathy and respect
- Listening attentively and creating a partnership
- Eliciting concerns and calming fears
- Answering questions honestly
- Informing and educating patients about treatment options and the course of care
- Involving patients in decisions concerning their medical care
- Demonstrating sensitivity to patients' cultural and ethnic diversity

CHAPTER THREE

METHODOLOGY

3.1 RESEARCH DESIGN

A descriptive method of study design was employed. It specifies the nature of a given phenomena which involves a systematic collection and presentation of data to give clear or detail description of a particular situation in a specific population. This design was chosen because it describes a particular situation (factors affecting communication and relationship between nurses and surgical patients). It was a small-scale study since it was limited to nurses and surgical patients at the surgical unit of KATH, Kumasi.

3.2 RESEARCH SITE

The study was conducted in the Surgical unit of Komfo Anokye Teaching Hospital (KATH) in Kumasi, Ashanti regional capital. The strategic location of KATH makes the hospital accessible to all areas that share boundaries with Ashanti Region and others that are far away (all three Northern regions, Brong-Ahafo, Central, Western, Eastern and parts of Volta Region).

3.3 STUDY POPULATION

The target population of this study involved 40 nurses and 40 conscious surgical patients of age 20 years and above at the various service points of the Surgical unit.

The following inclusion criteria were used as a guide for the identification of nurse participants

- Working in the department as a direct caregiver
- Having worked in a department for at least one year.
- A patient participant should have been diagnosed with a surgical condition or had accident and referred to a specified unit.
- Ability of patients to verbally express themselves
- Ability of patients to identify one or two particular nurses who care for them.

3.4 SAMPLING TECHNIQUE AND SAMPLE SIZE

A purposive sampling technique was employed in conducting the study. This is a non-probability sampling technique where subjects who were thought to be important to the study were selected for inclusion.

In all, a population of 100, confidence interval and level of 5% and 95% respectively, a sample size of 80 participants (40 nurses and 40 patients) was used.

3.5 DATA COLLECTION

The study was a survey, using a questionnaire as the data collection tool. A structured questionnaire with open- and close- ended questions was used. The questionnaire (see appendix 2) has two parts; one for nurses and the other for patients. Members of the research team, made up of final year student nurses, administered the questionnaire. The responses provided by the respondents were recorded by the interviewers.

3.6 PRE-TEST OF QUESTIONNAIRE

To ensure validity and reliability of results, a pre-test was done at the surgical block of Suntreso Government Hospital, on 5 nurses and 5 patients. The necessary corrections were made and questionnaire modified according to responses, so as to help in eliminating irrelevant questions.

3.7 ETHICAL CONSIDERATION AND DATA COLLECTION PROCEDURES

A letter of introduction was obtained from the Head of Department Nursing of Christian Service University College and used to seek clearance from the administration of both hospitals. Verbal consent was sought from various units in the hospitals for which clearance has been sought for the study.

3.8 STATISTICAL ANALYSIS

The Statistical Package for the Social Sciences (SPSS) was used to analyse the data collected.

CHAPTER FOUR

RESULTS AND DISCUSSION

Data were collected from a sample population of 40 nurses and 40 patients at Komfo Anokye Teaching Hospital Kumasi.

4.1 SOME DEMOGRAPHIC FEATURES OF SURGICAL PATIENTS AND NURSES

TABLE 4.1. AGE OF PATIENTS AND NURSES

AGE (YEARS)	PATIENTS		NURSES	
	NUMBER	PERCENTAGE	NUMBER	PERCENTAGE
20-24	6	15.0	1	2.5
25-29	7	17.5	21	52.5
30-34	5	12.5	15	37.5
35-39	5	12.5	0	0
40 and above	17	42.5	3	7.5
TOTAL	40	100.0	40	100.0

By age, the patients were older, as majority of them, approximately 43% were above 40 years, whereas 52.5% of the nurses were between the ages of 25 and 29 years. The deduction that can be made from the above information is that age difference may be a factor affecting communication and relationship, as patients may feel reluctant discussing their needs with nurses who are younger. As said by Wold (1999) that the old today formed their opinions, values and beliefs in a very different society than ours today. It is not easy for a younger person to understand the experiences of the old age.

Table 4.2 GENDER OF THE NURSES AND PATIENTS

GENDER	PATIENTS		NURSES	
	NUMBER	PERCENTAGE	NUMBER	PERCENTAGE
Male	19	47.5	12	30.0
Female	21	52.5	28	70.0
Total	40	100.0	40	100.0

While the males formed about 48% of the patients, males in the nurses formed 30% (Table 4.1.2). It can then be deduced that gender can affect communication and relationship, in that each sex naturally has different communication styles. Without learning about these natural differences, communication among all will not be successful.

