

**FACTORS AFFECTING COMMUNICATION BETWEEN
PATIENTS AND HEALTH PERSONNELS IN
A PRIVATE HOSPITAL, KOSHI**

By

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for the bachelor in nursing program (Hospital Major)**

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RESEARCH APPROVAL SHEET

Research on “**Factors Affecting Communication between Patients and Health Personnels**”, my bonafide work, is being submitted for approval to Tribhuvan University, Institute of Medicine, Nursing Campus, Birgunj to fulfill the requirement of Bachelor in Nursing Program.

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ABSTRACT

Research Title: “Factors Affecting Communication between Patients and Health Personals in a Private Hospital, Koshi”.

Background: Communication is the activity of conveying information through the exchange of ideas, feelings, intentions, attitudes, expectations, perceptions or commands, as by speech, gestures, writings, and behavior. The main intention of communication and interaction in the health setting is to influence the patient’s health status or state of well-being (Fleischer, et al., 2009).

Objective: To identify the "Factors affecting communication between patients and health personnels”.

Methodology: A descriptive design was used for this study and total 50 patients were selected in Birat Hospital Private limited using non-probability purposive sampling technique. Semi-Structured interview schedule was used to collect the data.

Result: A total of 50 respondents were interviewed. Almost half (46%) of the respondents were of (40-59) years, more than half (62%) were females in comparison to male. Thirty eight percent were illiterate, 66% lived in urban area, majority (90%) of the respondents followed Hindu religion and 84% were from middle class family. More than half(64%)spoke Nepali language, majority(84%) of the respondents were admitted less than 5 days, 92% didn’t get information of hospital rules and regulations at the time of addmission, majority(90% and 92%)of the respondents didn’t have language problem and cultural barriers respectively while communicating. Cent percent of the respondents felt comfortable in ward arrangement, got medication at right time, proper nursing care during hospitalization.

Conclusion: Majority of respondents didn’t get information of hospital rules and regulations at the time of admission and had no language problem. Cent percent of the respondents felt comfortable in ward arrangement, got medication at right time, got Proper Nursing care during hospitalization established two ways communication & communicated with nursing staff time to time. Proper counseling system about hospital rules and regulation at time of admission.

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CHAPTER I

INTRODUCTION

1.1 Background

Communication is the activity of conveying information through the exchange of ideas, feelings, intentions, attitudes, expectations, perceptions or commands, as by speech, gestures, writings, and behavior (Wikipedia, n. d).

The main intention of communication and interaction in the health setting is to influence the patient's health status or state of well-being (Fleischer, et al., 2009).

While proper communication determines the quality of medical care, poor communication often results in misunderstanding causing lack of compliance, dissatisfaction, and negative health outcome of the patients as well as an increased risk of malpractices (Kattel, 2013). The communication problems may affect patients satisfaction or at worst may lead to medical errors (Thornton, 2013).

The language and cultural barriers in patient-physician communication *lower* the quality of care received by LEP and culturally different patients and increase medical errors. However, more research is needed on direct links between language and cultural barriers in physician-patient communication and specific adverse health outcomes. Communication-related medical errors occur through mistakes in medical history taking, patients' lower adherence to treatment because of inability to understand and follow instructions, and over-treatment of patients. The effects of cultural diversity on quality of health care are complex and operate in many ways, including differences in meaning and understanding of health and illness, preferred treatments, and cultural ignorance and misunderstanding by both physician and patient (Sharon, 2003).

In a study of 2000 health care professionals, the Institute for Safe Medication Practices (ISMP) found intimidation as a root cause of medication error; half the respondents reported feeling pressured into giving a medication, for which they had questioned the safety but felt intimidated and unable to effectively communicate their concerns (Dingley, Derieg , & Persing, 2008).

Health differences due to differences in socio-economical status (SES) are a matter of major concern in today's public health research. In spite of marked health improvements of the overall population and efforts to overcome health inequalities, higher morbidity and mortality rates for the socio-economically disadvantaged are still found. Explanations for these inequalities in health are often explored but remain largely unclear. The causes are multiple and complex and include individual factors, such as personal history (e.g. childhood SES and living conditions) and education, structural factors, such as income and housing facilities, in equal distribution of risk factors in the population and inequalities in the accessibility of health care . An important determinant of accessibility to health care is the quality of the communication between the patient and his/her health care provider (Willems, 2004).

Ineffective communication is reported as a significant contributing factor in medical errors and inadvertent patient harm. In addition to causing physical and emotional harm to patients and their families, adverse events are also financially costly (Melbouene, 2010).

Communication is central to the provision of safe high quality medical care. However, the increasingly complex health care environment can complicated the communication process and hinder the information exchange that are the necessary for optimum care. So this type of investigation helps to understand the patient's perspective or perception, minimize the errors and improve quality hospital services.

1.2 Rational of the Study

According to the National Council of State Boards of Nursing, the ineffective communication among health care professionals is one of the leading causes of medical errors and patient harm. A review of reports from the Joint Commission reveals that communication failures were implicated at the root of over 70 percent of sentinel events (Dingley, Derieg, & Persing, 2008).

