

Research Article

Perceived Barriers in Communicating with Nurses and Patients During Clinical Learning among Nursing Students of Two State Universities in Sri Lanka

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Abstract

Introduction: Nursing students who undergo clinical learning in hospitals frequently communicate with nurses and patients. Communication barriers act as a burden to reach the desired quality of their learning. Previous studies indicate that barriers to communicate with nurses by nursing students are significantly higher compared to patient-related and nursing student-related barriers. This study aimed to describe perceived barriers to communicate with nurses and patients during clinical learning among nursing students of two state universities in Sri Lanka. **Methods:** A descriptive cross-sectional study was conducted using a convenience sample of 120 nursing students from 2nd, 3rd and 4th years in the University of Sri Jayewardenepura and the Eastern University of Sri Lanka. A previously validated questionnaire, consisting three barrier categories; nurse-related, patient-related and student-related was adapted and pretested for the study. Data were analyzed using descriptive and inferential statistics in SPSS version 23. **Results:** The majority of participants were females (77.5%). All three barrier categories were perceived as moderate by a majority; 66.7%, 72.5% and 66.6% respectively. Nurse-related barriers had the highest overall mean score (3.31±0.56) compared to patient-related (3.12±0.64) and nursing student-related (3.00±0.68) barriers. The highest mean score (3.91±0.99) was evident for nurses' negative attitudes towards nursing students, serious disease conditions of patients (3.75±1.03), and language differences (3.34±1.36). **Conclusions:** The three tested barrier categories were found to be moderate where nurse-related barriers were the highest and nursing student-related barriers were the lowest. The study recommends to provide adequate training on effective communication skills in clinical settings for nursing students. Continuing education programs for nurses should also focus on facilitating student training in clinical settings.

Keywords: Clinical learning, Communication barriers, Nursing students, Nurses, Patients

Introduction

Clinical learning is essential for shaping nursing students as future professional nurses, with the opportunity to practice in a clinical setting under the guidance of registered nurses. Clinical learning environment is an interactive network of forces that influence student learning outcomes within the clinical setting [1], where they have the opportunity to transform theoretical knowledge into various skills and abilities significant for patient care by interacting with patients and nurses [2-3]. Further, those interactions and experiences with real patients,

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nurses, and others in the clinical setting will mold the development of nursing students' professional identity [4], and add a strong value to the nursing profession at the outset of their career [5] depending on the clinical area that they are attached to [6].

A positive and friendly relationship between nursing students, nurses, and instructors have influenced the clinical learning environment by increasing students' self-confidence [7]. Accordingly, most favorable clinical learning environments positively impact on the students' professional development [5]. Many factors such as knowledge on nursing, importance of attaining nursing skills, time management, realistic client care situations, workload, and communication skills have an influence on clinical learning of nursing students [8].

Communication is a golden opportunity for learning, supporting, motivating, obtaining experiences construct in real situations of education, making healthy decisions and promoting healthy practices [9]. Effective communication among nurses, patients, and nursing students play an important role in the provision of quality care in healthcare systems [10]. Failure to communicate effectively leads to misunderstanding, anxiety, misdiagnosis, maltreatment, complications, increased length of hospital stay, waste of resources and dissatisfaction in healthcare [11]. Communication barriers can influence the interactions between people from different cultures and languages [12] and thereby interpersonal relations and team work can be affected [13].

Job related stress [14], lack of nursing staff, high workload of nurses, culture and attitudes of nurses [15], lack of time and low staff support, nurse's low self-image/self-esteem, unresolved emotional issues, hidden known or unknown agendas, nurse's cultural taboos about

communication, personal history and background, psychosocial level, literacy and financial factors were identified as nurse-related barriers for communication [16].

Culture and attitudes of patients [15], fear, anxiety, lack of privacy, unresolved emotional issues, personal history and background, psychosocial level, literacy, financial level [16], uncooperative patients and family [17] were considered as patient-related barriers for communication.