4.2 EDUCATIONAL LEVEL OF PATIENTS AND NURSES

Approximately 35% of patients had tertiary education whereas 60% of nurses had diploma qualifications from tertiary educational institutions. Based on the information exchange of ideas was easier as majority of respondent were literates. [Refer appendix 1 figure 1 and table 1] .This implies that patients are beginning to know their rights about their illness, thus nurses must communicate information about their patients with them and should not decide for them.

4.3 COMMUNICATION BETWEEN NURSES AND PATIENT

TABLE 4.3 PATIENTS' KNOWLEDGE ABOUT THEIR HEALTH CONDITION

KNOWLEDGE ON CONDITION	NUMBER OF PATIENTS	PERCENTAGE
Patient who knew about their condition	35	87.5
Patients who did not know about their condition	5	12.5
Total	40	100

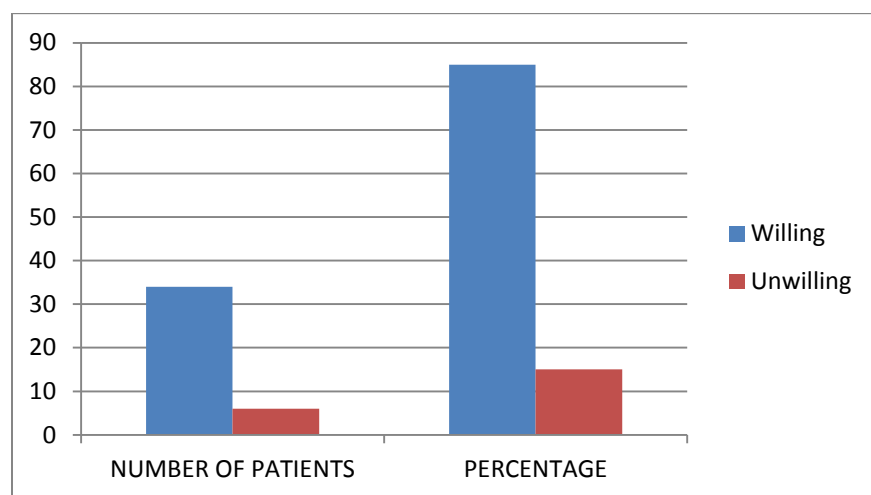
About 87.5% of patients knew about their health condition, whereas 12.5% of them did not know about their health condition. About 43% of patients who knew about their health condition, obtained the information from doctors, while 40% were through nurses (refer appendix 1 table 2). This implies that there is some level of communication between nurses and their patients.

TABLE 4.4 KNOWLEDGE ON ILLNESS AND ITS CAUSES

KNOWLEDGE ON ILLNESS AND ITS CAUSES	NUMBER OF PATIENTS	PERCENTAGE
Had knowledge on illness and its causes	39	97.5
Had no knowledge on illness and its causes	1	2.5
Total	40	100

From the table above, 97.5% of patients had knowledge on their illnesses and their causes. Less than half of the number of nurses (42.5%) said that they normally spent five to ten minutes in communicating with patients, and usually they talked about the nature of illness, stated diagnosis, family and social problems, as well as actions that need to be taken with regards to their health conditions.

FIGURE 4.1 WILLINGNESS OF PATIENT TO TAKE INSTRUCTIONS FROM NURSES



Eighty five percent of the patients participated in their care and took instructions willingly from the nurses.

TABLE 4.5 SATISFACTIONS OF PATIENTS AND NURSE ABOUT COMMUNICATION AND RELATIONSHIP

LEVEL OF SATISFACTION	NURSES		PATIENTS	
	NUMBER	PERCENTAGE	NUMBER	PERCENTAGE
Satisfied	29	72.5	30	75
Unsatisfied	5	12.5	6	15
Don't know	6	15	4	10
Total	40	100	40	100

Approximately 73% of the nurses were satisfied with the level of communication and relationship with patients and got to know by patients telling them of their satisfaction. On the other part of the

patients, 75% of them were satisfied with the level of communication and relationship with their nurses, whereas 10% of them were disappointed.

The above findings revealed that both patients and nurses value the need to communicate with each other and how important communication is in terms of their relationship with each other. The findings support the views of Saxton *et al* (2003), that communication is a universal basic need through which humans maintain contact with reality, validate findings with others and develop a concept of self in relation to others. It also supports the view that nurse-patient relationship is fundamental to nursing and it sets the tone of care for patients (Benner and Wrusel, 1989; Ramos, 1992; Tanner *et al.*, 1993; Weissman and Appleton, 1995; Taylor, 1998; and Press Ganey Associates Inc.2007).

