Patients' Perceptions about Nurses' Communication in a Selected Hospital of Rwanda

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Abstract

Between January 2016 and April 2017, the National Committee for Patient Safety documented 137 events that resulted from poor communication between nurses and patients. East Java had the highest percentage (27%), out of the 11 provinces in Indonesia that were measured.

Adverse events, near misses, and other incidents made up 55.47%, 40.15%, and 4.38%, respectively, of the 137 patient safety incidents. The healthcare system has recently favored patient-centered care as well as contact between nurses and patients made possible through effective communication. It has also been obvious that patients were becoming more engaged in their care. Additionally, knowing how patients felt about their treatment made the organization and employees aware of patients' dissatisfaction. According to research done in Canada, the UK, and Australia by the Joint Commission International on patients' perceptions of nurses' communication, there were roughly 10% and 16.6% of adverse events related to dangerous health treatment, respectively.

Keywords: Patients; Perception; Nurse; Communication; Hospital

Introduction

It has become evident in recent years that patients are taking a more active role in their care, and that the healthcare system has been prioritizing patient-centered care. The success of each patient's tailored nursing care depends on effective communication between nurses and patients. To do this, however, nurses must comprehend and assist their patients while exhibiting decorum, kindness, and honesty [1]. Additionally, they should set aside time for the patient to talk in confidence. They also shouldn't forget that this communication will also involve the patient's family and friends, so everyone involved should be able to understand the language used. The ability of nurses to communicate effectively with patients extends beyond just their physical capabilities.

Since nurses spend more time with patients and family members than any other healthcare professional, effective communication is a fundamental ability for all healthcare professionals, but nursing staff in particular. Even in times of distress and ill health, patients may be more likely to have positive experiences when nurses communicate effectively with interest, listen attentively, and show compassion [2].

Based on circumstances involving nurses and patients as well as participant relationships, communication barrier topics can overlap [3]. In order to provide the best possible care for the patient when there are numerous communication barriers present, the nurse needs spend more time and effort communicating properly [4]. From the perspective of patient safety, patient protocols in a clinical setting have had a direct and indirect impact on patients' adverse experiences [5]. According to the patient's perception of the nurse's communication, the environment in which it takes place, prior experiences, personal perceptions of the sender or recipient, and the nature of the message are crucial factors in determining whether or not communication and corresponding safety is effective [6]. A number of factors, including the relationship between the parties, might contribute to poor communication between patients and nurses. When a nurse has several communication difficulties [7]. In order to communicate well in a patient setting and maximize patient care, the nurse needs invest more time and effort [8]. This study was provided basic information on the patients" perception about nurses" communication in the selected hospital of Rwanda, by identifying patient perception about nurse's communication, establishing the relationship between patients and nurse communication during the care and the research was identifying factors influencing patients [9].

Materials and Methods

Descriptive Cross-sectional design was used in this study to describe the patient's perception regarding nurse's communication. This study is a descriptive design means that the study was designed to determine and identify a phenomenon in the real-life situation; it provides knowledge about a particular field within the study and provides a picture on how a situation naturally happens [10]. This study is a cross-sectional as it does not examine the sequence of a phenomenon within time or compares groups; the data is collected at a particular point in time [11]. The researcher collected data from the study setting once in order to identify patients" perceptions regarding nurses" communication in the selected hospital of Rwanda at a particular time. For the goals of this research, a quantitative methodology was used. Through the collection of measurable data and the application of statistical, mathematical, or computer methods, quantitative research is the systematic analysis of phenomena [12]. This quantitative approach's major objective is to assess the validity of a theory's prediction generalizations.

Results and Discussion

The study concerned 88 participants as a sample of the respondents who were determined to respond the designed questions; age of respondents, marital status, education level, gender, ward of hospitalization were used to determine the patients perceptions communication in regarding nurse's Rwanda.

	Variables	Frequency (N = 88)	Percent (%)
Age of respondents	18 to 30 years old	25	28.1
	31 to 40 years old	30	34.0
	41 to 60 years old	19	21.6
	61 years and above	14	15.9
Gender	Male	30	34.1
	Female	58	65.9
Marital status	Married	55	62.5
	Single	23	26.1
	Separated/Divorced	10	11.4
Education level	No study	20	22.7
	Primary school	46	52.3
	Secondary school	17	19.3
	University level	5	5.7
Hospitalization ward	Medical ward	22	25.0
	Surgical ward	33	37.5
	Gyneco-obstetrics ward	33	37.5
Source: Primary data			

Table 1: *Demographic characteristic of respondents.*

Table 1 indicate the different socio demographic characteristic of study respondents, the majority was aged between 18 to 30 years old 25 (28.4%). About gender, 58 (65.9%) was female, and 55 (62.5%) male, and married was 55 (62.5%). Most of study participant have only primaryschool as level of education 46 (52.3%).

