



Breaking Barriers: Assessing Factors Affecting Nurse-Patient Communication in Healthcare Settings: A Cross-Sectional Study

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Received:17/08/2025

Accepted:25/09/2025

Published:31/12/2025

Abstract: *Nurse-patient communication is essential for delivering safe, high-quality, and patient-centered care, as it fosters trust, improves understanding, and enhances health outcomes. This cross-sectional study aimed to identify factors limiting effective nurse-patient communication in healthcare facilities in Bethlehem from nurses' perspectives. Data were collected between March 10 and March 30, 2025, from 100 nurses working in Bethlehem hospitals using a validated questionnaire, and analyzed with SPSS Version 23. Findings indicated that both personal-social and environmental factors significantly hinder communication. Personal-social barriers included insufficient information, limited patient understanding, and cultural differences, while environmental barriers involved high workload, understaffing, work pressure, and limited time for patient interaction. Gender showed a significant association with environmental factors ($p = 0.007$) but not with personal-social factors ($p = 0.06$). Age and educational level were not significant, whereas professional experience positively influenced communication skills ($p = 0.048$; $p = 0.008$). The study highlights the need for targeted training, improved staffing, and supportive workplace policies to strengthen nurse-patient communication and improve care quality within the local healthcare context.*

Keywords: *Nurse-Patient Communication; Healthcare Quality; Communication Barriers; Workload; Understaffing; Professional Experience; Hospital Environment; Patient Satisfaction.*

1. Introduction

1.1 Back ground:

Communication between nurses and patients is a vital aspect of delivering quality healthcare because it assists in building trust and a positive outcome in health. Nurses establish a situation where patients are respected and understood through listening, explaining, and showing empathy. Good communication between nurses and patients reduces stress and anxiety in patients, and it also enhances patient satisfaction. In addition, nonverbal communication, cultural competence, and confidentiality are vital aspects of the relationship between nurses and patients [1]. In conclusion, effective communication between nurses and patients not only improves the quality of treatment but also helps in making healthcare practices safer and

more efficient.

Nurse and patient communication are an important aspect of delivering quality care, trust, patient satisfaction, and positive outcomes. Several factors prevent this interaction from taking place in different healthcare environments. Major challenges include organizational and environmental factors such as workload, understaffing, and unfavorable work environments [2]. Miscommunication can also result from cultural and linguistic factors, including language barriers and cultural misunderstandings [2], [3]. Emotional pain, lack of self-esteem, and patients' mental status can also interfere with communication. Poor communication skills training and lower educational levels among nurses have been shown to contribute to ineffective patient interactions [4]. To address these challenges, a comprehensive approach is needed and should include administrative support, cultural awareness training, psychological support for healthcare workers, and enhanced educational programs [5]. Through addressing these challenges, healthcare organizations can improve communication, leading to better patient outcomes and satisfaction.

In conclusion, Organizational issues, cultural and linguistic differences, psychological issues, educational considerations, among others, have contributed to communication failures in healthcare settings. A busy schedule, lack of staff, and an unhelpful environment can hinder effective communication. Psychological issues, such as nurses' discomfort and patients' anxiety, make communication challenging. It is important to comprehend the various factors that affect communication between nurses and patients to provide specific interventions. Overcoming individual strengths and weaknesses, cultural differences, and organizational issues in healthcare can enhance communication, leading to increased patient satisfaction and improved health outcomes.

1.2 Problem Statement:

Nurse and patient communication are an important aspect that plays a significant role in ensuring high-quality care is provided to patients, hence improving patient satisfaction and health outcomes. Despite the significance of effective nurse and patient

communication, several challenges exist, including language barriers, cultural differences, emotional concerns, and organizational constraints. These challenges not only affect the quality of treatment, but also lead to poor patient satisfaction, misunderstandings, and poor health outcomes. Despite the fact that several studies have identified these challenges, there is still a lack of comprehensive understanding of the issues that influence nurse and patient communication, especially in different healthcare settings.

