

## Original Article

### Barriers of nurse-patient communication from the nurses' point of view in educational hospitals affiliated to Kurdistan University of Medical Sciences

Farasat Ardalan<sup>1</sup>, Mohammad-Iraj Bagheri-Saweh<sup>1</sup>, Mashaalah Etemadi-Sanandaji<sup>1</sup>, Bijan Nouri<sup>2</sup>, Sina Valiee<sup>1\*</sup>

<sup>1</sup> Clinical Care Research Center, Kurdistan University of Medical Sciences, Sanandaj, Iran

<sup>2</sup> Social Determinants of Health Research Center, Kurdistan University of Medical Sciences, Sanandaj, Iran

#### ARTICLE INFO

Received 07 December 2017  
Revised 17 February 2018  
Accepted 21 February 2018  
ePublished 13 January 2018  
Published 7 September 2018

Available online at:  
<http://npt.tums.ac.ir>

**Key words:**  
barriers,  
communication,  
nurses,  
patients

#### ABSTRACT

**Background & Aim:** Communication with the patient is the basis for nursing practice in providing care for the patient. The aim of this study was to determine the barriers to nurse-patient communication from the viewpoint of nurses working in educational hospitals of Kurdistan University of Medical Sciences.

**Materials and Methods:** This descriptive cross-sectional study was performed on 151 of nursing staff in educational hospitals of Kurdistan University of Medical Sciences selected by convenience sampling method. Data gathering tool was a questionnaire including demographic characteristics and "barriers to nurse-patient communication" questionnaire with four-part: common barriers between nurses and patients, nurses' barriers, patients' barriers and environmental barriers. The data were analyzed by SPSS software ver 16. The demographic data and the barriers to nurse-patient communication were measured, using frequency, mean, and standard deviation.

**Results:** Cultural difference between nurses and patients ( $2.62 \pm 1.06$ ) was the most common barriers to the nurse-patient communication. The most important barriers related to the patient included the patient's companion's interference ( $3.24 \pm 0.92$ ). Among the environmental barriers, caring for a critical patient ( $3.27 \pm 0.98$ ) was the most important barriers. The most important nurses' barriers were lack of time ( $3.46 \pm 0.78$ ).

**Conclusions:** Nurses and nursing managers should work to address and remove the barriers identified in relation to the nurse-patient communication. Providing care by native and same gender nurses, absence of patients' companion, creating a quiet environment and increasing the number of nursing staff could help to overcome these barriers.

#### Introduction

Nursing is a profession which is based on communication; meaning that, proper implementation of nursing interventions requires proper and appropriate communication between the nurse and the patient. Appropriate communication is one of the patient's critical needs and the basis for nursing care (1).

Therefore, professional communication between the nurse and the patient is the basic pillar of nursing care in all wards. Each nurse, regardless of the field of their own specialty,

needs to communicate with the patients (2). Therefore, communication is one of the important aspects of nursing care and many nursing tasks, such as physical care for patients, mental support and information exchange with patients, could not be possible without communication (3).

Using effective communication skills as an integral part of the nursing profession is one of the important ways for nurses to support patients and their family members (4). Communication skills are an important element in nursing care and nursing education. Effective communication is the most important factor in maintaining the quality of nursing care (5).

\* Corresponding Author: Sina Valiee, Postal Address: Clinical Care Research Center, Kurdistan University of Medical Sciences, Sanandaj, Iran.  
Email: Valiee@muk.ac.ir

Improper communication with the patients could lead to problems such as lack of access to important information of the patient, misinterpretation of the patient's information, and creating a climate of distrust between the patient and the healthcare providers (6).

On the other hand, illness and hospitalization are usually stressful and unpleasant experiences for the patients and their families. Nurses play a major role in reducing the unpleasant experiences through the use of communication skills (7). Communication between the nurse and the patient is underpinned by the quality of nursing care (8 and 9). Proper communication between the nurse and the patient leads to the patient's health (10). Nursing interventions depends on the communicative role of the nurses (11).