4.4 CHALLENGES CONFRONTING PATIENTS AND NURSES ON COMMUNICATION AND RELATIONSHIP

TABLE 4.6 REASONS FOR NOT SEEKING CLARIFICATION FROM NURSES

REASONS FOR NOT SEEKING CLARIFICATION	NUMBER OF PATIENTS	PERCENTAGE
Previous experience from rude nurses	30	75
Perception of nurses as being rude and unfriendly	3	7.5
Sheer reluctance due to fear	6	15
Not important as you might not understand their terms	1	2.5
Total	40	100

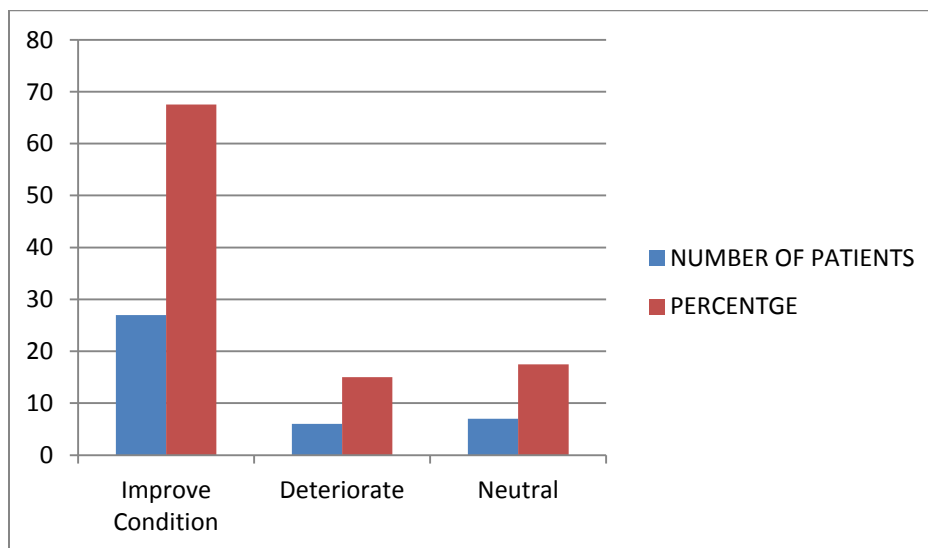
From the table, majority (75%) of patients did not seek any clarification from nurses. This was attributed to their experiences with rude nurses

The above observation revealed that most patients do not get much information from nurses based on previous bad encounter they had had with some nurses. This supports the assertions outlined by Calnan (1984) as common complaints made when patients' expectations are not met.

TABLE 4.7 REACTIONS OF NURSES TO PATIENTS' COMPLAINTS

REACTION OF NURSES TOWARDS PATIENTS	NUMBER OF PATIENTS	PERCENTAGE
Nurses shout at you	24	60
Nurses get angry at you	8	20
Nurses ignore your complaints	5	12.5
Nurses listen to your complaints	3	7.5
TOTAL	40	100

Sixty percent (60%) of patients said nurses shouted at them when they complained, whereas only 7.5% of patients admitted that some nurses do listen to them when they complain.

FIGURE 4.2 EFFECT OF PATIENTS' COMMUNICATION/ RELATIONSHIP WITH NURSES ON ILLNESS

About 67% of patients said that their condition had improved as result good communication and relationship with their nurses, whereas 15% of patients said their condition had deteriorated due to poor communication and relationship with nurses.

TABLE 4.8 PROBLEMS NURSES FACE WHEN COMMUNICATING WITH PATIENTS

PROBLEM	NUMBER OF NURSES	PERCENTAGE
Lack of cooperation from patients	10	25
Language barriers	15	37.5
Lack of assistance from colleagues	2	5
Lack of cooperation from patients and Language barriers	9	22.5
Lack of cooperation from patients, Language barriers and Lack of assistance from colleagues	4	10
Total	40	100

From table 4.3.3, the most common problem of nurses was language barrier, as 35% of them them said language barrier was a problem they faced, whereas lack of assistance from colleagues was the least problem.

4.5 FACTORS PREVENTING GOOD COMMUNICATION AND RELATIONSHIP BETWEEN PATIENTS AND NURSES

TABLE 4.9 REASONS WHY PATIENTS DO NOT TAKE INSTRUCTION FROM NURSES

REASONS	NUMBER OF NURSES	PERCENTAGE
Lack of trust in nurses	20	50
Much trust in other health professional	5	12.5
Condition of patient	15	37.5
Total	40	100

While approximately 50% of the nurses said that patients do not have trust in them, 12.5% said that some patients had more trust in other health professionals, like the Doctors.

