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### Impact of Communication Gap on Nurse Patient Interaction: A Descriptive Cross-Sectional Study Design

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#### Abstract

Communication is a process of exchanging information by spoken and nonverbal signals, in which People interact with one another to form relationships. Without it, no one could survive. Communication is a crucial and necessary part of existence. The objective of this study is to assess the impact of the communication gap on nurse-patient interaction from nurses' perspectives. The descriptive cross-sectional study design was conducted at SKBZ/ Combine Military Hospital Rawalakot Azad Kashmir. A non-probability convenient sample of 50 nurses both male and female nurses greater than two year working experience and age 25 – 60 years were consented to participate in the study and a structured questionnaire was used. Nurses working at clinical bedside were included in the study and those nurses working as administrator were excluded. Data was analyzed by using SPSS version 22. There were 12% male and 88% females' nurses, where the mean age and standard deviation was 31.32 Years  $\pm$  7.446 SD. Among 50 nurses, sixty-two (62%) participants belong to young age group between 25 – 30 years. Out of 50 nurses 62% were BScN degree holders and seventy percent (70%) nurses were experienced from less than 05 years to 10 years. The major communication gaps identified by respondents were 90% patient illiteracy, 68% non-native language, 78% inexperience nurses, 76%

rotational duties 84% language barriers and 64% respondent were in favor of higher professional education. This study concludes that predominantly gaps identified by the Nurses perspectives effect on Nurse – Patient interaction is different language barrier, illiteracy of patient, gender differences, frequent visits of visitors, rotation duty and inexperienced nurses; hence, some areas need to be address for the improvement. Also, it was revealed that there was a communication gap between nurses and patients, which contributed to patient dissatisfaction.

**KEYWORDS:** Barriers, Communication gaps, Nurse-patient interaction, Therapeutic communication.

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## **Introduction**

Communication is a process of exchanging information by spoken and nonverbal signals, in which People interact with one another to form relationships. Without it, no one could survive. Communication is a crucial and necessary part of existence. Verbal and nonverbal communication starts at birth and lasts up to death for an individual. (Pammu, 2022).

Communication is a key instrument for establishing and reshaping society since it is the process of imparting purposeful knowledge, information, and ideas. To communicate with patients and meet their healthcare requirements, communication skills are essential for nurses. Effective communication occurs when a message is conveyed and received accurately and completely. The positive nurse-patient relationship can be rebuilt by positive behavior in several areas of therapy. (Anil et al., 2021)

There are verbal and nonverbal forms of communication. Verbal communication can be used to speak directly to another person. The most common and effective way to communicate with others is verbal. Non-verbal communication is a technique to convey information to another without using words. It can take the form of written words or body language, such as gestures and facial expressions. Both verbal and nonverbal communication is employed in the healthcare industry between nurses, doctors, and patients. (Pamittan, n.d.)

The foundation of nursing, like other healthcare professions, is a commitment to serving others. The contact between a nurse and a patient implies a therapeutic and professional relationship based on the planning, delivery, and evaluation of care that meets each patient's specific requirements. Each nurse has a responsibility to create and improve nursing services through caring behavior since caring is a crucial component of providing nursing services. (Vujanić et al., 2020)

A smooth information exchange process and the patient's ability to make decisions about their treatment and comprehend its results are made possible by good nurse-patient communication. (Wang YY and Wan QQ, 2018). To build trust and provide good treatment, healthcare professionals must be able to communicate effectively with those connected to their patients. This is especially important for disease-specific outcomes. (Tay LH, 2011)

Language, religion, gender, education, culture, beliefs, and patient socioeconomic status are just a few of the communication gaps that make nurse-patient interactions quite different from one another. (Norouzinia R, 2016) Health professional's ability to communicate effectively is essential for providing quality treatment, which helps reduce sensations of anxiety, guilt, pain, and disease. (Aghabarari M, 2009)

5–10% of the general population and more than 15% of hospital admissions have communication problems (Bartlett, Blais, Tamblyn, Clermont, & MacGibbon, 2008). A study conducted by Kourakos M. 20171 found that 44% of healthcare professionals agreed that there were existing contact inequalities in communication despite 40% of patients reporting that healthcare practitioners (HCP) used abusive and insulting language. As patients view interactions with the nurses as essential to their care, it is crucial that all elements of care and nursing be discussed with patients. Also, by communicating with patients, nurses may better understand their

requirements and provide high-quality medical treatment. (Cossette et al, 2005) Patients with communication disability were three times more likely to experience medical or clinical complications compared to other patients. (Bartlett G et al, 2008)

Healthcare systems are hampered by time restrictions, and in most cases, heavy patient loads don't provide enough time for HCPs to offer adequate patient care. Moreover, HCP mentioned that they spoke with the patient for at least one minute and often for three to five minutes. (Joa I et al, 2015) Sharing information, sensations, and emotional states through spoken and nonverbal cues is referred to as communication. (Marković MR, 2014)

Differences in language, cultural behavior patterns, and values between the nurse and the patient might exacerbate communication barriers in healthcare that are already present due to gender, education, and socioeconomic position differences. Due to cultural influences and society's hierarchical structure, there may be such variation in attitudes and behaviors in various situations. (Anil et al., 2021).