Variables		Frequency (N = 88)	Percent (%)
Greets and shows interest in the patient as a person	Strongly disagree	8	9.1
	Disagree	10	11.4
	Agree	64	72.7
	Strongly agree	6	6.8
Use words that show care and concern through-out the interview	Strongly disagree	5	5.7
	Disagree	11	12.5
	Agree	63	71.6
	Strongly agree	9	10.2
Use tone, pace, eye contact and posture that ideas feelings and concern	Strongly disagree	6	6.8
	Disagree	10	11.4
	Agree	66	75.0
	Strongly agree	6	6.8
Respond explicitly to patient statements about ideas feelings and values	Strongly disagree	7	8.0
	Disagree	9	10.2
	Agree	63	71.6
	Strongly agree	9	10.2
Allow patient to complete opening statement without interrupting	Strongly disagree	8	9.1
	Disagree	8	9.1
	Agree	64	72.7
	Strongly agree	8	9.1
Ask is there anything else to elicit full set concerns	Strongly disagree	6	6.8
	Disagree	7	8.0
	Agree	63	71.6
	Strongly agree	12	13.6
Clarifies details as necessary with more specific or yes/no questions	Strongly disagree	9	10.2
	Disagree	10	11.4
	Agree	59	67.0
	Strongly agree	10	11.4
Summarize and give patient opportunity to correct or add information	Strongly disagree	8	9.1
	Disagree	8	9.1
	Agree	58	65.9
	Strongly agree	14	15.9
	Disagree	10	11.4
	Agree	55	62.5
	Strongly agree	18	20.5
Source: Primary data			

***Table 2:** Patient perception regarding nurse's communication.*

Result from table 2 indicates the patient's perception visa vis to nurse's communication, 64 (72.7%) agreed about building relationship between nurses therefore patient promotes a good communication. Having a positive consideration to patient during the care giver was also agreed by the majority of study participant 63 (71%) is important for a good communication. Research find also having concentrated to patient problem during the communication agreed at 66 (75.0%).

Variables		Frequency (N = 88)	Percent (%)
Elicits patient's beliefs concerns and expectations about illness and treatment	Strongly disagree	3	3.4
	Disagree	13	14.8
	Agree	42	47.7
	Strongly agree	30	34.1
Assess patient's understanding of problem and desire for more information	Strongly disagree	4	4.5
	Disagree	12	13.6
	Agree	42	47.7
	Strongly agree	30	34.1
Explain using words that are easy for patient to understand	Strongly disagree	4	4.5
	Disagree	13	14.8
	Agree	44	50.0
	Strongly agree	27	30.7
Include patient in choice and decisions to the extent she/he desires	Strongly disagree	4	4.5
	Disagree	14	15.9
	Agree	48	54.5
	Strongly agree	22	25.0
Check for mutual understanding of diagnostic and/or treatment plans	Strongly disagree	6	6.8
	Disagree	7	8.0
	Agree	51	58.0
	Strongly agree	24	27.3
Asks about patient 's ability to follow diagnostic and / or treatment plans	Strongly disagree	5	5.7
	Disagree	10	11.4
	Agree	46	52.3
	Strongly agree	27	30.7
Identifies additional resources as appropriate	Strongly disagree	6	6.8
	Disagree	12	13.6
	Agree	45	51.1
	Strongly agree	25	28.4
Summarizes clarifies follow up or contact arrangement	Strongly disagree	4	4.5
	Disagree	15	17.0
	Agree	49	55.7
	Strongly agree	20	22.7
Acknowledge patient and closes interview notes	Strongly disagree	4	4.5
	Disagree	12	13.6
	Agree	47	53.4
	Strongly agree	25	28.4

	Strongly disagree	4	4.5
Are you inform about your bill few days before your discharge for home	Disagree	12	13.6
	Agree	50	56.8
	Strongly agree	22	25.0
	Strongly disagree	4	4.5
The mood in which nurses and midwife's works is harmonious	Disagree	10	11.4
	Agree	48	54.5
	Strongly agree	26	29.5
Source: Primary data			

***Table 3:** Patient communication feedback.*

Patient communication was assessed in the table 3 among different variable, majority of study participant agreed that patient expectation about illness and treatment 42 (47.7%) and 30 (34.1%). To understand patient's problem and his desire of treatment were agreed by most of respondents 44 (50%). Communication is interactive where patient participation on decision making and yet it concern is own health status, that why most of study participant strongly agrees with including patient in decision making to extent is 48 (54.5%).