More than one-fifth of patients hospitalized in the United States reported hospital system problems, including staff providing conflicting information and staff not knowing which physician is in charge of their care (Evanoff, et al., 2005).

This research strongly suggests that language barriers adversely affect Limited English Proficiency patients in their access to health comprehension and adherence, quality of care and patient and provider satisfaction. Not all these studies, however, controlled for possible confounding factors such as differences in the patients age, insurance, or degree of illness (Jacobs, et al., 2006).

The communication between nurses and patients' families impacts patient well-being as well as the quality and outcome of nursing care (Loghmani¹, Borhani & Abbaszadeh, 2014).

Therefore, providing effective communication with patients is an essential aspect of nursing care. Understanding the barriers that inhibit nurse-patient communication can provide an opportunity to eliminate them. Because of this, to investigate the communication barriers perceived by patient is important for nurses and all health care professional.

1.3 Objectives of the study

1.3.1 General objective

To identify factors affecting communication between patients and health personnels.

1.3.2 Specific objectives

To identify the culture barrier of communication between patients and health personnels.

To identify the environmental barrier between patients and health personnels.

To identify the other barriers (education, economic status structure and socio-demographic) between patients and health personnels.

1.4 Variables

1.4.1 Independent Variables

- (a) Demographic factors: Age, Sex, Education, Socio-economic condition.
- (b) Organizational environment
- (c) Culture differences

1.4.2 Dependent variable

Factors affecting communication.

1.5 Significance of the study

The finding of this study will help as baseline data for those who are interested in carrying out further research with this regards in large scale.

The study will be identify the factors affecting communication between patients and health personnels.

The study will be helpful to make service effective by providing effective services to the patients.

1.6 Research Question

What are the factors affecting communication between patients and health personnels?

1.7 Conceptual Framework

Conceptual framework is the foundation on which the entire research is based. Above mention factors such as socio-demographic factors, organizational environment and cultures differences related for factors affecting communication between patients and health personals

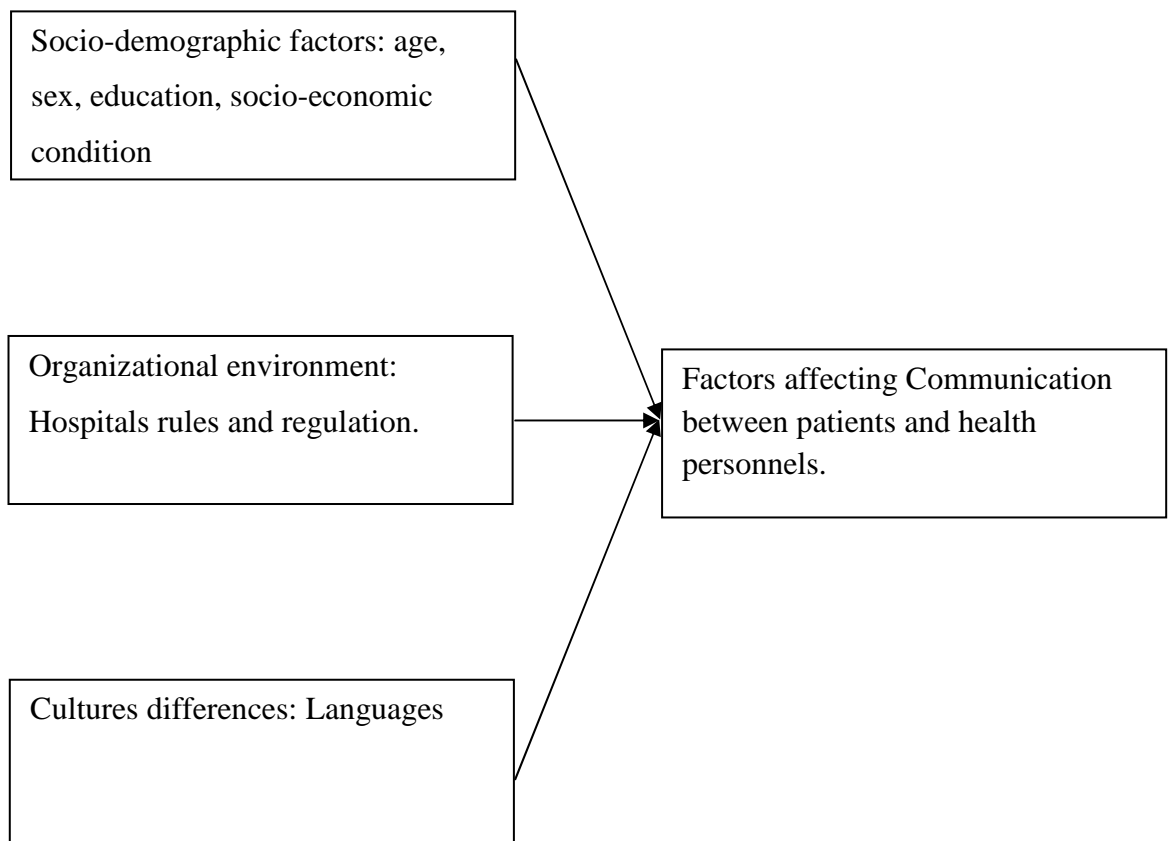


Figure 1: Conceptual framework

1.8 Operational Definitions

The variable of this study was define in such ways:

Communication Barrier: It includes Obstacle in a workplace that prevent effective exchange of ideas or thoughts. Such barriers include (1) Socio-demographic factors (2) cultural differences, and (3) the organizational environment.