### **Aim of Study**

This study aims to improve the communication interaction between nurse patients from nurses' perspectives.

### **Objectives of the Study**

To assess the impact of the communication gap on nurse-patient interaction from nurses' perspectives. by examining the experiences and perceptions of nurses, we aim to gain a deeper understanding of how communication gaps affect the quality of care provided to patients.

Previous research by Johnson et al. (2018) highlighted that ineffective communication between nurses and patients can lead to misunderstandings, decreased patient satisfaction, and

compromised patient safety. Another study by Smith et al. (2019) found that communication gaps often result in increased patient anxiety and decreased trust in the healthcare system. By exploring the nurses' perspective, this study aims to identify specific barriers and challenges that nurses face in effective communication with patients. This research contributes to the development of targeted interventions and strategies to improve nurse-patient communication, ultimately enhancing patient outcomes and satisfaction.

### **Significance of the Study**

The significance of this study on the impact of communication gaps on nurse-patient interaction is immense. Effective communication between nurses and patients is critical for providing quality care and ensuring positive patient outcomes. By highlighting the significance of effective communication, this study can influence healthcare policies and guidelines, promoting a patient-centered approach to care. This can lead to improved patient outcomes, enhanced patient satisfaction, and better health care experiences.

### **Methodology**

#### **Research Approach**

The present study used a quantitative research approach. The objective of the study was to assess the impact of the communication gap on nurse-patient interaction from nurses' perspectives in Rawalakot Azad Jammu Kashmir. The study methodology incorporates exploratory components, including quantitative analysis to assess the impact of communication gap on nurse-patient interaction from nurses' perspective.

### **Sampling**

This study's data collection was carried for the 03 months at the SKBZ Hospital Rawalakot, AJK. The numbers of target population of Nurses are very in less numbers. Hence, the whole population of 50 nurses was taken as a sample size working at the SKBZ hospital AJK. The non-probability convenience sampling method was used to collect the data. Because this population was small so that researcher selected the whole population by using convenient sampling.

### **Data collection**

The adopted questionnaire tool was used by the permission of previous study Principal Investigator and Correspondence Author. The tool consist of two parts, the first part contain the questions related bio-demography data and second part 20 questions in the Likert scale (from Strongly Disagree = 01 to Strongly Agree = 05) related to find the communication gaps between Nurses and Patients interaction. Pre-testing of the Questionnaire was assessed for the external validity from the 10% of sample size prior to collect the data from the sample size target population. Those Nurses are working at the clinical bedside in the SKBZ Hospital Rawalakot, having the Diploma certificate, BSN (Post-RN) and MSN degrees but performing duties in rotation shift with working experience from less than 05 years to more than 25 years were included in the study. Those nurses are working at the intermediate and upper management level at the Nursing services as a Head Nurse, Nursing Supervisor, Assistant Nursing Superintendent and Nursing Superintendent excluded from the study.

### **Data analysis**

The SPSS version 22 was used for the data entry and analysis, the PI herself collect the data from the study participant in the face to face data collection.

**Ethical Considerations**

The permission and approval for data collection from nurses was taken by the hospital administration Medical superintendent/ (commandant). The study purpose and procedure was explained informed consent was taken from the participant before to collect the data. The participant assured about confidentiality of his or her information (data), and not to disclosed or share with anyone without his/her permission. Only the PI will assess the data.