In addition, the relation between the nurse and the patient is an essential factor for patient's satisfaction (12). Ineffective communication is usually a potential barrier to providing services in caring settings (13). So, to establish effective communication, it is imperative that to the nurse-patient communication should be well identified and understood. Identifying barriers to effective communication between the nurses and the patients would make it possible to orient the necessary actions toward removing or modifying them (14). According to previous studies, the main barriers to communication included: excessive and heavy nursing tasks, difficult tasks and nursing problems, and lack of facility for nurses. The most important barriers to communication from patients' viewpoints included: nurses' unfamiliarity with the accent or dialect of the patients, contagious diseases, and gender differences between the nurses and the patients. The most common barriers between the nurses and the patients were the difference between the age of the nurses and the patients, and the difference between their social classes (1, 15-16). It is a well-known fact that the cultural differences would influence the used communication styles or channels (17) and cultural issues would affect the manner of

communication between the nurses and the patients (18). So, despite many studies published in Iran, this study was conducted to investigate the barriers to nurse-patient communication in a province of Iran with Kurdish ethnicity and cultural dimensions. Kurds are an ethnic group living in the Middle East, particularly in Iran, and is estimated to be the third largest ethnic group, constituting 9 percent of the total population (19). Consequently, investigating the barriers to nurse-patient communication can increase our knowledge and reveal the differences in comparison to other studies published in Iran. Therefore, the present study was aimed to investigate the nurse-patient communication barriers from the nurses' point of view in educational hospitals of Kurdistan University of Medical Sciences.

## **Methods**

This is a descriptive cross-sectional study. The study population included all the nurses working in educational hospitals (Tohid and Besat) of Kurdistan University of Medical Sciences who were willing to participate in the research and able to complete the questionnaire. Based on Aghabarary et al (1) study the sample size was calculated as 160 subjects. Data collection tool was a questionnaire. Based on the purpose of the study, the questionnaire of "barriers to nurse-patient communication", which was designed and applied by Aghabarary et al. (2009), was used in the present study. The questionnaire consists of 44 items each containing 5 options of "not at all", "low", "average", "high" and "not included". Respondents should choose one of the options, based on the importance of each item. Barriers were divided into four categories of "common barriers between the nurse and the patient", "nurses' barriers", "patients' barriers", and "environmental barriers". To score the items, the score of 0 was assigned to not included, score of 1 to not at all, score of 2 to low, score of 3 to average, and score of 4 to high. The mean score for item category was calculated. Higher scores indicate more important barriers from the

participants' point of view. Reliability of the questionnaires was approved with a Pearson correlation coefficient of 0.76 (1). To evaluate its reliability of instrument in this study, the questionnaire was given to 20 nurses and internal consistency measured using Cronbach's  $\alpha$  method; its reliability was approved with a  $\alpha$  of 0.96. After obtaining the necessary permissions, nurses working in different wards of Tohid and Besat hospitals of Kurdistan University of Medical Sciences were selected using convenience sampling method by daily referral to the wards (internal and surgical) during various shifts. Then, after explaining the goals of the study, questionnaires were completed by the participants as self-report. This study was funded by the research and technology deputy of Kurdistan University of Medical Sciences, with the registration number of 1394.330 and approved by the Ethics Committee of Kurdistan University of Medical Sciences (ethics code: IR.MUK.REC.1394.330).

All the nurses were volunteered and participated with consent. At the beginning of the study, the study objectives were explained for the participants and the participants were assured of the confidentiality of the information; they were not required to mention their full names in the study. SPSS software version 16 was used to analyze the data. For qualitative variables, frequency distribution table and for quantitative variables, concentration and distribution indices with 95% confidence interval were applied.

## Results

Finally, 151 questionnaires were fully completed. Based on the results, 82.8% of the subjects were females, 73.5% were married, 94.7% had bachelor's degrees, and 34.4% were permanent employed. 76.8% of the studied participants had rotating shift, 62.3% had a history of participation in communication courses, and 41.1% had no knowledge of communication skills.

The mean age of the participated nurses in the study was  $33.98 \pm 7.24$  years and the mean of working experience was  $9.41 \pm 7.51$  years (Table 1). Among the "common nurse-patient communication barriers", the most important barriers were the cultural difference between the nurses and the patient ( $62.2 \pm 1.06$ ), the gender difference between the nurse and the patient ( $2.58 \pm 1.1$ ), the age difference between the nurse and patient ( $2.14 \pm 1.06$ ), differences in spoken language between nurses and patients ( $2.14 \pm 1.18$ ) and religious differences between nurses and patients ( $2.06 \pm 1.05$ ). The most important nurse-patient communication "barriers related to the nurse" were lack of time ( $3.46 \pm 0.78$ ), heavy workload during the shift ( $3.42 \pm 0.82$ ), shortage in nursing staff ( $3.32 \pm 0.94$ ), unproductive behavior of the nurse managers ( $3.14 \pm 0.94$ ) and lack of interest and motivation for the profession among the nurses ( $3.11 \pm 1.08$ ). Among the nurse-patient communication "barriers related to patients" were interference of patient companions ( $3.24 \pm 0.92$ ), presence of patients' companions at the patient's bedside ( $3.19 \pm 0.87$ ), lack of cooperation by the patients' companions ( $0.92 \pm 3.09$ ), negative attitude of the patient towards the nurse ( $1.01 \pm 1.01$ ) and anxiety, pain and physical discomfort of the patients ( $3.8 \pm 0.88$ ). The most important nurse-patient communication "barriers related to the environment" were critically ill patients ( $3.27 \pm 0.98$ ), busy environment ( $3.22 \pm 0.99$ ), and inappropriate environmental conditions ( $3.07 \pm 0.99$ ) (Table 2).

