

Perceived Communication Barriers by Caregivers of Psychiatric Patients

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ABSTRACT

Background: Caregivers have significant role in effective treatment and recovery during hospitalization. Communication barriers in health care lead to poor treatment outcome of patients and caregiver's dissatisfaction. The aim of study was to find out perceived communication barriers by caregivers of psychiatric patients.

Methods: A cross-sectional study was conducted among 120 caregivers of psychiatric patients admitted in psychiatric ward of Patan Hospital who were selected by purposive sampling and interviewed using self-developed structured questionnaire. Data was analyzed with SPSS version 16 using descriptive statistics and Chi-square test was used to find out association between personal characteristics of caregivers and extent of perceived communication barriers.

Results: Low extent of communication barrier was perceived by 29.17%, great extent by 25.83%, moderate extent by 24.17% and no barriers were perceived by 20.83% caregivers. There was association between duration of hospital stay ($p = .006$) and extent of perceived communication barrier. Most barriers were due to caregiver's related factors (31.2%) and least perceived barriers were due to environment related factors (17.1%).

Conclusions: More than one fourth caregiver's perceived low extent of communication barrier, almost one fourth perceived great extent and less than one fourth perceived moderate extent. There was association between duration of hospital stay and extent of perceived communication barrier. Effective communication may help to minimize perceived barriers resulting in better treatment outcome of patients and caregiver's satisfaction. Most perceived barriers were due to caregiver's related factors like feeling of not being educated, not knowing what to ask with health personnel, unaware of whom to approach and so on for which it is crucial to develop awareness among health personnel while delivering healthcare services. Nurses and doctors need to be effectively trained in communication skills to minimize various perceived barriers resulting in better treatment outcome and satisfaction.

Keywords: Caregivers; communication barriers; therapeutic communication

INTRODUCTION

Communication barriers refers to factors affecting communication between health personnel and caregiver or patient which includes age, education, gender differences, social attitudes, values, literacy, physical-mental health and environment of the ward.¹⁻³ Psychiatric patients often require long-term treatment and family support. Caregivers continuously coordinate with health care providers for patients' overall wellbeing during hospitalization.⁴ Communication failures exist in more than 20% of all hospital settings that leads to increase in patient harm, length of stay, resource use, caregiver dissatisfaction, misdiagnosis, misunderstanding, uncertainty and frustration among patients and caregivers.^{2,5,6} Almost 11% of adverse events among patients with psychiatric disorder were

preventable.⁷

Effective communication helps health personnel become familiar with caregivers' need, provide quality care and enhance better satisfaction however very limited study has been done in Nepal. This study assessed perceived communication barriers by caregivers of psychiatric patients and examined the association between personal characteristics of caregivers and extent of perceived communication barriers.

METHODS

A cross sectional study was undertaken to find out the perceived communication barriers by caregivers of psychiatric patients admitted in Psychiatric Ward of Patan Hospital. Study population were the family

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members of patients (father, mother, spouse, son, daughter or sibling who have stayed with patient for duration at least 50% of total hospital stay). Purposive sampling technique was used to select respondents. For study subjects, 120 caregivers of psychiatric patients meeting the criteria and willing to participate in the study were selected.

Ethical approval for the study was obtained from Institutional Review Committee (Ref: PNM2008251429), Patan Academy of Health Sciences. Self-developed structured questionnaire was used to collect data. The researcher collected data by using face to face interview schedule. Before collecting data, objectives of the study were clearly explained to the respondents. Verbal and written consent were taken and confidentiality of the respondents were maintained. The data collection duration was six weeks started from 14th February to 26th March 2021 (2nd Falgun to 13th Chaitra 2077).

The instrument used in this study consisted of two sections: (I) Information related to personal characteristics of caregivers, (II) Perceived communication barriers scale. A self-developed structured questionnaire consisted of total 44 items divided into three categories: (i) Health personnel related barriers (ii) Caregiver related barriers (iii) Environment related barriers. The total obtained score was 132. The tool was a 4-point Likert scale which consisted of positive and negative statements. Scoring was done based on quartile values as follows: (i) < 9- No barrier (ii) 9 to 16.49- Barrier of low extent (iii) 16.50 to 28.9- Barrier of moderate extent (iv) \geq 29- Barrier of great extent. For individual items on perceived communication barriers scale, higher mean score represented higher perceived communication barriers.

Content validity of the tool was established through review of literature and by seeking guidance from content experts and research advisor. Content Validity Index (CVI) score of the tool was 1.0 out of 1.0. Reliability of the tool was maintained by Cronbach's alpha for self-developed Likert scale to assess perceived communication barrier and value was .899.