4.6 BARRIERS TO EFFECTIVE NURSE – PATIENT COMMUNICATION AND RELATIONSHIP

Approximately 41% of the sampled nurses said that language, unfamiliar environment, lack of knowledge on subject matter, aggressive patients, unfamiliarity with patient or relation, different ethnic groups, were the major barriers to effective communication.(appendix 1 table 3)

TABLE 4.10 CAUSES OF INEFFECTIVE COMMUNICATION

FACTORS	NUMBER OF NURSES	PERCENTAGE
Lack of knowledge on what should be communicated	3	7.5
Time constraints	12	30
Lack of knowledge on what should be communicated, time constraints, lack of cooperation from patients / relatives and pressure of work	14	35
Total	40	100

About 35% of nurses held the view that lack of knowledge on what should be communicated, time constraint, lack of cooperation from patients and relations, pressure of work, contributed ineffective communication and relationship.

TABLE 4.11 PATIENTS VIEW ON CAUSES OF INEFFECTIVE COMMUNICATION AND RELATIONSHIP

CAUSES	NUMBER OF PATIENTS	PERCENTAGE
Rude nurses	6	15
Failure to explain problems and unclear instructions by nurses	2	5
Rude nurses and lack of empathy by nurses	7	17.5
Rude nurses and unclear instruction by nurses	4	10
Rude nurses, Failure to explain problems, unclear instructions by and lack of empathy by nurses	21	52.5
Total	40	100

Approximately 53% of the patients had the view that rudeness of the nurses, failure to explain procedure, unclear instructions by nurses and lack of empathy are some of the causes of ineffective communication and relationship.

This support Brody (2003) who outlined language, culture, client's health status, developmental level, emotion, using jargons and communication blocks are barriers to therapeutic communication and relationship.

4.7 FACTORS PROMOTING GOOD COMMUNICATION AND RELATIONSHIP

TABLE 4.12 FACTORS ACCOUNTING FOR PATIENTS SATISFACTION

FACTORS	NUMBER OF PATIENTS	PERCENTAGE
Friendliness of nurses	4	10
Clarity of communication	7	17.5
Friendliness of nurses and readiness of nurses to attend to needs	4	10
Friendliness of nurses, readiness of nurses to attend to needs, clarity of communication and, detailed explanation of problem	25	62.5
Total	40	100

Approximately 63% of the sampled patients were of the view that friendliness of the nurses in attending to needs, clarity of communication and detailed explanation of problems are factors that can improve communication and relationship.

TABLE 4.13 OVERCOMING COMMUNICATION BARRIERS

WAYS TO OVERCOME BARRIERS OF COMMUNICATION	NUMBER OF NURSES	PERCENTAGE
Training nurses on languages	17	42.5
Employing language translators	6	15
Increasing nurse –patient ratio	3	7.5
Attitudinal change by nurses	14	35
Total	40	100

In order to overcome communication barriers, the two main suggestions made by the nurses were; the need for the training of nurses in various languages and the need for attitudinal change in nurses.

TABLE 4.14 FACTORS ENHANCING COMMUNICATION AND RELATIONSHIP IN NURSES VIEW

ENHANCING FACTORS OF COMMUNICATION	NUMBER OF NURSES	PERCENTAGE
Readiness of patients to listen to nurses	4	10
Explaining more clearly to patient	2	5
Creating a familiar environment	5	12.5
Involving patients relations	7	17.5
Readiness of patients to listen to nurses, creating a familiar environment, explaining more clearly to patient, and involving patients relations	22	55
Total	40	100

About 53% of the nurses asserted that the readiness of patients to listen, creating familiar environments, explaining more clearly to patients and involving patients' relations are factors that enhance communication. The findings support the survey of Press Ganey (2007) which identified nurse communication as the factor with greatest impact on patients' overall ratings of their hospital experience. They also stated that quality of communication in nursing has the highest impact on patient's likelihood to recommend a hospital

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

This study explored factors influencing communication and relationship between nurses and surgical patients at the surgical unit of Komfo Anokye Teaching Hospital.

5.1 CONCLUSION

The topic for the study was about factors that can influence communication and relationship between nurses and surgical patients at Surgical Unit of Komfo Anokye Teaching Hospital

From the findings, it was realized age difference between nurses(25-29 years) and patients(40 years and above) was a factor that affected communication and relationship since the patients held their set of values, opinions and experiences which made understanding and interpretation of messages difficult. It was revealed that patients got to know about their conditions through doctors with nursing reinforcing the information given by the doctors, and that made the patients participated willingly in their care. The patients were satisfied with the care the nurses rendered to them. It was also identified that, some of the patients did not seek for more information from nurses because of previous experiences from rude nurses but most of them had their conditions improved due to the cordial relationship that existed between the nurses and the patients.