## Discussion:

The present research studied the nurse-patient communication barriers in four areas (common nurse-patient barriers, nurses' barriers, patients' barriers, and environmental barriers). Cultural difference was the most important common barrier between the nurse and the patient, which was also mentioned in other studies in Iran (1, 15).

Cultural challenges and barriers between nurse and patients reported in Hart and Mareno study in USA (20). Also, cultural diversity among nurses and patients in Australia, reported as a growing concerns as differences in language and culture (21).

**Table 1.** Demographic characteristics

Variables		N	Percent
Sex	Female	125	82.5
	Male	26	17.2
Marriage	Married	40	26.5
	Single	111	73.5
Educational Status	BSN	143	94.7
	MSN	8	5.3
Employment status	Permanent	52	34.4
	Mandatory	23	15.2
	Provisional	30	19.9
	Contractual	46	30.5
Hospital	Tohid	119	78.8
	Besat	32	21.2
Shifts	Fixed	35	23.2
	Rotating	116	76.8
Participation in communication courses	Yes	57	37.7
	No	94	62.3
Awareness about communication skills	Yes	89	58.9
	No	62	41.1
Ward	Emergency	2	1.3
	ICU	6	4.0
	NICU	1	0.7
	Internal	32	21.2
	Orthopedic	18	11.9
	Pediatric	13	8.6
	Surgical	28	18.5
	CCU	12	7.9
	Infection	6	4.0
	Dialysis	5	3.3
	Heart	15	9.9
	Neurology	3	2.0
	Nursing office	4	2.6
Neurosurgery	6	4.0	
Age (M±SD) (years)	33.98±7.24		
Work Experience (M±SD) (years)	9.41±7.51		

The cultural difference culture blocked effective nurse-patients communication and can lead to misunderstandings which can have serious impacts on health outcomes and patient safety (22). In Present study, although the nurses and patients were of a culture, in fact selecting this item as the most important barrier, it refers to existing micro cultures or

subcultures. Actually, the subcultures within any societies include having traits, behaviors, or beliefs that differ from the whole (23). The nurses should try to earn cultural competence in the delivery of care to clients as individual, family, community in any cultural context (24). Therefore, employing native nurses could reduce some of these problems. Also, conducting workshops on cultural issues for non-native nurses is recommended. Gender difference was another common barrier that was reported in other studies too (1, 15, 16). Despite attempts to provide care in accordance with gender, in some cases this factor cannot be followed due to lack of human resources. In such cases, it is also an attempt to implement a nurse-patient gender adaptation program. Considering the difference in language and age as a common communication barrier, distribution of nurses of different ages in a shift is recommended. Awareness of conversational language for nurses is advised despite the difference in generations. The results of the research showed that nurses' barriers had the most important role in communication. In the meantime, lack of enough time, heavy workload during the shift, and shortage in nursing staff were the most important barriers. In previous studies, the reported barriers to communication between the nurse and the patient were shortage in the nurse to patient ratio, lack of time, patient's insufficient knowledge about the position of the nurses, and inappropriate communication by the high-level nursing managers (1, 25). In the study by Baraz et al., the high pressure of nursing work, work difficulties, physical and mental fatigue and lack of appreciation of nurses have been reported as the major barriers to communication (26). The study of Mubarak et al. also found the nurses' workload, lack of facilities, physical and mental fatigue, and lack of communication skills training as the nurse - patient communication barriers (27). Therefore, nursing managers should try to regard the standards of the nurse to patient ratio to achieve more effective communication.