The data was edited, coded, categorized and then analyzed using SPSS version 16. Descriptive statistics including frequency, percentage, mean and standard deviation were used to find out distribution of personal information of caregivers and perceived communication barriers. Pearson's Chi square was used to examine the association between the caregivers' personal information and extent of perceived communication barriers. Data was tested for normality using Saphiro-Wilk test.

RESULTS

Table 1. Personal Characteristics of Psychiatric Patient's Caregivers (N=120).

| Variables | Frequency | Percentage |
|---|-----------|------------|
| Age (in completed years) | | |
| Young adulthood (18-39) | 60 | 50 |
| Middle adulthood (40-64) | 56 | 46.7 |
| Late adulthood (65 and above) | 4 | 3.3 |
| Mean \pm SD= 38.40 \pm 12.60 | | |
| Gender | | |
| Male | 62 | 51.7 |
| Female | 58 | 48.3 |
| Mother Tongue | | |
| Nepali | 87 | 72.5 |
| Tamang | 11 | 9.2 |
| Bhojpuri | 8 | 6.7 |
| Others (Tharu, Bajhang, Baitadeli, Doteli, Rai & Hindi) | 7 | 5.8 |
| Newari | 5 | 4.2 |
| Maithili | 2 | 1.6 |
| Education | | |
| Secondary Level Education | 50 | 41.7 |
| Basic Level Education | 32 | 26.7 |
| No Formal Education | 24 | 20 |
| University Level Education | 14 | 11.6 |
| Duration of Hospital Stay (in days) | | |
| 2-7 | 96 | 80 |
| 8-14 | 17 | 14.2 |
| >15 | 7 | 5.8 |
| Mean \pm SD= 6.22 \pm 8.44 | | |

Table 1 shows that half of the caregivers (50%) were young adults between the ages of 18 to 39 years. The mean age of the caregivers was 38.40. Nearly half of the caregivers were males (51.7%). Most caregivers (72.5%) had Nepali language as their mother tongue. Those having other mother tongue were (27.5%) namely Newari, Tamang, Maithili, Bhojpuri, Tharu, Rai, Magar, Doteli, Bajhang and Hindi languages. Majority of caregivers had formal education (80%) however, 20% did not have any formal education among them most of the caregivers had education up to secondary level (41.7%). The mean duration of hospital stay was 6.22 and for majority of respondents (80%) duration of hospital stay was 2-7 days.

Table 2. Perceived Communication Barriers by Caregivers of Psychiatric Patients (N=120).

| Barriers | Strongly Disagree | Disagree | Agree | Strongly Agree | \bar{X} | σ |
|---|-------------------|----------|----------|----------------|-----------|----------|
| | n (%) | n (%) | n (%) | n (%) | | |
| Nurses Related | | | | | | |
| Busy with other Patients | 69(57.5) | 9(7.5) | 32(26.7) | 10(8.3) | 0.86 | 1.08 |
| Showing no interests | 87(72.5) | 6(5.0) | 13(10.8) | 14(11.7) | 0.62 | 1.08 |
| Talking too fast and using long sentences | 87(72.5) | 5(4.2) | 18(15.0) | 10(8.3) | 0.59 | 1.03 |
| Lack of time | 105(87.5) | 2(1.7) | 9(7.5) | 4(3.3) | 0.27 | 0.74 |
| Lack of confidentiality | 116(96.7) | 1(0.8) | 2(1.7) | 1(0.8) | 0.07 | 0.38 |
| Comparison | 115(95.8) | 4(3.3) | 0(0.0) | 1(0.8) | 0.06 | 0.32 |
| Doctors Related | | | | | | |
| Busy with other Patients | 47(39.2) | 13(10.8) | 37(30.8) | 23(19.2) | 1.30 | 1.18 |
| Use of difficult words | 56(46.7) | 13(10.8) | 41(34.2) | 10(8.3) | 1.04 | 1.07 |
| Unavailability | 65(54.2) | 16(13.3) | 28(23.3) | 11(9.2) | 0.88 | 1.01 |
| Anger and rudeness | 111(92.5) | 3(2.5) | 3(2.5) | 3(2.5) | 0.15 | 0.56 |
| Lack of confidentiality | 114(95) | 2(1.7) | 3(2.5) | 1(0.8) | 0.09 | 0.43 |
| Comparison | 118(98.3) | 0 | 1(0.8) | 1(0.8) | 0.04 | 0.33 |
| Caregivers Related | | | | | | |
| Feeling of not being educated | 61(50.8) | 6(5) | 36(30) | 17(14.2) | 1.08 | 1.18 |
| Not knowing what to ask | 64(53.3) | 7(5.8) | 34(28.3) | 15(12.5) | 1.00 | 1.15 |
| Unaware whom to approach | 65(54.2) | 7(5.8) | 32(26.7) | 16(13.3) | 0.99 | 1.16 |
| Getting angry faster | 101(84.2) | 8(6.7) | 8(6.7) | 3(2.5) | 0.28 | 0.69 |
| Lack of trust | 110(91.7) | 0 | 8(6.7) | 2(1.7) | 0.18 | 0.62 |
| Feeling health person may make their fun | 111(92.5) | 1(0.8) | 5(4.2) | 3(2.5) | 0.17 | 0.61 |
| Environment Related | | | | | | |
| Lack of privacy to talk | 70(58.3) | 5(4.2) | 20(16.7) | 25(20.8) | 1.00 | 1.26 |
| Overcrowded ward | 77(64.2) | 5(4.2) | 23(19.2) | 15(12.5) | 0.80 | 1.14 |
| Noise | 76(63.3) | 7(5.8) | 26(21.7) | 11(9.2) | 0.77 | 1.08 |
| Unfamiliar environment | 83(69.2) | 5(4.2) | 21(7.5) | 11(9.2) | 0.67 | 1.06 |
| Other critically ill patient | 84(70) | 12(10) | 17(14.2) | 7(5.8) | 0.56 | 0.94 |