1.3 Study significant and scope:

The purpose of this research is to critically examine the different factors that affect nurse and patient communication in healthcare facilities, recognizing the importance of communication as an essential aspect of providing safe, effective, and quality care to patients. From the theories of communication and nursing, this research recognizes that factors such as language and cultural differences, emotional and psychological conditions, workloads, healthcare policies, and the broader sociocultural environment can all contribute to a significant effect on the nature of communication between nurses and patients. This research will contribute to the ongoing discourse on healthcare communication through a comprehensive examination of these factors.

1.4 Study objectives:

- To identify key personal-social and environmental barriers to nurse-patient communication.
- To analyze the impact of gender, age, education, and work experience on communication barriers.
- To evaluate the role of work experience in enhancing communication skills.
- To propose strategies for improving nurse-patient communication.

1.5 Research questions

- What are the primary barriers to effective nurse-patient communication?
- How do demographic factors (gender, age, education, experience) influence communication barriers?
- Does work experience significantly improve nurse-patient communication?
- What measures can be taken to enhance communication in healthcare settings?

1.6 Research hypothesis:

- H1 :Personal-social factors' affect nurse-patient communication
- H2: Workplace improvements affect nurse-patient communication
- H3: Training programs will lead to better communication.
- H4: Age and higher education positively, gender, Work experience affect communication effectiveness.

2. literature review

This part provides an explanation about effective nurse-patient communication which is essential for providing high-quality care, since it has a major impact on patient satisfaction, treatment adherence, and clinical results. Recent research, conducted between 2019 and 2025, have identified a number of elements that influence this

connection.

A study done in Saudi Arabia [6], found that differences in language, culture, and religion made it hard for nurses and patients in hospitals in Jeddah to communicate effectively. The study stressed the need for culturally sensitive treatments to improve nurse-patient relationships in a variety of groups.

A study performed cross-sectional research in nine emergency rooms in the West Bank, Palestine [7]. It aims to ascertain perceived communication difficulties among 199 emergency nurses. The research analyzed six domains-demographic, knowledge-related, environmental, social, economic, and psychological factors and identified environmental obstacles, including noise, overcrowding, and insufficient privacy, as the most substantial. Subsequently, knowledge-related and psychological factors emerged, with male and younger nurses having a greater tendency to experience knowledge-related barriers. These findings underscore the complex interplay between individual nurse characteristics and system-level issues in emergency care contexts.

A scoping review of African healthcare contexts [8], revealed five main themes of communication barriers: Sociodemographic, patient-related, nurse-related, environmental, and health service-related factors. The main barriers that emerged were age gaps, religious beliefs, nurse-related stress, and environmental conditions like extreme weather. The assessment strongly advocated for ongoing training to enhance nurse communication skills

A cross-sectional study carried out in basic healthcare facilities in Bahrain [9], assessed communication barriers from the patient & nurses' perspective. The key barriers identified among 402 respondents included a lack of nurses, unwillingness to communicate, negative attitudes, language differences, and lack of confidence among nurses. The study emphasized the importance of communication training and professional development to overcome these barriers.

The scoping review was informed by the Transcultural Inter-professional practice paradigm, and it covered both verbal and non-verbal components of communication [10]. The study covered the essential verbal components, such as speech and language, and also acknowledged the non-verbal components, such as eye contact, empathy, touch, and active listening, which are crucial in building trust. Technology-assisted communication has been demonstrated to be an effective aid; however, time constraints and language gaps are usually cited as major barriers.

In conclusion these studies taken together show that various factors influence effective nurse-patient communication: environmental pressures, personal skills, cultural and linguistic diversity, and institutional healthcare difficulties. Improving communication and, hence, the quality of patient care depends on reducing these challenges by means of specialized training, supportive work environments, and culturally sensitive care models.

3. Methodology

This part describes the research methodology used to explain the study design, site and setting, study population and sampling technique, eligibility criteria, period of the study, research instruments for data collection, data collection, permissions, and ethical considerations.

3.1 Study Design

The study was conducted using a cross-sectional quantitative analytical design, which is suitable for the purposes of the study, as it can investigate many independent variables, is time and cost effective, and helps in verifying the relationship between dependent and independent variables to test hypotheses.

3.2 Sample and sampling

The population of this study are the nurses of Bethlehem hospitals. A sample of 100 nurses who voluntarily participated in the study has been conducted from Bethlehem west bank hospitals. The sample size calculated by using Parameters on Windows Operating System.