Information about patient bill few days before discharged for home was agreed at 50 (56.8%) andthe mood in which nurses and midwife's works is harmonious 48 (54.5%) agreed and 26 (29.5%) strongly agreed where 10 (11.4%) and 2 (4.5%) disagreed and strongly disagreed.

Variables	Strongly disagree	Disagree	Agree	Strongly agree
Use words that show care and concern thought-out the interview	4 (4.5%)	14 (15.9%)	45 (51.1%)	25 (28.4%)
Use tone, pace, eye contact and posture that ideas feelings and concern	8 (9.0%)	8 (9.0%)	62 (70.4%)	10 (11.3%)
Respond explicitly to patient statements about ideas feelings and values	7 (7.9%)	9 (10.2)	51 (57%)	21 (23.8%)
Allow patient to complete opening statement without interrupting	8 (9.0%)	7 (7.9%)	58 (65.9%)	15 (17.4%)
Ask is there anything else to elicit full set concerns	8 (9.0%)	4 (4.5%)	44 (50%)	32 (36.3%)
Explain and/ or negotiates an agenda for visit	2 (2.2%)	6 (6.8%)	47 (53.4%)	23 (26.1%)
Begins with patient's narrative using open ended question (tell me about)	4 (4.5%)	8 (9.0%)	66 (76%)	10 (11.3%)
Clarifies details as necessary with more specific or yes/no questions	1 (1.1%)	7 (7.9%)	67 (76%)	13 (14.7%)
Summarize and give patient opportunity to correct or add information	8 (9.0%)	10 (11.3%)	54 (61.3%)	16 (18.1%)
Elicits patient's beliefs concerns and expectations about illness and treatment	2 (2.2%)	5 (5.6%)	71 (80.6%)	10 (11.3%)
Assess patient's understanding of problem and desire for more information	5 (5.6%)	8 (9.0%)	45 (51.1%)	30 (34.0%)
Explain using words that are easy for patient to understand	2 (2.2%)	6 (6.8%)	58 (65%)	22 (25%)
Ask if patient as any questions	1 (1.1%)	7 (7.9%)	62 (70.4%)	12 (13.5%)
Are you inform about your bill few days before your discharge for home	0 (0.0%)	8 (9.0%)	55 (62.5%)	25 (28.4%)
The mood in which nurses and midwifes' works is harmonious	3 (3.4%)	5 (5.6%)	71 (80.6%)	9 (10.2%)
Source: Primary data				

***Table 4:** Patient's perception about nurse's communication (N = 88).*

Patient perception about nurse communication was described on table 4 result from this table show that building a good relationship with the patient, conducted open discussion, gathers information's about patient's health situation and understand patient perspective was agreed as core stone of the good communication between nurses and patients at Mugonero District Hospital (62%) is the higher percentage among the four indicators used by research to assessment of patient perception about nurses communication at Mugonero District Hospital.
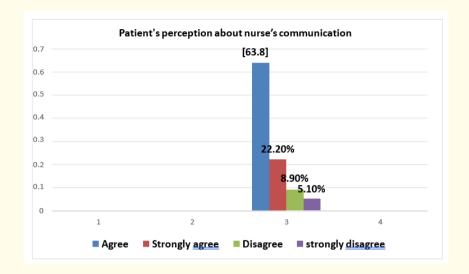

Figure 1: *Score of study subject's response rate for Patient's perception about nurse's communication.*

Factors influencing nurse-patient communication

Among factors influencing patient communication, the following are factors influencing a good communication between nurses and patient according to agreement and strongly agree score, usetone, pace eye contact and posture that ideas feelings and concern was 62 (70.4%); where begins with patients narrative using ended question tell me about was 66 (76%), clarifies details as necessary with more specific or yes/no questions 67 (76%), however elicit patients belief concernsand expectations about illness and treatment was scored 71 (80.6%), ask if patient as any questionis scored at 62 (70.4%), moreover the mood in which nurses and midwifery works in harmonious was 71 (80.6%) of respondents agreement that are factors influencing nurses and patient communication at Mugenoro district hospital. This study sought to understand how Rwandan patients perceived the communication between nurses and their patients [13]. The 25 items on the Bayer-Fetzer Kalamazoo consensus framework list were scored on a scale from 1 to 4 (strongly disagree, disagree, agree, and strongly agree). Higher scores indicate greater agreement among respondents with the patient's view of the nurse's communication [14]. The scale was calculated by adding the frequencies and percentages of all 25 questions to get a score range of (0 - 100%). The overall respondents score on patients" perception of nurse's communication was (62%) of respondents agreed for good communication between nurses and patient, where (22,2%) from all answers strongly agreed, whoever (8.9%) from all answers disagreed and (5,1%) strongly disagree about a good communication between nurses and patient during care at Mugonero district hospital. The result from this study is different to the result from study conducted by Barilaro, Anna [15] conducted research on the use of nursing communication as a patient satisfaction tool. One thousand three hundred seventy questionnaires were distributed, according to the study's findings [16]. Most patients (87%), who were satisfied with the nurses' ability to explain how the department operates, were satisfied with their communication abilities [17]. The majority of patients who were satisfied with the nursing communication during their hospital stay-74% and 55%, respectively-were also satisfied with the nurses' communication skills and manner. Patients who thought their hospital stay was long enough upon release were more likely to be happy with nursing communication.