Many nursing students face communication difficulties with their facilitators and patients during their clinical learning [18]. Nursing student-related barriers for communication identified in previous studies include; students' negative communication experiences, lack of training, low self-efficacy and power status, poor emotional regulation and cultural considerations [19], lack of knowledge about communication with patients, low self-confidence, disregard for patient's privacy [20], language differences, loss of important information during their practice, difficulty in finding the right words or medical terms [21], unfriendly, uninterested or negative interactions with ward staff, heavy workload, overcrowding and work pressure, uncooperative patients/family, and having few chances to practice taught skills [17]. Accordingly, effective communication is important to maintain good inter personal relationships between nursing students and nurses as well as nursing students and patients. Further, there were no published research regarding this topic particularly on communication barriers among nursing students and nurses, and nursing students and patients in Sri Lanka.

Previous studies conducted in other countries were focused on the view point of nurses and patients on communication barriers within healthcare facilities [22-27]. The aim of this

study was to describe barriers perceived by nursing students to communicate effectively with nurses and patients during their clinical learning.

Methods

Design and settings

A descriptive cross-sectional study was carried out among nursing students attached to the Department of Allied Health Sciences, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka and B.Sc. Nursing unit, Department of Supplementary Health Science, Faculty of Health-Care Sciences, Eastern University of Sri Lanka in 2019. The selection of study settings was made purposively to include participants from different cultures/ethnicities and spoken languages, considering the difficulties encountered by nurses and student nurses with patients from different cultural backgrounds [28-29].

Sampling technique

A total of 120 nursing undergraduates from the 2nd, 3rd and 4th years of Bachelor of Science Honors in Nursing degree programs of both universities including 54 students from the University of Sri Jayewardenepura and 66 students from the Eastern University of Sri Lanka participated in this study. The first year students were excluded because of their lack of clinical experience compared to other students. Lateral entry students were also excluded as they are practicing nurses and it may affect their responses on nurse-related barriers. The study employed convenience sampling method.

Data collection, variables and measurements

The study was carried out using a structured, self-administered questionnaire. A previously validated self-administered questionnaire from Iran [22] was adapted with permission from the author and modified for the study with expert opinion. The questionnaire was pretested by using 10 nursing students from the University of

Ruhuna, Sri Lanka. The questionnaire consisted of four parts. Part A collected information on the key socio-demographic variables of the participants' age, gender, university, academic year, ethnicity and marital status, Part B had 15 questions to assess nurse-related communication barriers for nursing students, Part C had 11 questions to assess the patient-related communication barriers, and Part D had 19 questions to assess nursing students-related communication barriers. Permission from the Deans of the respective faculties were obtained for data collection. The questionnaire was administered by the principal investigator after obtaining informed consent from those who volunteered to participate.

Statistical analysis

Data were analyzed using Statistical Package for Social Sciences (SPSS) version 23. Descriptive statistics was used and factors associated with demographic variables were determined by General Linear Model (Univariate) test. A probability of $p \leq 0.05$ was considered as significant.

Ethical approval

Ethical approval for the study was obtained from the Ethics Review Committee of the Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka (Ref: Nur/07/18).

Results

Socio-demographic characteristics

The socio-demographic characteristics of the participants are presented in Table 1. The mean age of the participants was 23.81 ± 1.13 years. Most (95.0%) of them were in the 21-25 years age group. The majority of the participants were females (77.5%). Most of them were Sinhalese (80.8%) and from the second year (40.8%) of the study programme.

Table 1: Socio-demographic characteristics of students (n=120)

Variables		Frequency (%)
Age (years)	21–25	114 (95.0)
	26–30	06 (05.0)
University	University of Sri Jayewardenepura	54 (45.0)
	Eastern University of Sri Lanka	66 (55.0)
Academic Year	2 nd	49 (40.8)
	3 rd	38 (31.7)
	4 th	33 (27.5)
Gender	Male	27 (22.5)
	Female	93 (77.5)
Ethnicity	Sinhala	97 (80.8)
	Tamil	14 (11.7)
	Muslim	9 (07.5)
Marital status	Single	118 (98.3)
	Married	2 (01.7)

Overall mean score comparison of communication barriers

Overall mean scores of three categories of barriers for communication is presented in Table 2. Among all three barrier categories, the nurse-related communication barriers showed the highest overall mean score (3.31±0.56) while nursing student-related barriers for communication showed the lowest overall mean score (3.00±0.67).