This also includes a lack of expressing "knowledge-appropriate" communication, which occurs when a person uses ambiguous or complex legal words, medical jargon, or descriptions of a situation or environment that is not understood by the recipient.

Patients: It refers to persons who is admitted in hospital at least 24 hrs. (Male or female above 15-59 years and who are admitted in hospital).

Health Personnels: It refers to persons who working in hospital and providing care and treatment to the patients.

1.9 Delimitation

The study was carried out only in one setting and sampling size is small (50). The sampling technique of this study was Non - Probability Purpose sampling so it could not be generalized to other places.

The study relied on self-report by a limited sample patient. The responses should now be tested by a larger sample and then by empirical research into actual practice in order to test whether the patients' perceived ideas of communication barriers are validate.

CHAPTER II

LITERATURE REVIEW

2.1 Introduction

Different books, Journals, international research report from the internet were reviewed related to Factors Affecting Communication between Patients and Health Personals. This chapter deals with review of relevant literature and some brief descriptions of the literature are taken to support this study and they are presented below to provide a comprehensive prospective of the research.

2.2 Review Literature

Language affects almost all aspects of everyday life, there needs more of a focus on communication barriers by researchers and practitioners engaged in international business and management (Henderson, 2005).

Language is the key to a person's self-identity. It enables the person to express emotions, share feelings, tell stories, and convey complex messages and knowledge. Language is our greatest mediator that allows us to relate and understand each other (Imberti, 2007).

The language barrier generates negative emotional and cognitive responses, and prevents ESL customers from taking certain actions such as seeking necessary information or complaining about service failures (Kim, & Mattila, 2013).

Patients from lower social classes receive less positive socio-emotional utterances and a more directive and less participatory consulting style, characterized by significantly less information giving, less directions and less socio-emotional and partnership building utterances from their doctor. Doctors' communicative style is influenced by the way patients communicate. Patients from higher social classes communicate more actively and show more affective expressiveness, eliciting more information from their

doctor. Patients from lower social classes are often disadvantaged because of the doctor's misperception of their desire and need for information and their ability to take part in the care process. A more effective communication could be established by both doctors and patients through doctors' awareness of the contextual communicative differences and empowering patients to express concerns and preferences (Willems, et al., 2004).

Overall these studies indicate that language barriers are associated with longer visit time per clinic visit, less frequent clinic visits, less understanding of physician's explanation, more lab tests, more emergency room visits, less follow-up, and less satisfaction with health services. The results also indicate that people who are older, poorer, and female tend to have severe language barriers compared to those who are younger, wealthier, and male. Improvement of communication between patients and providers in relation to health disparity consists of cultural competency and communication skills. Implications of these studies for practice and further research are outlined (Yeo, 2003).

Similarities and differences between the two groups were identified. According to nurses' views, 'heavy nursing workload', 'hard nursing tasks' and 'lack of welfare facilities for nurses' were the main communication barriers. From patients' views, 'unfamiliarity of nurses with dialect', 'having contagious diseases' and 'sex differences between nurses and patients' were determined as the main communication barriers. The shared communication barriers were 'age difference', 'social class difference' and 'having contagious disease (Anoosheh, et al., 2009).

Effective communication with patients is critical to the safety and quality of care. Barriers to this communication include differences in language, cultural differences, and low health literacy. Evidence-based practices that reduce these barriers must be integrated into, rather than just added to, health care work processes (Paul, 2007).

High quality family Communication is the backbone of the art and science of nursing. It has a significant impact on patient well-being as well as the quality and outcome of nursing care, and is related to patients' family overall satisfaction with their care. The communication between nurses and patients' families impacts Patients well-being as well as the quality and outcome of nursing care. By identification of the barriers and

facilitators of communication, establishing new rules and using creative methods in education and establishing the communication of ICU team especially using patient-based approach we can have effective communication (Loghmani, et al., 2014).

Low socioeconomic status has potentially deadly consequences for several reasons: its associations with other determinants of health status, its relationship to health insurance or the absence thereof, and the constraints on care at sites serving people who have low incomes (Becker, & Newsom, 2004).

This study provides evidence that discrimination against patients of low socioeconomic status can occur within a universal health insurance system and have an adverse effect on access to primary health care. Although it is reassuring that patients with chronic health conditions received prioritized access to primary care, our results suggest a need for greater efforts to ensure that physicians and their office staff do not discriminate against people of low socioeconomic status. Further research is needed to determine whether discrimination on the basis of socioeconomic status has an effect on other aspects of health care, such as quality of care and patient–physician communication (Michelle, Gaisano & Stephen, 2013).