The study showed language, unfamiliar environment, lack of knowledge on subject matter, aggressive patients, different ethnic groups as the major barriers to effective communication. And the causes were lack of knowledge on what should be communicated, time constraints, lack of cooperation from patients and relatives and pressure of work according to the nurses view. But the patients had the view that rude nurses, failure to explain problems, unclear instructions and lack of empathy by nurses were the causes of ineffective communication and relationship. It was also revealed that, friendliness of nurses and readiness of nurses to attend to needs, clarity of communication and detailed explanation of problem, training of nurses on different languages, attitudinal change are some of the factors that could promote good communication and relationship. Also readiness of patients to listen to nurses, creating familiar environment, explaining more clearly to patients and involving their relations are factors that can enhance communication and relationship between the nurses and the patients.

5.2 RECOMMENDATION

Based on the findings and conclusion of the study, we recommend that;

1. Nurses obtain knowledge about the patient and respect for their uniqueness.
2. Nurses adopt the habit of spending time with the patients and speaking the language of caring to them.
3. More nurses should be employed to meet the nurse-patient ratio.
4. Translators maybe employed by the hospital to help deal with the language barrier.
5. Frequent in-service training on therapeutic communication strategies can be organised for all health professionals in the hospital.

REFERENCES

- Benner, P. & Wrubel, J. (1989), *the Primacy of Caring: Stress and Coping in Health and Illness*. Boston: Addison-Wesley, Reading, MA.
- Bowels, N. B., Mackintosh, C., Torn, A. (2001), *Nurses' Communication Skills: an evaluation of the impact of solution-focused communication training*. *Journal of Advanced Nursing*, 36 (3), 347-354.
- Brody, M.(2003). *The nurse-patient relationship*. [Online] Available from:[http://www.faculty.ksu.edu.sa/geamey/mylib/communication and nurse-patient relationship](http://www.faculty.ksu.edu.sa/geamey/mylib/communication%20and%20nurse-patient%20relationship) [Accessed June12,2014].
- Business Dictionary(2014),www.businessdictionary.com/login.php
- Calnan, J. (1984). *Talking with Patients*: Heinemann research in nursing and health. Heyden and Son Inc. Philadelphia
- Chant, S., Jenkinson, T., Randle, J. and Russel, G.(2002). *Communication skills: some problems in nursing education and practice*. *Journal of Clinical Nursing* 11 (1) , 12-21.
- Fallowed, L., Saul, J. and Gilligan, B. (2001). *Teaching senior nurses how to teach communication skills in oncology*. *Cancer Nursing*, 24 (3) June, pp. 185-191.
- Huber, D.(2000). *Effective Communication and team Building*. In: Zerwekh, J. G. and Claron, J. C. *Nursing Today, transition and trends*. Saunders, p. 232.
- Johnson, J.(2000). *The nursing shortage: A difficult conversation*. *Journal of nursing Administration*, 30 (9) September, pp. 401-402.
- J.M.Morse(2007),*Negotiating Commitment and involvement in the nurse-patient relationship*,*Journal of Advanced Nursing*,volume 16,issue 4,pages455-468,April1991
- King, I. M. (1981). *Toward a Theory for Nursing*. New York, John Wiley.
- Korsah, K.A. (2011). *Nurses: Factors, Positive Nurse-Client Interactions; Barriers to Positive Nurse-Client Interaction, Role Play*. *Open Journal of Nursing*, pp 1, 19.
- Leebov Golde and Associates. (2001). *The Nurse Patient Relationship Is Central to Patient Satisfaction*. *The Quality Patient Experience: Concrete, Sustainable Solution for Your Healthcare Team* [online] Available from: <<http://www.quality-patient-experience.com>> [Assessed June, 21, 2014]
- Macmillan Dictionary(2009),www.macmillandictionary.com/british,online English from Macmillan Publish limited.