3.3 Inclusion and Exclusion criteria

- Inclusion criteria: Nurses who present in Bethlehem hospitals during the study period, and consented to participate in the study, and those available and accessible at their respective workplaces during the study timeframe, including both male and female nurses.
- Exclusion criteria: Nurses of other west bank hospitals, and nurses who were on leave (e.g., vacation, sick leave, maternity leave) during data collection, also nurses who did not agree to participate in the study.

3.4 Site and Setting

This study has been conducted at Bethlehem health workplace from March 10, 2025, until March 31, 2025.

3.5 Validity & Reliability

A tool develops from literature review. Reliability measured using Cronbach’s alpha on the statistical analysis software, with a value of 0.88 as a cut point for the determination of acceptable reliability level.

3.6 Study variables

Independent and Dependent variables are the main variables in this study.

The independent variables: Participants' demographic characteristics (age, gender, educational, marital status, work place, etc)

The Dependent variables: Factors affect relationship between the nurses and patient

3.7 Data Collection Procedures

After obtaining ethical approval from Palestine Al-Ahliya University, the researcher distributed a questionnaire to each nurse, introduced them to the study. Participants who accepted the invitation to participate were then explained the process and study before data collection began. Any questions that arose before, during, and after completing the questionnaire were answered. Finally, the researchers expressed their appreciation to all participants for their participation.

3.8 Statistical Analytical

Descriptive and inferential analyses are conducted utilizing SPSS version 25.0. Descriptive statistics illustrating the sample characteristics encompassed percentage, frequency, and mean. Inferential statistics encompass one-way ANOVA and independent samples t-test. A significance level of $p < 0.05$ is deemed statistically significant. Cronbach's alpha was used to for internal consistency reliability. It was found that the reliability coefficients were 0.88. This means that the tool is very reliable. The Pearson correlation coefficient is used to check the internal consistency of the domain. The correlation coefficient is significant at the 0.05 level, which means the questionnaire is valid.

3.9 Ethical Consideration

Based on prior approval taken before people started to complete the questionnaire, the study prioritized participant confidentiality, eliminating personal information, and allowing withdrawal at any time, with approval from PAU scientific research authorities.

3.10 Instrumentation

A Valid questioner obtained form an article in literature review and measured the validity and reliability to assess factors that affect communication between patients and nurses. The questionnaire consisted of three sections:

Section 1: Demographic Information: Comprises age, gender, qualifications, years of experience, highest degree attained, current employer, participation in communication skills training, and type of employment.

Section 2: The Barriers to Nurse-Patient Communication questionnaire consists of 16 items divided into two dimensions: individual-social variables (8 items) and environmental factors (8 items). Responses were evaluated using a 5-point Likert scale, from 1 (strongly disagree) to 5 (strongly agree). The total scores for each dimension were derived by aggregating the scores from the 16 questions.

4. Results

Data Analysis was performed using SPSS v.25. Frequency and percentage were obtained for each categorical data. Normality was checked before performing inferential statistics by using the Kolmogorov-Smirnov test. The parametric One-way ANOVA test used to investigate the relationship between dependent variables and independent variables. Also, the reliability and internal consistency of nursing perceptions for informatics competency was checked by using Cronbach alpha, its value was 0.88.

Table 1: Sociodemographic Characteristics (n=104)

Variable	Frequency	Percentage	
Gender	Male	28	26.9
	Female	76	73.1
Age	Under 30	63	60.6
	30-39	26	25
	40-49	12	11.5
	More than 50	3	2.9
Highest degree earned	Diploma	22	21.2
	Bachelor degree	71	68.3

	Master	11	10.6
Experience	Less than 1 year	29	27.9
	1-9	41	39.4
	10-19	19	18.3
	More than 20	15	14.4
Current work place	Hospital	62	59.6
	Clinic	20	19
	ICU	1	1
	Emergency department	4	3.8
	Other	17	16.3
Receiving communication skills	Yes	88	84.6
	No	16	15.4
Work	Morning shift only	44	42.3
	Evening shift only	3	2.9
	Night shift only	3	2.9
	Rotating	54	51.9

Table 1 reveals that the sample comprises 28 males and 76 females, with 60.6% of participants aged under 30 years and 39.4% aged over 30 years. Furthermore, 68.3% of the sample possesses a Bachelor's degree, while 39.4% have 1-9 years of experience. 59.6% of the workforce was employed in a hospital. Furthermore, 84.6% received training in communication skills pertaining to nurse-patient interactions. 51.9% of participants are engaged in rotating shifts.