2.3 Summary of Reviewed Literature

By the reviewed of different Literature related to factors affecting Communication between Patients and Health Personals, the most important factors of affecting communication between patients and Health Personals are Socio-demographic factors, Organizational environment and Cultures differences. So, this impression can improve by accurate knowledge, supportive environment and confidence in the patient's and health personals to communicate. This is the major factors, which enable to patients and health personal to communicate successfully. Some literature also highlighted that is economically better Patients from higher social classes communicate more actively and show more affective expressiveness, eliciting more information from their doctor. Effective communication with patients is critical to the safety and quality of care. Barriers to this communication include differences in language, cultural differences, and low health literacy.

CHAPTER III

METHODOLOGY

The chapter deals with the methodology used to assess Factors Affecting Communication Barriers between Patients and Health Personnels.

3.1 Research Design

The descriptive cross sectional study design was used.

3.2 Research Setting and Population

The study was conducted in Birat Hospital Private Limited, Dharan road-3, Biratnagar. In this hospital 24 hours Emergency and laboratory services including Outpatient and Inpatient services as well as facility for Test Tube baby and CT scan are provided in this hospital. The populations for this study were all clients who were admitted to medical and surgical ward at the time of data collection.

3.3 Sampling

There were only 50 samples for this study size. Non probability, Purposive sampling method was used. Patients who voluntarily participate. Only those clients who were admitted in medical and surgical ward of Birat Hospital Private Limited. Only adult and stable client was included age of above 15 years to 59 years.

3.4 Instrumentation

Semi-Structured interview schedule was used to collect the information. The instrument was developed after reviewing the literature and consulting the research adviser. And first question developed in English version then converted into Nepali version. Again Nepali version converted into English.

The research instrument consisting into two parts:

Part I: Socio-demographic information.

Part II: Factors of communication barriers.

The tool for data collection was checked by the research expertise, concerned teacher and colleagues to ensure the validity. Necessary modification was done according to the feedback. Pre-testing was done in Patients of Narayani Sub-Regional Hospital Parsa, in medical and surgical ward on 10% respondents who meet the inclusive criteria for accuracy of tool. The question was modified after the pretesting and according to advice of the research committee.

3.5 Data Collection Procedure

Formal approval was obtained from the concerned authority of Nursing Campus Birgunj. Formal permission obtained from Birat Hospital Private Limited, Dharan Road -3 Biratnagar. Purposively sampling method was used to selected the respondents in medical and surgical ward. Written informed consent was taken from each respondent before data collection. Self-introduction was given then explain the objective of the research to the respondents. Data were collected by researcher herself explaining about objectives of the study by maintaining privacy and confidentiality. Data was collected by interview schedule .The researcher was maintain the principle of do respect for human dignity, principle of no harm and principle of justice. Before conducting research, formal ethical approval was taken from concerned authorities. The purpose of data collection was explained to the respondent, privacy and confidentiality of all respondents was maintained. The participate can discontinue any time if they want. They were explaining the harm and benefits of the study.

3.6 Data Analysis Procedure

After data collection, the collected data was checked for accuracy and completeness and then organized. After that, code, calculated and entered in SPSS version 20 and analyzed using descriptive statistics frequencies and percentage. Finding was presented through academic tabulation

CHAPTER IV

FINDINGS OF THE STUDY

This chapter deals with analysis and interpretation of data from questionnaires. Data were entered on SPSS version 20 program and were analyzed using descriptive (frequency, percentage) and inferential (cross table) statistics and tabulation in academic form:

The findings of this study are analyzed and interpreted into two parts:-

Socio-economic demographic characteristics of respondents.

Factors affecting communication.

TABLE 1**Socio-demographic Information**

Variables	Frequency	n=50 Percentages
Age in years		
16-20	11	22.0
21-39	16	32.0
40-59	23	46.0
Sex		
Female	31	62.0
Male	19	38.0
Education Status		
Literate	31	62.0
Illiterate	19	38.0
If Literate (n=31)		
Primary level	3	6.0
Secondary level	9	18.0
Higher secondary Level	18	36.0
Above Higher Secondary	2	4.0
Residence		
Rural	33	66.0
Urban	17	34.0
Religion		
Hindu	45	90.0
Muslim	2	4.0
Others (Buddhist, Kirat)	3	6.0
Occupation		
House hold	19	38.0
Students	15	30.0
Service	10	20.0
Farmer	4	8.0
Labor	2	4.0
Economical Status		
Enough	42	84.0
Not enough	4	8.0
Too much enough	4	8.0
Language		
Nepali	32	64.0
Maithili	10	20.0
Others (Hindi, Chamling)	8	16.0

Table 1, depicts that around half of the respondents (46%) were within the group of 40-59, while 22% were within the group of 16- 20 years. More than half (62%) of the respondents were female. One third (38%) of respondents were illiterate, and 4% obtained above higher secondary level of education. More than half (66%) of the respondents lived in rural area. Majority (90%) of the respondents were Hindu and just 4% were Muslim. One third (38%) of the respondents were engaged in house hold, 30% were Students and just 4% were engaged in labor. Majority (84%) had enough family income and 8% had too much enough family income. Sixty four percent spoke in Nepali and just 16% of respondents spoke in others language.