However, Zhian., *et al.* conducted study on client's satisfaction toward communication skillsamong doctors in primary health care centers in Erbil city [18]. This study discovered that the most of the clients were satisfied about physician's communication skills were represented 26% of clients who were very satisfied with physician's communication skills and (36.3%) of clients were satisfied. Therefore (31.0%) of clients were indicated neutral level, and (6.7%) dissatisfied about their communication skills [19]. This result is lower than the result from ourstudy where (62%) of respondents agreed.

Conclusion

This study concludes those patients' perceptions regarding nurses' communication in selected hospital of Rwanda. Patient perception about nurse's communication at Mugonero district hospital is at high level and is positive perception of a good communication between clients and nurses because the majority of respondents agreed at (62%) of factors influencing a good communication among nurses and patient.

Bibliography

1. Owen. "Communication skills 1: Benefits of effective communication for patients". *Nursing Times* 113.12 (2018): 18-19.

2. Kidan M., *et al.* "Barriers to nurse-patient communication in Saudi Arabia: An integrative review". *BMC Nursing* 18.11 (2019): 1-10.

3. Dhungana G and Dhungana SM. "Determinants of Nurse Patients Communication Barrier as Perceived by Patients: A Case of Chitwan Medical College Teaching Hospital, Chitwan". *International Journal of Nursing Education* 12.4 (2020): 48-54.

4. Barilaro A., *et al.* "Nursing Communication as a Tool for Patient Satisfaction. A Single Hospital Survey". *The Open Nursing Journal* 13.1 (2020): 220-227.

5. Bello O. "Effective Communication in Nursing Practice: A literature review". *Arcada* 5 (2017): 1-55.

6. Claramita M and Susilo AP. "Improving communication skills in the Southeast Asian health care context". *Perspectives on Medical Education* 3.6 (2014): 474-479.

7. Eränen M and Kungu J. Communication Barriers in Nursing and their Influence on patient safety-Literature Review (2021).

8. Gebeyehu Yazew K., *et al.* "Nurses communication skills and determinant factors in Amhara Region Referral Hospitals, Northwest Ethiopia, 2019". *International Journal of Africa Nursing Sciences* 14 (2021): 100310.

9. Kidan G. Assessent of nurses to patients communication and barriers by nurses at tikur specilized by: g/kidan wune (bsc) a thesis submitted to addis ababa university school (2018).

10. Kim AY and Sim IO. "Communication skills, problem-solving ability, understanding of patients" conditions, and nurse"s perception of professionalism among clinical nurses: A structural equation model analysis". *International Journal of Environmental Research and Public Health* 17.13 (2020): 1-14.

11. Kwame A and Petrucka PM. "Communication in nurse-patient interaction in healthcare settings in sub-Saharan Africa: A scoping review". *International Journal of Africa Nursing Sciences* (2020): 12.

12. Lotfi M., *et al.* "Assessment of nurse-patient communication and patient satisfaction from nursing care". *Nursing Open* 6.3 (2019): 1189-1196.

13. Madula P., *et al.* "Healthcare provider-patient communication: A qualitative study of women"s perceptions during childbirth". *Reproductive Health* 15.1 (2018): 1-10.

14. Norouzinia R., *et al.* "Communication Barriers Perceived by Nurses and Patients". *Global Journal of Health Science* 8.6 (2015): 65-74.

15. Omorogbe CE and Amiegheme FE. "Nurses communication and patient satisfaction in a tertiary hospital in Benin City, Nigeria". *Journal of Medicine and Biomedical Research* 15.2 (2016): 47-56.

16. Owen H. "The Handbook of Communication Skills". *In the Handbook of Communication Skills* (2018).

17. Shekho ZM. Client's Satisfaction toward Communication Skills among Doctors in Primary Health Care Centers in Erbil City 7.4 (2020): 13-26.

18. B Alotaib. "Nurses Communication Barriers in Healthcare Centers: Patients Perspectives". *International Journal of Nursing Didactics* 08.01 (2018): 24-34.

19. Barilaro A., *et al.* "Nursing Communication as a Tool for Patient Satisfaction. A Single Hospital Survey". *Open Nursing Journal* (2019).