Table 2: Mean and Standard Deviation of Barriers to Nurse-patient Communication Questionnaire Domains

Question	Mean	S.D
Domain 1: Personal-social factors'		
Nurse-patient age difference	3.1538	1.22093
Nurse-patient gender difference	3.4712	1.03302
Nurse-patient Cultural difference	3.4904	1.07030
Nurse-patient educational difference	3.5192	1.09705
Nurse's inadequate knowledge	3.9135	1.07134
knowledge of patient's medical illness and its management	3.7692	1.09039
Absence of family members	3.3269	1.07435
Unfamiliar environment of the hospital	3.4038	.96057
Overall mean	3.5060	.79600
Domain 2: Factors related to nurse –Work place (environment)		
Shortage in number of nurses in each section and loads of duties	3.8558	1.19398
Lack of time for each patient	3.8173	1.13003
Presence of multi-critical cases in the unit	3.6250	1.19211
Presence of work-related unfair issues as inadequate salaries and absence of fair shifts distribution between nurses' crew	3.4038	1.21894
Relationship of nurses with other healthcare providers	3.4615	1.13995
excessive administrative and documentation tasks	3.5481	1.09615
Inadequate training and lack of professional development opportunities	3.7500	1.06807
Stressful and high-pressure work environment	3.8942	1.22211
Overall mean	3.6695	.88421

Table 2 captures the results of the two domains influencing nurse-patient communication. The nurses said that the primary barrier within the personal-social aspects domain was the nurse's insufficient knowledge. Additional hurdles in this sector, prioritized from most to least significant, encompassed the understanding of the patient's medical condition and its management, disparities in education between nurses and patients, as well as variations in cultural background, age, and gender.

In the context of environmental factors, a stressful and high-pressure work environment constituted the primary barrier. Other challenges in this category, ranked by significance, included a deficiency in the number of nurses in each department and an excessive workload. Insufficient time allocated for each patient, poor training, and a deficiency in professional growth opportunities. Existence of multi-critical cases inside the unit, burdensome administrative and documentation responsibilities, interactions between nurses and other

healthcare professionals. Existence of work-related injustices, such as insufficient pay and inequitable distribution of shifts among the nursing staff.

Table 3: Comparison of Nurse-Patient Communication in Healthcare Settings to their demographic characteristic

Variable	Category	Personal/Social Factors (Mean ± SD)	Test Stat. (p-value)	Environment Factor (Mean ± SD)	Test Stat. (p-value)
Gender	Male	3.26 ± 1.11	T = -1.91 (0.06)	3.29 ± 1.13	T = -2.74 (0.007)
	Female	3.59 ± 0.60		3.81 ± 0.37	
Age	Under 30	3.44 ± 0.84	F = 0.7 (0.55)	3.55 ± 0.95	F = 0.95 (0.42)
	30-39	3.50 ± 0.83		3.82 ± 0.86	
	40-49	3.72 ± 0.37		3.92 ± 0.55	
	50+	3.91 ± 0.40		3.58 ± 0.38	
Highest Degree Earned	Diploma	3.61 ± 0.96	F = 0.69 (0.50)	3.90 ± 1.02	F = 0.98 (0.38)
	BSc	3.53 ± 0.67		3.64 ± 0.77	
	MSc	3.28 ± 0.88		3.51 ± 1.16	
Experience	<1 Year	3.15 ± 1.00	F = 2.70 (0.048)	3.20 ± 1.05	F = 4.20 (0.008)
	1-9 Years	3.65 ± 0.66		3.89 ± 0.71	
	10-19 Years	3.61 ± 0.77		3.82 ± 0.85	
	>20 Years	3.62 ± 0.50		3.75 ± 0.69	
Current Workplace	Hospital	3.47 ± 0.74	F = 0.76 (0.55)	3.63 ± 0.91	F = 0.98 (0.41)
	Clinic	3.72 ± 0.70		3.93 ± 0.61	
	ICU	4.12 ± -		4.50 ± -	
	Other	3.32 ± 1.11		3.44 ± 1.06	
Receiving Communication Skills Training	Yes	3.47 ± 0.85	T = -0.56 (0.58)	3.65 ± 0.92	T = -0.26 (0.79)
	No	3.60 ± 0.38		3.71 ± 0.68	
Work Type	Morning Shift Only	3.45 ± 0.88	F = 0.26 (0.76)	3.67 ± 1.03	F = 0.11 (0.93)
	Evening Shift Only	3.58 ± 0.68		3.79 ± 0.19	
	Night Shift Only	3.95 ± 1.00		3.95 ± 0.83	
	Rotating	3.50 ± 0.73		3.63 ± 0.79	