TABLE 2
Respondents according to Duration of Hospital Admission

Duration of Hospital Admitted	Frequency	n=50
		Percentage
Less than 5 days	42	84.0
More than 1 week	5	10.0
More than 15 days	2	4.0
others	1	2.0

Table 2, shows that majority(84%) of the respondents were admitted less than 5 days, while who were admitted more than 15 days were just 4%.

TABLE 3

Get Information about Hospital Rules and Regulations at the Time of Admission

Hospital Information	Frequency	n=50
		Percentage
Yes	4	8.0
No	46	92.0
If yes (reasons)		
About Payments	3	75.0
About Treatment	1	25.0

Table 3, shows that, majority (92%) of the respondents didn't get orientation of hospital rules and regulations at the time of admission.

TABLE 4

Barrier While Communicating During Hospitalization**

Barriers in Communication	Frequency	n=50
		Percentage
Inadequate information	19	38.0
No responses	9	18.0
Disease Condition	8	16.0
Staff are not Available	6	12.0
Felling Ashamed	5	10.0
Others(Caste, Language)	4	8.0

****Multiple responses**

Table 4, shows 38% of respondents got inadequate information, 18% didn't response on barrier while communicating and just 16% of respondents said that disease condition was a factor causing barrier in communication and 12% of respondents felt unavailability of the staffs.

TABLE 5**Discrimination of Respondents During Communication****

n=50		
Discrimination	Frequency	Percentage
Yes	21	42.0
No	24	58.0
If yes (reasons)		
Disease Condition	17	40.5
Lack of poor personal hygiene	11	26.2
Low Socio-economic Status	8	19.0
Related Person	6	14.3

** *Multiple responses*

Table 5, shows that more than half (58%) were not discriminated while 42% of respondents showed positive response on discrimination during communication.

Table 6**Health Personnel Communication Barrier in Language**

n=50		
Variable	Frequency	Percentage
Language		
Yes	5	10.0
No	45	90.0

Tables 6 indicates that, majority (90%) of the respondents had no language barrier to communicate with health personnel.

Table 7

Health Personnel Communication Barrier in Culture

Variable	Frequency	n=50
		Percentage
Culture		
Yes	4	8
No	44	92
If yes reasons		
Traditional	3	75.0
Caste	1	25.0

Table 6 shows that majority (92%) of respondents had no culture barrier to communicate with health Personnel.

CHAPTER V

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This chapter deals with the summary of the findings discussion, conclusion, Limitations, Implications and recommendations. The discussion and conclusion are drawn from each of the findings.

A descriptive study was conducted to assess the factors affecting communication between patients and health personnel in private hospital of Koshi. A total of 50 respondents were taken from selected area. Data were collected using a semi structured interview schedule.

5.1 Discussion

In this study showed that 62% of respondents were female A similar finding was showed in the study conducted in Saudi Arabia by Kathami (2010) showed that, more than half (53%) were female.

In this study the number of illiterate respondents were 38% .The study done by Kattel (2013) showed that more than half (53%) of the patents were illiterate.

This study showed that 38% were engaged in house hold and another study supported the findings that 37% were engaged in house hold (Kattel, 2013) however, in this study 8% were engaged in farming but Kattel (2013) found out that 37% were engaged in farming.

The study showed that 8% of the respondents had low socio economic status. This findings contradicts to the study done by Jessics and Somnath (2007) revealed that 24.4% of low income parents reported of poor communication with health care providers.

The findings of this study showed that cent percent of the respondents got proper nursing care. This finding is supported by patients and care takers at Western Regional

Hospital that three fourth (73%) got good services in hospital. This finding is supported by majority (90%) of patients got effective nursing care in Makkah Hospital. (Faisal, 2013).

In this study cent percent preferred to communicate regarding their illness with Health Personnels. This finding is supported by the case study done in Ghana by health care delivery in Koforridau hospital that majority (80%) preferred to communicate regarding their illness.(Joseph, 2012).

This study reveals that cent percent respondents got proper care regarding their treatment. It is supported by the study conducted by Kattel, (2013) that majority (93%) of the patients proper care on their regular check -up and their treatment.

In this study cent percent of respondents got proper nursing care. Similar finding by Khathami, (2010) showed majority (93%) of overall received proper nursing care.

This study illustrates that 10% respondents had language barrier. This finding is contradicted to the study done by Harasis, (2013) that nearly half (49%) of the patients had language barrier dealing with the health personnel.

Findings of this study showed that 38% of respondents had inadequate information about the treatment. A study conducted in Bangladesh, found out 23 % of patients were not provided with any of the information (Kattel, 2013).