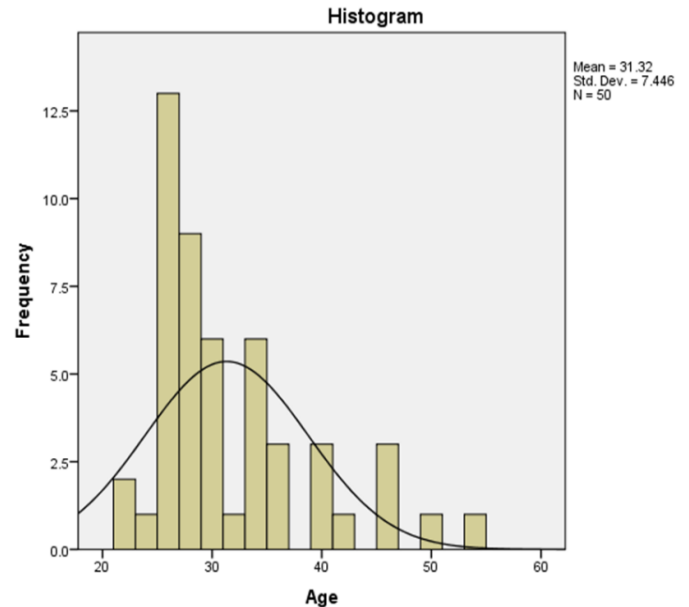
**Quantitative Analysis**

The bio-demography data of the study participants were analyzed in descriptive statistics presented in frequency table, numbers, and percentages in Table 1. Among of 50 Nurses, sixty-two (62%) participants belong to young age group between 25 – 30 years, with mean age 31.32 years ± 7.446 SD.

**Fig. 1**

<b>Age Group</b>	<b>Frequency</b>	<b>Percent (%)</b>	<b>Cumulative Percent</b>
Valid 25-30 years	31	62.0	62.0
31-35 years	7	14.0	76.0
36-40 years	8	16.0	92.0

41-45 years	2	4.0	96.0
46-50 years	1	2.0	98.0
51-55 years	1	2.0	100.0
Total	50	100.0	



**Table 1. Bio demography data of Nurses CMH**

**Rawalakot '2023**

<b>Variables</b>	<b>Group</b>	<b>N (%)</b>
<b>Gender</b>	Male	6 (12)
	Female	44 (88)
<b>Marital Status</b>	Single	28 (56)
	Married	22 (44)
<b>Living area / locality</b>	Rural	27 (54)
	Urban	23 (46)
<b>Family Types</b>	Nuclear	18 (36)
	Joint	32 (64)
<b>Professional</b>	G. N. Diploma	17 (34)



<b>Qualification</b>	BSN (Post-RN)	31 (62)
	MSN	2 (4)
<b>Working Shift Duty</b>	Morning	12 (24)
	Evening	9 (18)
	Night	10 (20)
	Rotation	19 (38)
<b>Working experience</b>	< 5 years	21 (42)
	6-10 years	14 (28)
	11-15 years	10 (20)
	21-25 years	3 (6)
	26-30 years	1 (2)
	> 30 years	1 (2)

Out of 50 Nurses, 88% participants were female and 12% male, 56% were single and 44% married, similarly 54% were living in rural area and 44% urban. Sixty four (64%) were living in joint family and 36% nuclear family system. The majority 62% study participant nurses were having BSN (Post-RN) degree holder as to compare to 34% General Nursing Diploma and 4% MSN. The 38% nurses were performing their duties in rotation shift, 20% night, 24% morning, and 18% evening in less percent. The seventy percent (70%) nurses were experience from less than 05 years to 10 years.

According to the Nurses perspective the main gaps related to Nurses – Patients related communication are 84% similar language build rapport between patient and nurses, 90% patient’s illiteracy, 68% non-native language, 80% fixed hours of visitation and limited number of attendants, and 78% inexperience nurses find difficulty in managing problems effectively. While, 72% nurses feels comfortable to communicate in providing care to the same gender, 82% feels uncomfortable to communicate with related STI problems, and 76% rotation nurses have less interest to communicate with patient as compare to fixed duty nurses. The eighty two (82%) nurses showed agreeeness that according to job description provide the opportunities for good communication skills, 76% Nurses showed sensitivity with emotional reaction in treatment care, and 64% favored to higher professional education help in applying the good communication skills strategies in patient care.

**Table 2. Nurse-Patients Related Communication Gaps By Nurses Perspectives**

<b>Gaps</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Not Sure</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Mean</b>
Similar language creates bond between patient and nurse	2 (4%)	0 (0%)	6 (12%)	8 (16%)	34 (68%)	4.44
Cultural norms create a gap due to gender differences. (e.g., female patient only deals with a female nurse and vice versa)	2 (4%)	3 (6%)	15 (30%)	23 (46%)	7 (14%)	3.6