- May, C.(1991). *Affective neutrality and involvement in nurse-patient relationships: perceptions of appropriate behaviour among nurses in acute medical and surgical wards*. Journal of advanced Nursing 16 (5) May, pp. 552-558.
- May, C. (1995). 'To call it was somehow demeans it': *the social construction of talk in the care of terminally ill patients*. Journal of Advanced Nursing 22 (3) September, pp. 556-561.
- McQueen, A. (2000). *Nurse-patient relationships and partnership in hospital care*. Journal of Clinical Nursing 9 (5) September, pp. 723-731.
- Morse, J. (1991). *Negotiating commitment and involvement in the nurse-patient relationship*. Journal of advanced Nursing 16 (4) April, pp. 455-468.
- Morse, J. M., Haven, G. D. and Wilson, S. (1997). *The comforting interaction: developing a model of nurse-patient relationship*. Scholarly Inquiry for Nursing Practice 11 (4) winter, pp. 321-343.
- Mpiani-Brobbe, Y. (2011). *Introduction to customer training in Ghana Health Service*, Unit 1. [Online workshop] In: Ghana Health Service Customer Care Training. Available from: [http://www.ahsag.org/workshops/customer_care-Mr. Brobbey 9pdf application/pdf object](http://www.ahsag.org/workshops/customer_care-Mr._Brobbe_9pdf_application/pdf_object) [Accessed June 21,2014]
- Paterson, J. G. and Zderad, L.T. (1976). *Humanistic Nursing*. New York: John Wiley and Sons.
- Patton, B.R. and Giffin, K. (1977). *International communication in action: Basic text and readings*. (2nd ed.) New York: Harper and Row, Publishers.
- Peplau, J.G. (1952). *Interpersonal Relations in Nursing: A Conceptual Frame of Reference* New York: G. P. Putnam.
- Press Ganey. (2007). *Nurse Patient Relationship Survey Items: The quality Patient Experience: Concrete, Sustainable Solutions for Your Healthcare Team* [online] Available from: <http://www.quality-patient-experience.com> [Accessed June 2014]
- Press Ganey Associates Incorporated.(2007). *The Nurse Patient Relationship Is Central to Patients Satisfaction. The Quality Patient Experience: Concrete, Sustainable Solution for Your Healthcare Team* [online] Available from: <http://www.quality-patient-experience.com> [Accessed June 2014].
- Ramos, M. C. (1992). *The nurse-patient relationship: theme and variations*. Journal of Advanced Nursing 17 (4) April, pp. 496-506.

- Rudy,S., Tabbutt-Henry, J., Schaefer, Li and McQuide, P. (2003). *Improving Client-Provider Interaction*. Population Reports, XXXI (4).
- Saxton, D. F., Nugent, P. M. and Pelikan, P. K. (2003).*Mosby's Comprehensive Review of Nursing for NCLEX-RN*. 17th ed. Philadelphia: Elsevier Health Sciences.
- Stein- Parbury, J. (2005).*Communication for effective nursing*. In: Chang, E. and Daly, J. Transition in Nursing. Australia: Elsevier, pp. 163-164.
- Tanner, C.A., Benner, P., Chelsa, C., Gordon, D.R. (1993).*The phenomenology of knowing the patient*. Image: Journal of Nursing Scholarship 25 (4) December, pp. 273-280.
- Taylor, B. (1998).*The nurse-patient relationship as the common ground of nursing specialties*. Australian Journal of advanced Nursing 15 (3) March- May, pp. 6-7.
- Weissmann , J. and Appleton, C.A. 1995. *The therapeutic aspects of acceptance: Perspective in Psychiatric Care* 31 (1) January-March, pp. 19-23.
- Wellard, S., Lillibridge , J., Beamland, C., Lewis, M. (2003).*Consumer participation in acute care settings: an Australian experience*. International Journal of Nursing Practice 9 (4) August, pp. 255-260.
- What is the definition of communication? 2007-2011. [online] Available from: <http://www.relationship-with-self.com/definition of communication> [Accessed June,2014]
- Wold(1999),*Basic Geriatric Nursing*, 2nd edition by Wold RN,BSN,MS,Gloria Hoffman,Published by Mosby(1999),