5.2 Conclusion

The findings reveal that factors affecting communication between patients and health personals. Almost half of the respondents were of (40-59) years, more than half were females in comparison to male. Thirty eight percent were illiterate, more than half lived in urban area, majority of the respondents followed Hindu religion and majority were from middle class family. More than half spoke Nepali language, majority of the respondents were admitted less than 5 days, majority of respondents didn't get information of hospital rules and regulations at the time of admission, majority of the respondents didn't have language problem and cultural barriers respectively while communicating. Cent percent of the respondents felt comfortable in ward arrangement, got medication at right time, proper nursing care during hospitalization.

5.3 Limitations

Study was conducted only in one hospital with small sample size. Study was limited to 50 respondents and data collection was only two weeks. So the study finding was difficult to generalize.

5.4 Implications

This finding of the study will be helpful for making proper orientation system at the time of admission concerned authority to plan for the further program.

The study will be helpful to the health personnel as well as to the administration to maintain good communication.

5.5 Recommendation for further study

In view of all the findings and discussion of this study, the following Recommendations are made:

Adequate information on rules and regulation should be given to patients during hospitalization.

Comparative study can be done between government and private hospitals.

Similar study can be conducted in large scale so that findings can be generalized to other setting.

5.6 Plan for Dissemination

Campus Chief, Research committee and Library of Nursing Campus, Birgunj and Birat Hospital Private Limited.

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www.goolge.com

APPENDICES

APPENDIX-A
TRIBHUVAN UNIVERSITY
INSTITUTE OF MEDICINE
NURSING CAMPUS
BIRGUNJ, PARSA
2071
CONSENT FORM

Study Title: “Factors Affecting Communication between Patients and Health Personnels.”

Investigator: Menuka Choudhary

Respected Respondent,

Namaste, I am Bachelor of Nursing student of Nursing Campus Birgunj, TUIOM. This study is being conducted as the partial fulfillment of Bachelor of Nursing Programme. The purpose of the study is to find out the Factors Affecting Communication between Patients and Health Personnels of Birat Hospital Private Limited, Biratnagar. Although the study will not benefit you directly, its procedure has been approved by the research committee of nursing campus of Birgunj.

The study procedure involves the purposive selection of nurses and non-probability sampling method will be used. The question will be distributed and after that will be collected after completion. If you agree to participate in my research study, I would like to ask you to participate as a subject in my research. I will provide you questionnaire. Your identity will not be disclosed while study is being conducted or when the study is reported or published.

It will be confidential and your name won't be linked with any of your answers you give your participation in the study is entirely voluntary. This is not directly beneficial to you but it will help to find out the Factors Affecting Communication Between Patients and Health Personnel.

Name of respondent

Signature-

Date-

APPENDIX-B

TRIBHUVAN UNIVERSITY INSTITUTE OF MEDICINE NURSING CAMPUS, BIRGUNJ

Semi Structure Interview Questionnaire

Research Topic: “Factors affecting communication between patients and health personnels of a private hospital.”

Namaste, me Menuka Choudhary is a student of B.N second year from **Birgunj Nursing Campus, Birta - 4, Parsa**. This study is being conducted as the partial fulfillment of requirement for Bachelor Degree in Nursing. The purpose of this study is to find out factors affecting communication between patients and health personnel’s. The interview will take 10-15 minutes for each respondents. The researcher will appreciate your help in answering the questions and would like to assure you that your responses will be kept confidential and used only for the purpose of the study and your identity will not be disclosed.

Direction: Questionnaire consists of two parts; Part I related to socio demographic information and Part II related to Factors Affecting Communication Between Patient’s and Health Personnel in a Private Hospital, Koshi.

Code No:

Date of data collection:

PART I (Socio-demographic Information)

1. Age (in years):
2. Sex:
a) Male b) Female
3. Educational Status:
a) Literate b) Illiterate

If literate, education status

- a) Primary education
- b) Secondary education
- c) Higher Secondary
- d) Above secondary

4. Area of residence

- a) Urban
- b) Rural

5. Religion

- a) Hindu
- b) Muslim
- c) Christian
- d) Others

6. Occupation

- a) House hold
- b) Students
- c) Service
- d) Labour
- e) Farmer

7. Economical status of family

- a) Not enough for monthly expenditure
- b) Enough for monthly expenditure
- c) Too much for monthly expenditure

8. Language

- a) Nepali
- b) Bhojpuri
- c) Maithili
- d) Others

PART II

(Factors Affecting Communication between Patients and Health Personnel)

9. How long has patient been admitted in this hospital?

- a) <5 days b) >1 week
c) 15days d) Others.....

10. Did you get information about Hospital rules and regulations at the time of admission?

- a) Yes b) No

If yes, about what.....?

11. What are the barriers you felt while communicating during hospitalization?

- a) Provide inadequate information.
b) No responses
c) Staffs are not available.
d) Others.

12. Are you feeling comfortable from arrangement of this ward?

- a) Yes b) No

If no, What are the reasons.....

13. Do you feel any discrimination of this hospital patients in the communication?

- a) Yes b) No

If yes, what is the reasons.....

14. Do you have any language problem to communicate with the health personnel's?

- a) Yes b) No

15. Do you have any cultural barriers to communicate with health Personnel's?

- a) Yes b) No

If yes, what are the reasons.....