Patient's Illiteracy	1	1	3	40	5	3.94
complicates the situation to understand the behavior of patient	(2%)	(2%)	(6%)	(80%)	(10%)	
Non-native language disrupts communication	1	2	13	29	5	3.7
	(2%)	(4%)	(26%)	(58%)	(10%)	
Nurses communicate better with patient having high reputation and personal relation create gaps in communication	1	5	16	16	12	3.66
	(2%)	(10%)	(32%)	(32%)	(24%)	
Fixed hours of visitation and limited number of attendants must be assigned for proper patient - nurse interaction	1	2	7	27	13	3.98
	(2%)	(4%)	(14%)	(54%)	(26%)	
Inexperience nurses find difficulty in managing problems effectively when having any breaking news	1	1	9	16	23 (46%)	4.18
	(2%)	(2%)	(18%)	(32%)		
Nurses feel comfortable and communicate better when providing care to same gender patient	1	2	10	20	16	4.98
	(2%)	(4%)	(20%)	(40%)	(32%)	

Nurses feel uncomfortable to communicate problems related to sexual transmitted diseases or sensitive issues	1 (2%)	1 (2%)	7 (14%)	33 (66%)	8 (16%)	3.92
Lack of screen or purdah during treatment creates hesitation and embarrassment for patient and nurse	1 (2%)	4 (8%)	13 (26%)	14 (28%)	18 (36%)	3.88
Nurses on rotation duty have less interest to communicate patient comparing fixed duty nurses	8 (16%)	0 (0%)	4 (8%)	32 (64%)	6 (12%)	3.72
“It is not my duty” creates a sense of ignorance and widens the gap	2 (4%)	11 (22%)	15 (30%)	16 (32%)	6 (12%)	3.26
Performing job according to job description provides better opportunity to develop communication skills	1 (2%)	0 (0%)	8 (16%)	21 (42%)	20 (40%)	4.2
Nurses must show sensitivity with emotional reaction and help clear uncertainty for the treatment of	1 (2%)	3 (6%)	7 (14%)	26 (52%)	13 (26%)	3.94

Nurses are not assuring patients before going for any surgical / diagnostic procedure is a big gap in nurse patient relationship and communication	2 (4%)	0 (0%)	16 (32%)	21 (42%)	11 (22%)	3.82
Achieving higher education in nursing helps to understand and apply psychological strategies to communicate with client	2 (4%)	0 (0%)	16 (32%)	21 (42%)	11 (22%)	3.82
Nurses getting chance to attending professional workshops and seminars are more good in communication skills	0 (0%)	0 (0%)	6 (12%)	17 (34%)	27 (54%)	4.42
Hospital policies and health care delivery is big factor in communication with patient.	1 (2%)	0 (0%)	11 (22%)	21 (42%)	17 (34%)	4.08

## Discussion

The interaction and communication between nurses and patients is important in today's nursing practices because it promotes therapeutic healing, the development of relationships

between nurses and patients, and patient-centered care. (Riley, 2008; Rimal, 2001; Samovar et al., 2010). Communication breakdowns caused by nurses' misunderstandings and gaps caused by unfamiliar languages are major concerns. Hence, it has been found in several studies that a communication gaps that impacts patients' satisfaction in therapeutic relationships is nurses' lack of knowledge with the patient's spoken language. The objective of the current study was to identify the nurses' communication skills gaps as they relate to the nurse-patient interaction. The mean age of the nurses are 31.32 years  $\pm$  7.446 SD, but Norouzinia 2016 found that the mean age of nurses in her study was 30.95 years old. These two studies are closely related. Among of 50 Nurses, sixty two (62%) participant belong to young age group between 25 – 30 years, the previous study was conducted by Maame Kissiwaa V 2018 showed the similar result 69.4% nurses belong to 25-35 years age group. In this study, there were more female nurses than male nurses in terms of frequency and percentage, with female nurses making up (44, 88%) and male nurses making up (06, 12%). The similar finding was seen in the study by Ardalan F 2018, which found that 82.8% of the subjects were female. In their study, Hamdan-Mansour A et al. (2014) also reported that there were 166 (82%) female nurses and 27 (13.4%) male nurses. The mentioned studies results are similar with this study result in gender proportions. However, earlier research found that while nurses are only marginally impacted by patient gender disparities at work, gender differences have a significant influence on communication from the patient's perspective.

In this survey, 17 (34%) nurses received their General Nursing Diploma, 31 (62%) continued their education to earn a BScN degree, and only 2 (4%) of the nurses acquired a master's MSN degree. Similar findings were made in Maame Kissiwaa V 2018's research, which shown that 69.4% of nurses held diplomas, 23.6% of nurses held BScN degrees, and 7.0% of

nurses held master's MSN degrees. In a 2018 research by Ardalan F, 94.7% of nurses reported having a BSN, while 5.3% reported having an MSN. The mentioned studies results are similar and provide evidence support to our current study result.