Table 2: Overall mean score comparison of three categories of barriers for communication

Barrier categories	Mean Score (M±SD)
Nurse related	3.31±0.56
Patient related	3.12±0.64
Nursing student related	3.00±0.67

M- Mean, SD- Standard Deviation

Overall distribution of responses of students for categories of barriers

All the three categories of barriers; nurse-related, patient-related, and nursing student-related barriers were perceived as moderate by a majority of students; 66.7%, 72.5% and 66.6% respectively (Table 3).

Top-five mean score ranking of communication barriers

Among all nurse-related barriers, nurses’ negative attitude towards students was perceived by a majority as a barrier for communication, with the highest mean score (3.91±0.99). The barrier, ‘serious disease conditions of patients’ was perceived by a majority of students as a patient-related barrier for communication with the highest mean score of 3.75±1.03. Language differences was perceived by a majority of students as a barrier for communication with the highest mean score (3.34±1.36) among all nursing student-related communication barriers (Table 4).

Table 3: Overall distribution of responses of students for categories of barriers for communication with patients and nurses (n=120)

Barrier categories	Low barrier (%)	Moderate barrier (%)	Severe barrier (%)
Nurse-related barriers	6 (5.0)	80 (66.7)	34 (28.3)
Patient-related barriers	14 (11.7)	87 (72.5)	19 (15.8)
Nursing student-related barriers	23 (19.2)	80 (66.6)	17 (14.2)

Table 4: Top-five mean score ranking of barriers for nursing students to communicate with nurses and patients

Barriers	Score Mean±SD
Nurse-related barriers	
Nurses' negative attitude towards the students	3.91±0.99
The lack of attention of nursing authorities to how nurses communicate with students in periodic evaluations	3.53±1.08
Nurses' lack of willingness to communicate with students	3.49±1.05
Nurses' reluctance to communicate with students	3.48±0.96
Unpleasant nursing experiences from past encounters with students	3.46±1.01
Patient-related barriers	
Serious disease conditions of patients	3.75±1.03
Language differences	3.51±1.30
Anxiety, pain and discomfort of the patient	3.47±1.18
Lack of patient awareness of the position and the duties of nursing students	3.25±1.03
Disabilities of the patient to speak or hear	3.20±1.14
Nursing-student-related barriers	
Language differences	3.34±1.36
Lack of collegiality (the cooperative relationship of co-workers) among students and nurse	3.28±0.93
Lack of orientation of students to ward setting and staff	3.28±1.15
Physical and emotional discomfort of students	3.22±1.19
Students' negative attitudes towards nurses	3.20±1.19

SD- Standard Deviation

Association between communication barriers and socio-demographic characteristics of the participants

Significant associations were evident between university, gender, and academic year with the nurse, patient, and nursing student-related communication barriers (Table 5). When

considering the nurse related barriers, significant associations were evident between university, gender and academic year and the nurse related barriers. Among patient-related communication barriers, serious disease conditions of patients and language differences were significantly associated with university. Lack of attention and

Table 5: Association between nurse, patient and nursing student-related communication barriers and demographic characteristics of the participants