16. Do you get medication at right time?

- a) Yes b) No

17. Do you get proper Nursing care during Hospitalization?

- a) Yes b) No

18. Are you able to establish two way Communication?

a) Yes

b) No

If no what is the reasons

19. Is Nursing staff communicating from time to time or not?

a) Yes

b) No

Thank you

APPENDIX-C

त्रिभुवन विश्वविद्यालय

चिकित्सा शास्त्र अध्ययन संस्थान

नर्सिङ क्याम्पस , विरगंज

२०७१

मन्जुरी नामा

अनुसन्धानको शिर्षक :- विरामी र स्वास्थ्य कर्मचारी बिचको बिचार आदन-प्रदान गर्दा असर गर्ने कारक तत्वहरु ।

नमस्कार, म मेनुका चौधरी विरगंज नर्सिङ क्याम्पस त्रिभुवन विश्वविद्यालय, बि.एन. दोश्रो वर्षमा अध्ययनरत छात्रा हुँ र म “ विरामी र स्वास्थ्य कर्मचारी बिचको बिचार आदनप्रदान गर्दा असर गर्ने कारक तत्वहरु” शिर्षकमा अनुसन्धान गरिरहेको छु । यस अनुसन्धान र तथ्याङ्क संकलन सम्पुर्ण प्रक्रिया नर्सिङ क्याम्पस विरगंज, रिसर्च कमिटीमा पारित गरिएको छ । अनुसन्धानका उद्देश्य अनुरूप अनुसन्धानका लागि विराट अस्पताल प्रा.लि.बिराटनगर धरान रोड-३ मोरङमा छानिएको र सम्बन्धित अस्पतालबाट पनि अनुमति लिएको यहाँलाई अवगत गराउँदछु । यस अनुसन्धानबाट यहाँलाई कुनै प्रकारको प्रत्यक्ष फाईदा वा हानी दुवै हुनेछैन । तापनि यस विषयको अध्ययनमा मद्दत भन्ने अवश्य पुऱ्याउने छ । यहाँलाई अनुसन्धानसम्बन्धी कुनै जिज्ञासा भए सोध्न सक्नु हुनेछ र आधा घण्टाको लागि स्वेच्छाले सहभागिता जनाउनुहुनेछ र यहाँले बिचमै पनि मननलागे छाडनसक्नु हुनेछ । यहाँको व्यक्तिगत परिचय र सहभागिताको गोप्यनियता राखिने छ । यो केवल अध्ययनका लागि अनुसन्धानात्मक खोज मात्रै रहेको र यसको निस्कर्ष या रिपोर्ट अध्ययन बाहेक अन्य कार्यको लागि प्रयोग गरिने छैन ।

नाम :-

मिति :-

सहि :-

त्रिभुवन विश्वविद्यालय

चिकित्सा शास्त्र अध्ययन संस्थान

नर्सिङ क्याम्पस , विरगंज

२०७१

तथ्यांक संकलनका लागि सेमी संरचना प्रश्नावली

अनुसन्धानको शिर्षक :- विरामी र स्वास्थ्य कर्मी बिचको बिचार आदनप्रदान गर्ने असर गर्ने तत्वहरु

प्रश्नावली

यस अध्ययनको प्रमुख उद्देश्य भनेको विरामी र स्वास्थ्य कर्मी बिच आदान प्रदान गर्ने असर गर्ने तत्वहरु भएका विरामीहरुमा कारण पत्ता लगाउने हो । यहाँको अमूल्य सहभागिता र सहयोग सहनिय हुनेछ र तथ्यांक संकलनमा यहाँको परिचय, सहभागिताको गोप्यनियता कायमै राखिनेछ । अनुसन्धानको निस्कर्ष अध्ययनका लागि मात्र प्रयोग गरिने छ अन्य कार्यमा प्रयोग गरिने छैन ।

यस सेमी प्रश्नावलीमा २ भाग रहेको छ खण्ड- १ र खण्ड- २ रहेको छ । खण्ड- १ मा व्यक्तिगत विवरण संग सम्बन्धित प्रश्नावली र खण्ड-२ मा विरामी र स्वास्थ्य कर्मी बिचको बिचार आदनप्रदान गर्ने असर गर्ने तत्वहरु

प्रश्नावलीहरु रहेका छन् ।

कोड नं.