As shown in Table 3, gender has a strong influence on the environmental factor in nurse and patient communication ($p = 0.007$), where females perform better than males. However, gender does not have a significant influence on personal-social factors ($p = 0.06$). Age and the highest level of attainment do not have a significant influence on personal-social and environmental factors ($p > 0.05$), which indicates that these factors do not have a significant influence on nurse and patient communication. Work experience has a significant influence on personal-social factors ($p = 0.048$) and environmental factors ($p = 0.008$), where more experienced nurses have higher scores. This implies that more experienced nurses may have better communication skills, particularly in adapting to environmental factors in a hospital setting. Other variables do not have a significant influence on the two factors discussed in this study.

5. Discussion

The main objective of this study was to determine the important personal-social and environmental factors that act as barriers to communication between nurses and patients. The study also examined the effect of gender, age, education, and work experience on the barriers to communication and assessed the effect of work experience on improving communication skills. Finally, the study suggested ways to improve communication between nurses and patients. The study employed a cross-sectional, descriptive, and quantitative design. Data was collected from 100 nurses in Bethlehem hospitals using convenience sampling.

The sample was primarily female, young, and university-educated, with the majority having undergone prior communication training. Two significant categories impacting communication were identified: personal-social variables, where the nurse's lack of knowledge was the primary obstacle, and environmental factors, where a stressful and high-pressure work environment was most prevalent.

Our study reached that gender strongly affects the environmental factor in nurse-patient communication, with ($p=0.007$). as for age and personal social or environmental factors the study showed that these factors did not have a substantial impact on the variables of nurse and patient communication. Other factors that were mentioned did not impact the two areas covered in this study.

The findings of this study are in line with a number of previous research endeavors. Like the study that found that differences in language, culture, and religion were barriers to effective communication in Saudi hospitals [6], this study found that cultural and educational differences were significant personal-social barriers. In addition, like previous findings [7].

Environmental factors in the workplace such as pressure of work, lack of staff, and stressful environments were found to be important barriers, highlighting the need for improvements at the systemic level to ensure communication [8].

Problems in the environment, for example, too many administrative tasks, time constraints, and difficult caseloads, were shown to greatly hinder communication efforts [7]. Moreover, stress and psychological strain among nurses were identified as major factors in communication difficulties [8], [11], which is reflected in the present study by the great importance attached to stressful working conditions. In addition, the relationship between nursing experience and communication skills identified in the present study supports previous findings [9], [10], suggesting that professional development and accumulated experience are important in overcoming communication barriers.

Part six: Conclusion, Recommendations, Limitations.

6. Conclusion:

The study highlights the effectiveness of many factors at the patient-nurse communication and relationship at healthcare setting, this study found that both personal-social characteristics and workplace environmental difficulties significantly hinder successful nurse-patient

communication. The most significant impairments found were insufficient nursing knowledge and difficult working conditions, overcoming these barriers is critical to improving treatment quality, strengthening nurse-patient relationships, and increasing patient satisfaction and health outcomes.

7. Recommendations:

This research yields the following suggestions.

1. Larger sample size including a sample of all hospitals of Palestinian Territories.
2. Training programs must be developed for hospital personnel to enhance effective communication and self-awareness, hence improving their interactions with patients.
3. Nursing personnel must be included into educational programs focused on communication skills.
4. More researches should be conducted to include the results as recommendations for hospitals to reduce the overload on nurses as the major obstacle in achieving a successful patient nurse communication.

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