APPENDIX 1

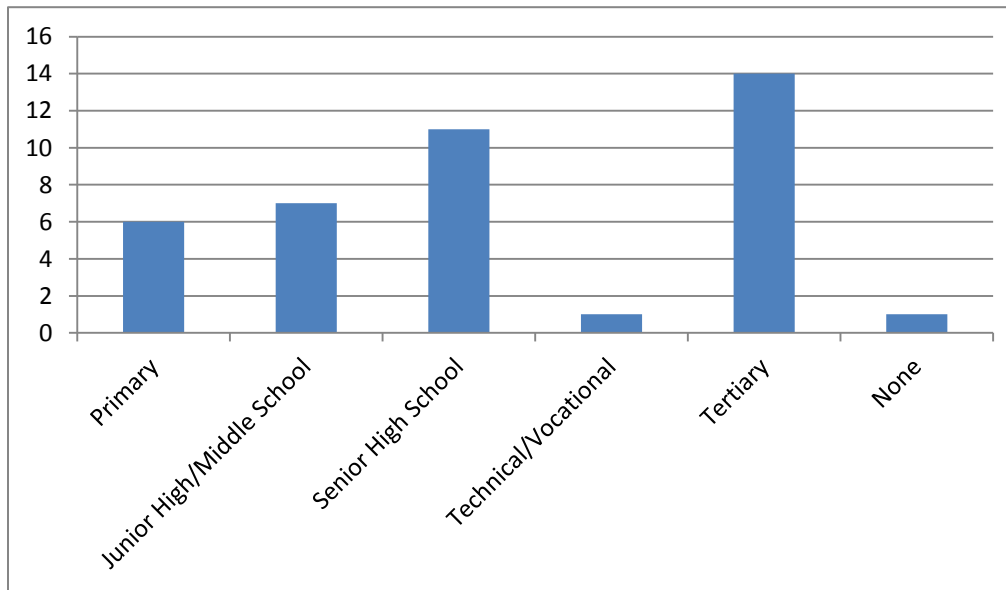


Figure 3: EDUCATIONAL LEVEL OF PATIENTS

TABLE: 15 EDUCATIONAL LEVEL OF NURSES

EDUCATIONAL LEVEL	NUMBER OF NURSES	PERCENTAGE
State Registered Nurse	2	5.0
Diploma in Nursing	24	60.0
First Degree in Nursing	10	25.0
Enrolled Nurse	1	2.5
Other	3	7.5
TOTAL	40	100

TABLE 16 KNOWLE DGE ABOUT CONDITION

KNOWLEDGE ABOUT CONDITION	NUMBER OF PATIENTS	PERCENTAGE
Knew about condition	35	87.5
Did not know about condition	5	12.5
TOTAL	40	100

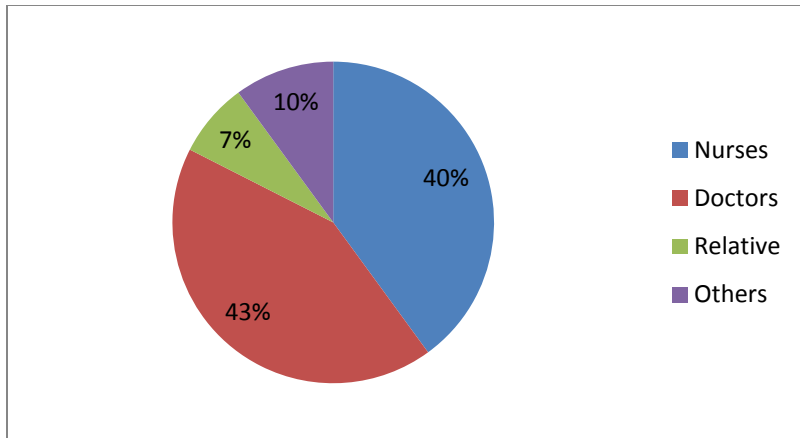


FIGURE 4: HOW PATIENTS KNEW ABOUT THEIR CONDITIONS

**TABLE: 17 BARRIERS TO EFFECTIVE NURSE PATIENT COMMUNICATION/
RELATIONSHIP**

BARRIERS	NUMBER OF NURSES	PERCENTAGE
Language	4	10
Lack of knowledge on subject matter	2	5
Unfamiliarity with patients or relations	1	2.5
Language and aggressive patient	1	2.5
Lack of knowledge on subject matter and different ethnic group	2	5
Language and Lack of knowledge on subject matter	6	15
Language and different ethnic group	1	2.5
Language, aggressive patient and different ethnic group	2	5
Language, Lack of knowledge on subject matter and aggressive patient	1	2.5
Language, Lack of knowledge on subject matter and different ethnic group	1	2.5
Language, Unfamiliarity with patients or relations and different ethnic group	1	2.5
Language, unfamiliar environment and Language, Lack of knowledge on subject matter	1	2.5
Language, unfamiliar environment, Language, Lack of knowledge on subject matter, aggressive patients, Unfamiliarity with patients or relations and different ethnic group	17	40.5
Total	40	100

APPENDIX II

Dear respondent,

We are final year students of Christian service University College, Nursing Department conducting a study on factors affecting communication and relationship between nurses and surgical patients at Komfo Anokye Teaching Hospital, Kumasi.

This exercise is purely for academic reasons and any information provided by the respondent will be treated confidential. You are assured that the information you will provide will be solely used for the purpose of this study. Thank you for accepting to be part of this exercise

Please tick () or write where appropriate in the box and/or spaces provided below.

PART ONE (PATIENTS)

SECTION A: DEMOGRAPHIC DATE

1. Age in years: 20-24 [] 25-29 [] 30-34 [] 35-39 [] 40 and above []
2. Gender: Male [] Female []
3. Education level:
Primary [] Technical/Vocational []
Junior High School/Middle School [] Tertiary []
Senior High School [] None []
Other (please specify).....