तथ्यांक संकलन मिति

APPENDIX-D

त्रिभुवन विश्वविद्यालय

चिकित्सा शास्त्र अध्ययन संस्थान

नर्सिङ क्याम्पस, बीरगंज

२०७१

शिर्षक : बिरामी र स्वास्थ्य कर्मी बिचको बिचार आदान-प्रदानमा गर्दा असर गर्ने कारक तत्वहरु ।

अनुसन्धानकर्ता वीरगंज नर्सिङ क्याम्पस वी.एन. दोस्रो वर्षमा अध्ययनरत छात्रा हो । यो अध्ययन वी.एन. दोस्रो वर्षको पाठ्यक्रमको आंशिक परिपूरतिको लागि गर्न लागिएको हो, यो अध्ययनको उद्देश्य बिरामी र स्वास्थ्य कर्मी बिचको बिचार आदान-प्रदानमा असर गर्ने कारक तत्वहरु पत्ता लगाउनु हो । तपाईंहरुले यी प्रश्नावलीको जवाफ दिनु भई सोध कार्य सम्पन्न गर्न सहयोग गर्नु हुन्छ भन्ने अपेक्षा राख्छु साथै तपाईंको जवाफको लागि आभारी हुनेछु । यो प्रश्नवलीबाट संकलित सुचनाहरुलाई गोप्य राखिनुको साथै उद्देश्यको लागि मात्र प्रयोग गरिनेछ ।

प्रश्नावलीलाई दुई खण्डहरुमा राखिएको छ । पहिलो खण्डमा जनसाङ्ख्यिक विवरणको वारेमा प्रश्नहरु उल्लेख गरिएको छ भने दोस्रो खण्डमा बिरामी र स्वास्थ्य कर्मी बिचको बिचार आदान प्रदान गर्ने सम्बन्धित प्रश्नावलीहरु ।

निर्देशन : अनुसन्धानकर्ता आफैले अन्तरवार्ता लिने क्रममा बिरामीबाट आएको सही उत्तरलाई ठिक (✓) चिन्ह लगाउनु हुनेछ ।

कोड नं.....

समुह :- क
व्यक्तिगत विवरणसँग सम्बन्धित प्रश्नावली

१. तपाईंको उमेर

२. लिंग

क) महिला

ख) पुरुष

३. शैक्ष योग्यता

क) शिक्षित

ख) अशिक्षित

यदि शिक्षित भए तपाईंको शैक्षिक योग्यता कति छ ?

क) प्राथमिक शिक्षा

ख) निम्न माध्यमिक तह

ग) माध्यमिक तह

घ) उच्च माध्यमिक तह

ड) सो भन्दा माथि

४. बसोबास

क) गाउँ

ख) शहर

५. धर्म

क) हिन्दु

ख) मुस्लिम

ग) क्रिश्चियन

घ) अन्य.....

६. पेशा

क) गृहणी

ख) विधार्थी

ग) मजदुर

घ) रोजगारी

ड) अन्य

७. परिवारको आर्थिक आम्दानी ?

क) महिना भरी खाना नपुगर्ने

ख) महिना भरी खाना पुग्ने

ग) महिना भरी भन्दा धेरै हुने

८. भाषा

क) नेपाली

ख) भोजपुरी

ग) मैथिली

घ) अन्य

समूह :- ख

बिरामी र स्वास्थ्य कर्मी बिचको बिचार आदानप्रदान गर्ने असर गर्ने तत्वहरु

९. तपाईं अस्पतालमा भर्ना हुनुभएको कति दिन भयो ?
क) ५ दिन ख) १ हप्ता
ग) १५ दिन घ) अन्य
१०. तपाईंले भर्ना हुनु भन्दा अगाडि अस्पतालको नियमहरुको बारेमा जानकारी पाउनु भएको छ ?
क) छ ख) छैन
यदि छ भने
११. अस्पतालमा भर्ना हुनु भएको बेला बिचार आदान प्रदान गर्दा के कस्तो समस्या भोग्नु भयो ?
क) चाहेको जती बिस्तृत जानकारी नपाएको
ख) वास्ता नगर्नु
ग) स्वास्थ्य कर्मीको कमी
घ) अन्य
१२. तपाईं यस वाडको व्यवस्थापन प्रति संतुष्ट हुनुहुन्छ ?
क) छ ख) छैन
यदि छैन भने
१३. संचार सेवा सुषारुमा कुनै भेद भाव पाउनु भएको छ ?
क) छ ख) छैन
यदि छ भने के मा भेदभाव पाउनु भयो
१४. के तपाईंलाई स्वास्थ्य कर्मीहरु सँग स्वास्थ्य सम्बन्धि बिचार आदान प्रदान गर्दा भाषाको कमिले कुनै समस्या आई परेको छ ?
क) छ ख) छैन

१५. तपाईंलाई स्वास्थ्य कर्मीसँग रोग सम्बन्धि विचार आदान प्रदान गर्दा कुनै समस्या देखिएको छ ?
- क) छ ख) छैन
- यदि छ भने कस्तो किसिमको समस्या देखिएको छ.....
१६. तपाईंलाई समय-समयमा औषधि दिएको छ ?
- क) छ ख) छैन
१७. अस्तालमा बस्दा तपाईंलाई स्वास्थ्य कर्मीबाट राम्ररी हेर विचार पाउनु भएको छ?
- क) छ ख) छैन
१८. तपाईं र स्वास्थ्य कर्मी बिच राम्ररी विचारको आदान प्रदान भएको पाउनु भएको छ
- क) छ ख) छैन
- यदि छैन भने
१९. के तपाईं स्वास्थ्य कर्मी संग समय-समयमा वार्तालाप गर्नु भएको छ ?
- क) छ ख) छैन

धन्यवाद !