The result of this study showed that the main communication gaps between nurses and patients, from the nurses' perspective, are 84% similar language that helps build rapport, 90% patient illiteracy, 68% non-native language, 80% fixed hours of visitation and a small number of attendants, and 78% inexperienced nurses who have trouble effectively managing problems. The previous similar study result showed that majority agreed that the nurse misunderstood what she was saying and that there was a language barrier. The nurse's lack of familiarity with the patient's informal language has also been cited as a communication barrier in several studies. (Anoosheh et al, 2009). This suggests that a barrier to therapeutic communication is language.

The level of education of patients has a direct impact on how they communicate with nurses. Patients with limited formal education also have less ability to understand and get essential medical information. If the nurses take into account the patients' difficulty understanding the information, they may expound on problems for particular patients (Jahromi and Ramezanli, 2014). In this study, 80% of the patients agreed that the fixed timing of visitors which affected the therapeutic communication. This is better than the results of an Iranian research on the gaps to nurse-patient contact, which found that 21% of patients said the presence of their visitors interfered with nurse-patient dialogue (Bakhtiari et al., 2009). In addition, in our study area patient visitors were allowed to enter into the hospital despite the regular time of visits. This might increase the impact of the visitors on the therapeutic communication, as they are available during nursing care and procedure.

Because there is a shortage of nursing personnel, they are overworked and have little time to get to know one another; similarly, nurses' low salaries are a barrier that subtly interferes with therapeutic connection. According to the previous studies the rotation shift duty was found to be the gaps of communication on nurses' aspect, that impact both the quantity as well as the quality of the nurse-patient relationship. For a professional to ensure that their patients are satisfied with their treatment overall, effective family contact with the patient's family is essential.

In order to maintain trust and provide quality care, health care professionals must be able to communicate effectively with others who are connected to their patients. This is especially for disease-specific outcomes and quality life. Positive behaviors with good communication skills in several treatment areas can help reestablish the nurse-patient relationship and provide high-quality nursing care. When message is conveyed accurately and completely, communication is effective.

### **Conclusion**

This study conclude that predominantly gaps identified by the Nurses perspectives effect on Nurse – Patient interaction are different language barrier, illiteracy of patient, gender differences, frequent visits of visitors, rotation duty and inexperienced nurses; hence, some areas need to be address for the improvement. Also, it was revealed that there was a communication gap between nurses and patients, which contributed to patient dissatisfaction. Serious emphasis must be paid to improve patient satisfaction in all study departments in order to raise the standard of nursing care there. This may be accomplished through promotion patient trust in nurses.

### **Limitations**



While this study offers important insights in to the impact of communication gap on nurse patient interaction from the perspective of nurses. This study has several limitations that must be acknowledged and addressed in future research.

- Although this study provides valuable insights into the impact of communication gap on nurse patient interaction from nursing perspective in this particular hospital the finding may not be generalized to other hospitals or healthcare settings. Future research with large sample from multiple hospitals is needed to confirm the generalizability.
- First, the sample size was relatively small, which may limit the generalizability of the finding.
- The study was conducted in single geographic location, and in one hospital which may limit the generalizability of the finding to other sittings.
- While this study sheds light on the impact of communication gap from nurses' perspective, the limitation of not including patients suggest the need for future research that includes patients to gain more comprehensive of the impact of communication gap on nurse patient interaction from patient perspective.
- Future research could address this limitation by using large and more diverse samples, utilizing objective measures of communication and multisite studies.
- A potential limitation of this study is the gender imbalance with in the sample, with over presentation of female nurses which may limit the generalizability of the finding to male nurses. Future research should aim to include a more balance sample to provide comprehensive understanding of the impact of communication gap on nurse patient interaction.

### **Recommendations**

The following identified gaps should be address for the improvement of effective nurse-patient interactions:

- Hospital authorities should encourage the Nurses to spend time with patients and speak in simple language they could understand as well as provide frequent in-service training on effective therapeutic communication strategies for all health professionals
- Hospital authorities should strictly implement the restriction on the visitors visiting times in the hospitals during the pick time of healthcare services.
- To improve communication skills, regular training and seminars should be organized for in-service nurses.
- Student nurses, trained and monitored during training are recommended under the supervision of expert trainers. The communication skills course should be included as a part of curriculum of BSN and MSN Programs.
- Given the valuable insights gained from this study with nurses, it would be worthwhile to conduct a similar study with a large sample size that includes health care workers from various disciplines, such as doctors, paramedical staff and patients also. This could provide a more comprehensive understanding of the impact of communication gaps on the overall patients experience and improve the generalizability of the finding.
- Raise awareness among health care workers patients and their families about the importance of effective communication in improving patient outcomes and satisfactions.
- Include a more diverse sample in future studies that the findings are representative of the wider nursing population.

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