Table 2 reveals that first three most perceived nurses related communication barriers as per the mean values were busy with other patients (0.86), showing no interest in caregiver's needs (0.62) and talking too fast and using long sentences (0.59). Similarly, three most perceived doctors related communication barriers were busy with other patients (1.30), use of difficult words (1.04) and unavailability (0.88). The three most perceived caregivers related communication barriers were feeling of not being educated (1.08), not knowing what to ask (1.0) and unaware whom to approach in need (0.99). Likewise, three most perceived environment related communication barriers were lack of privacy to talk (1.0), overcrowded ward (0.8) and noise (0.77).

Table 3. Distribution of Perceived Communication Barriers by Caregivers of Psychiatric Patients (N=120).

| Barriers | % | Mean (Communication Barrier) | Standard Deviation |
|--------------------------|------|------------------------------|--------------------|
| Caregiver Related | 31.2 | 6.92 | 6.09 |
| Health Personnel Related | | | |
| Doctors | 27.9 | 6.21 | 6.00 |
| Nurses | 23.8 | 5.28 | 6.12 |
| Environment Related | 17.1 | 3.79 | 3.35 |

Table 3 shows that most of perceived communication barriers were due to caregivers related factors (31.2%) and least were due to environment related factor (17.1%).

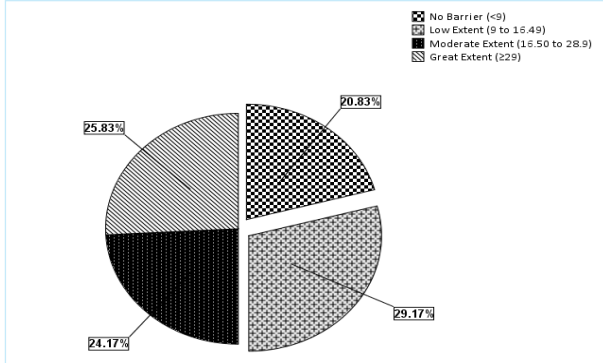


Figure 1. Extent of Perceived Communication Barriers by Caregivers of Psychiatric Patients (N=120)

Mean ± SD = 22.20 ± 18.34

Figure 1 shows that 29.17% of caregivers' perceived low extent of communication barriers, similarly 25.83% perceived great extent and 24.17% perceived moderate extent of communication barriers. Whereas, 20.83% caregivers perceived no communication barrier.

Table 4. Association between Personal Characteristics of Psychiatric Patient's Caregivers and Extent of Perceived Communication Barriers (N=120)

| Variables | Extent of Communication Barrier | | Chi Square Value | p value |
|----------------------|---------------------------------|--------------------|------------------|---------|
| | Low (<16.50) n(%) | High (≥16.50) n(%) | | |
| Gender | | | | |
| Male | 29(46.8) | 33 (53.2) | 0.534 | 0.465 |
| Female | 31 (53.4) | 27 (46.6) | | |
| Age | | | | |
| <40 years | 29 (48.3) | 31 (51.7) | 0.133 | 0.715 |
| ≥40 years | 31 (51.7) | 29 (48.3) | | |
| Mother Tongue | | | | |
| Nepali | 47 (54) | 40 (46) | 2.048 | 0.152 |
| Other Languages | 13 (39.4) | 20 (60.6) | | |
| Education | | | | |
| Formal Education | 10 (41.7) | 14 (58.3) | 0.833 | 0.361 |
| No Formal Education | 50 (52.1) | 46 (47.9) | | |