Barrier category	Barrier statements	University (p-value)	Gender (p-value)	Year (p-value)
Nurse related	A lot of nursing jobs throughout the day/ being overworked	0.000*	0.012*	0.544
	Lack of nursing staff	0.000*	0.443	0.430
	Lack of time	0.002*	0.104	0.342
	Negative attitude towards the students	0.008*	0.029*	0.790
	Low self-esteem of nurse	0.111	0.021*	0.050*
	Unpleasant nursing experiences from past encounters with students	0.007*	0.176	0.035*
	Nurse’s reluctance to communicate with students	0.012*	0.383	0.810
	The lack of attention of nursing authorities to how nurses communicate with students in periodic evaluations	0.005*	0.120	0.783
Patient related	Lack of willingness to communicate with students	0.065	0.007*	0.407
	Language differences	0.000*	0.362	0.644
	Serious disease conditions of patients	0.039*	0.867	0.944
Nursing student-related	Lack of attention and concentration of the patient	0.340	0.135	0.037*
	Language differences	0.012*	0.948	0.831
	Bad timing of communication	0.035*	0.965	0.100
	Negative attitudes towards the nurses	0.567	0.545	0.006*
	Physical/emotional discomfort of students	0.039*	0.821	0.397
	Poor communication skills of the students	0.019*	0.639	0.298
	Language differences	0.000*	0.256	0.770

*p ≤0.05 was considered statistically significant

concentration of the patient was significantly associated with the year of study. Among the nursing student-related communication barriers, bad timing of communication, physical and emotional discomfort of students, poor communication skills of students and language differences were significantly associated with the university. Students' negative attitudes towards nurses was significantly associated with the year of study.

Discussion

This study was conducted to describe the perceived barriers to communicate with nurses and patients by nursing students during their clinical learning using 120 nursing students from both the University of Sri Jayewardenepura and the Eastern University of Sri Lanka.

Nurse-related communication barriers as perceived by students

Nurse-related communication barriers were perceived as moderate barriers by the majority (66.7%) of nursing students and nurse-related communication barriers were perceived as the most important barriers with the mean score of 3.3 ± 0.56 in this study. Nurses' negative attitudes towards the students, and nurses' reluctance to communicate were identified as highly perceived barriers in this study and it is supported by the findings of a previous study [22]. Being overworked, lack of staff, low self-esteem, and lack of time were not rated high in this study compared to a previous study [22]. Workload and shortage of staff were not identified as highly perceived nurse-related communication barriers in this study but, these were rated as highly perceived barriers in a previous study conducted in Ghana by Amoah *et al.* 2018 [30].

Patient-related communication barriers

The results of this study showed that patient-related communication barriers were perceived as moderate barriers by a majority

(72.5%) of nursing students with a mean score of 3.12 ± 0.64 . Serious disease conditions of patients, language differences, anxiety, pain and discomfort of the patient, lack of patient awareness of the position and the duties of the nursing students, and disabilities of the patient to speak or hear were identified as highly perceived barriers in this study and these findings were also consistent with previous studies [22, 30]. Family interference was identified as a less important patient-related communication barrier in the current study, in contrast with a previous study [22]. Hearing impairment was also found to be one of the important patient-related communication barriers in the current study and this result is consistent with several previous studies [24, 26-27].

Nursing student-related communication barriers

The results of this study revealed that the nursing student-related communication barriers were perceived as moderate barriers by a majority (66.7%) and nursing student-related barriers were perceived as the lowest communication barriers pertaining to the mean score 3.00 ± 0.67 . Language differences was identified as one of a nursing student-related communication barrier in the current study and it supports the result of the previous study [28] conducted in Sweden. Further, physical and emotional discomfort of students was also identified as one of the top-five nursing student-related communication barriers. Similar findings were reported in a previous study conducted in Taiwan [19].

Limitations

The results of this study cannot be generalized to the whole population of nursing students of Sri Lanka because the study was conducted only in two of the universities in Sri Lanka. Data were collected using a self-administered questionnaire. Nursing students themselves had to report their perceived barriers therefore, biases may have

occurred.

Conclusions

All three tested categories of communication barriers; nurse-related communication barriers, patient-related communication barriers and nursing student-related communication barriers were identified as moderate communication barriers by a majority of nursing students. Among those, nurse-related communication barriers were reported as highest and nursing student-related communication barriers were the lowest, based on the overall mean values. It is recommended that nursing students should be trained on effective communication skills, and continuing education programs for nurses should focus on facilitating student teaching in clinical settings.

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