SECTION B: COMMUNICATION AND RELATIONSHIP WITH NURSES

4. Do you know the condition you were admitted with?
Yes [] No []
5. How did you get to know about your condition?
Do not know about my condition [] From relatives []
From nurses []
From doctors [] Other (specify).....
6. Do nurses explain to the best of your knowledge and understanding on your illness and it causes?
Yes [] No []

7. Considering what you knew or had heard about attitudes of nurses, would you say your Expectation regarding communication and relationship with nurses was.....

Higher than expected [☐]

Some as expected [☐]

Lower than expected [☐]

Can't tell/don't know [☐]

8. If you had the choice would you choose to be admitted at the same ward?

Yes [☐]

No [☐]

Neutral [☐]

9. What accounts for your choice above?

.....
.....

SECTION C

CHALLENGES CONFRONTING PATIENTS REGARDING COMMUNICATION AND RELATIONSHIP

10. What normally prevents you from seeking clarification from nurses?

Previous experience of rude nurses [☐]

Perception of nurses as being rude and unfriendly [☐]

Sheer reluctance to know due to fear [☐]

Not important as you might not understand the terms [☐]

11. What reactions are meted out on you when you complain about nurses attitude?

.....
.....

12. How has your communication and relationship with nurses affected your illness?

.....
.....

SECTION D

FACTORS PREVENTING GOOD COMMUNOCATION AND RELATIONSHIP

13. What are the causes of ineffective communication and relationship in your view?

.....

.....

SECTION E

FACTORS PROMOTING COMMUNICATION AND RELATIONSHIP

14. What factors in your own view can promote good communication and relationship?

.....

.....

.....

PART TWO (NURSES)

SECTION A: DEMOGRAPHIC DATA

1. Age in years: 20-24 [☐] 25-29 [☐] 30-34 [☐] 35 – 39 [☐] 40 and above [☐]
2. Gender: Male [☐] Female [☐]
3. Level of Professional Education:
State Registered Nurse [☐]
Diploma in Nursing [☐]
First Degree in Nursing [☐]
Other.....

SECTION B: COMMUNICATION AND RELATIONSHIP WITH PATIENTS

4. How long do you communicate with your patients?

- Less than one minute [☐] Five to ten minutes [☐]
One to two minutes [☐] More than ten minutes [☐]
Two to five minutes [☐]

5. What do you usually communicate with patients about? You may choose more than one option.

- Nature of illness [☐] Family and social problems [☐]

Stated diagnosis []

what needs to be done []

Other (please specify).....

6. Are patients generally willing to take common instructions from nurses and to participate in their care?

Yes []

No [] []

7. Do you get a feeling that your patients are usually satisfied with your level of communication/relationship with them?

Yes []

No []

don't know []

8. If yes, how do you know they are satisfied?

Facial expression []

Verbal expression []

Nodding in approval []

Other (please specify).....

9. If no, how do you know they are not satisfied?

Facial expression

[]

verbal expression []

Sign of disapproval (shaking head) []

Other (please specify).....

SECTION C

CHALLENGES CONFRONTING NURSES REGARDING COMMUNICATION AND RELATIONSHIP

10. What problems do you sometimes face when communicating with patients?

Lack of cooperation from patients []

Language barriers []

Lack of assistance from colleagues []

Other (please specify).....

SECTION D

FACTORS PREVENTING GOOD COMMUNICATION AND RELATIONSHIP

11. Why are the patients not willing to take instructions from nurses?

.....
.....

12. In your opinion, what are the significant barriers to effective communication and relationship?

.....

.....

.....

13. Why do you think your communication and relationship with patients and their relatives may sometimes be ineffective?

Lack of knowledge on what should be communicated []

Time constraints []

Lack of cooperation from patients/relations []

Pressure of work []

SECTION E

FACTORS PROMOTING COMMUNICATION AND RELATIONSHIP

14. What factors have you identified as enhancing communication and relationship of nurses with patients? You may choose more than one option.

Readiness of patients to listen []

Familiar environment [] Knowledge of subject content []

Familiar patients [] same culture/tribal group []

Other (please specify).....

15 .In your opinion how can barriers to communication be overcome?

.....

.....

.....

16. If you feel your patient is not satisfied with your level of communication and relationship, how do you try to satisfy/him/her?

Communicate information another time []

Explain more clearly []

Work through patient's relations []

Get other colleagues to assist []

17. Apart from the outcome of clinical care, how else can nurse-patient communication/relationship be useful?

.....

.....

.....

THANK YOU.