Duration of hospital stay (in days)

| | | | | |
|-------------|-----------|-----------|-------|--------|
| Up to 7 | 54 (56.2) | 42 (43.8) | | |
| More than 7 | 6 (25) | 18 (75) | 7.500 | 0.006* |

*P ≤ 0.05 is considered statistically significant

Table 4 reveals that there was a significant association between duration of hospital stay (p= .006) of caregivers of psychiatric patients and extent of perceived communication barriers. However, there was no association between other personal characteristics such as gender, age, mother tongue, education, and extent of perceived communication barriers.

DISCUSSION

Of the 120 caregivers in this study, 29.17% perceived low extent of communication barrier, 25.83% perceived great extent and 24.17% perceived moderate extent barrier. Whereas 20.83% perceived no communication barrier. Most of perceived communication barriers in this study were due to caregiver related factors (31.2%) and least were due to environment related factor (17.1%). Based on the mean value, three most perceived communication barriers due to caregiver related factor were feeling of not being educated, not knowing what to ask and unaware whom to approach in need whereas three least perceived barriers were feeling health person may make their fun, lack of trust, and getting angry faster. Similarly, three most perceived communication barrier due to doctor related factor were busy with other patients, use of difficult words and unavailability whereas three least perceived barriers were comparison with another caregiver, lack of confidentiality and anger and rudeness. Most perceived communication barrier due to nurse related factor were busy with other patients, showing no interest in caregiver's needs and talking too fast and using long sentences whereas three least perceived barriers were comparison with another caregiver, lack of confidentiality and lack of respect toward patients and caregivers. Three most perceived communication barrier due to environment related factor were lack of privacy to talk, overcrowded ward and noise whereas two least perceived barriers were other critically ill patient in ward and unfamiliar environment.

This finding was similar to study done in Egypt found caregiver related barriers as most prevalent than health system-related barriers.⁸ Similarly in study done in India found most significant barrier was due to patient related factor and least significant was due to environment related factor.⁹ Similarly study done in Chitwan, Nepal found patient related barrier as most perceived barriers

and environment related barrier as least perceived barriers to nurse-patient communication respectively.¹⁰ Findings from this study contrasted with a cross-sectional study done in Egypt found more environment related communication barrier than health personnel where 81.2% was due to noisy environment and 80% was due to health personnel's workload.⁸ This study findings also contrasted with another study done in India found most barriers were due to health personnel (nurses) related barrier then environment related factors and patient related factors.⁹ The studies conducted in Egypt and India had different sample size, conducted among patients from different wards and sample comprised different population from different sociocultural context than that of the present study which may be the reason for different findings.

Study revealed gender, age, education and mother tongue of respondents were not significantly associated with extent of perceived communication barriers whereas duration of hospital stay ($p=.006$) of respondents were significantly associated with extent of perceived communication barriers in this study. Similarly, age ($p=.171$) and gender ($p=.149$) was not significantly associated in a study done in Ghana.¹¹ Another study done in Iran revealed gender was also not significantly associated with perceived barriers.¹² The result of this study contradicted with study done in China found significant association of age ($p=.003$) with healthcare communication barriers whereas education ($p=.06$) was not significantly associated with communication barriers.¹³ The result of this study also contrasted with study done in Chitwan, Nepal found perceived communication barrier was significantly associated with age ($p=.004$) and education status ($p=.049$).¹⁰ Adjustment with the health personnel in the Psychiatric Ward and sharing similar beliefs, values and cultural context may be the reasons for having no association between caregivers' related information and perceived communication barriers. Similarly, chronic problem of patient, lack of adequate place to rest, economic burden/ stress and differences in behavior by the health personnel according to the disease condition of patients might be the reasons for association between duration of hospital stay of caregivers and perceived communication barriers.

CONCLUSIONS

The study showed more than one fourth of caregivers' perceived low extent of communication barrier. Almost one fourth perceived great extent; less than one fourth perceived moderate extent and almost one

fifth perceived no communication barrier. Perceived communication barriers were mainly due to caregivers' related factors: feeling of not being educated, not knowing what to ask with health personnel, unaware of whom to approach etc. and health personnel related factors: busy with other patients, use of difficult words, unavailability etc., but least due to environment related factors: lack of privacy to talk, overcrowded ward, noise etc.

CONFLICT OF INTEREST

The authors declare no conflict of interest

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