**Table 2.** Barriers to nurse-patient communication

Part	Barriers	Mean ± SD
<b>Common barriers between the nurses and the patient</b>	Age difference between the nurse and the patient	2.14±1.18
	Gender difference between the nurse and the patient	2.58±1.1
	Cultural difference between the nurse and the patient	2.62±1.06
	Religious difference between the nurse and the patient	2.06±1.05
	Conversational language difference between the nurse and the patient	2.67±1.06
<b>Nurses' barriers</b>	Lack of interest and motivation in nurses toward the profession	3.11±1.08
	Lack of nurses' awareness about the concept of communication and communication skills	2.98±1.02
	Lack of nurses' awareness about verbal and nonverbal behaviors	2.88±1.08
	Low self-esteem in nurses	2.84±1.15
	Nurses' negative attitude toward the patient	2.92±1.12
	Nurse's unwillingness to communicate with the patient	3.05±1.13
	Nurses' inadequate understanding of the needs and status of the patient	3.05±1.1
	Unpleasant experiences from previous encounters with patients	2.9±0.97
	The type of nurse's working ward	2.85±1
	Communication between the other members of the health care team with the nurse	3±1.01
	Shortage in nurse-patient ratio	3.32±0.94
	Heavy workload during the shift	3.42±0.82
	Lack of time	3.46±0.78
	Shift schedule against nurses' wishes	3.01±0.92
	Having multiple duties and exhaustion caused by extra work	3±1.02
	Worrisome and stress related to the nurse's personal life	2.92±0.97
	Nurses' physical problems	2.98±1.07
	Nurse's family problems	2.71±1.21
	Nurse's inadequate economic status	2.8±1.13
	Non-principal encounters with senior nurses	3.14±0.94
	Lack of attention from the nursing authorities to the manner of communication between the nurses and the patients	2.96±0.98
	Not receiving support from nursing managers for regarding communication skills	3.08±0.9
	Lack of rules, principles and standards for nurses in dealing with the patients	2.91±1.01
Lack of adequate training about the principles of communication	2.88±1.05	
Lack of continuous training on communication and skills for the nurses	2.78±0.99	
<b>Patients' barriers</b>	Lack of patient's awareness about the position and job description of the nurses	2.9±0.96
	Negative attitude of the patient towards the nurse	3.01±1.01
	Resistance and unwillingness of the patient to communicate	2.83±0.99
	Lack of attention and concentration from the patient	2.76±0.96
	Anxiety, pain and discomfort of the patient	3±0.88
	Inability of the patient to speak or hear	2.83±0.95
	Incorrect interpretation of the patient due to their own ideas and values	2.85±0.98
	Lack of cooperation by the patients' companion	3.09±0.92
	Interference by the patient's companion	3.24±0.92
	Presence of the patients' companions at the patient's bedside	3.19±0.87
	<b>Environmental barriers</b>	Presence of the patient in the unfamiliar environment of the hospital
Busy environment of the ward		3.22±0.99
Inappropriate environmental conditions		3.07±0.99
Caring for critical patients		3.27±0.98

Newcomb reported the nursing shortage as factor affects the communication with the patient and their family in intensive care units (28). Shortage in nursing staff is a global phenomenon and all countries in the world are somewhat affected (29). Therefore,

standardized measures are recommended to establish a standard nurse-patient ratio. The research conducted by Mohammadi et al. showed that physical and emotional exhaustion and heavy workload are the most important barriers, from nurses'

viewpoint, to nurse-patient communication. From patients' viewpoint, presence of emergency and critical patients was reported as the main barriers to nurse-patient communication (30). Anoshe et al. reported heavy workload, difficulty of the work, lack of facilities and physical and mental exhaustion, as well as lack of appreciation as the most important contributing factors to communication (16). Bailie reported insufficient amount of time as a clear barrier to communication among nurses in the emergency department (31). In a study by Movahedi et al., factors such as fatigue and economic issues have been mentioned as effective factors on the communication between the nurse and the patient (32).

Nursing workload can cause ineffective communication between nurse and patients and other health care team members (33). Finally, the improvement of the communication between the nurse and the patient would improve the quality of care provided by the nurses and would be effective on diagnosing, treating and improving the quality of physical and mental health. Improving the provided services would consequently improve patient's satisfaction, which is the ultimate goal of any health care organization. In the present study, participated nurses considered patients as the most important barriers; feelings were mutual.

Among nurse-patient communication barriers, presence of patients' companions, lack of cooperation by and involvement of the companions, also patient's negative attitude toward the nurse and patient's anxiety, pain and discomfort were the most important barriers from the nurses' point of view.

In the study of Aghabarary et al., nurses believed that the most important communication barrier was related to the

patients (1). Rasouli et al. also reported emotional problems as one of the barriers to communication (15). The presence of companions at the bedside of the patients is one of the common issues in various cultures (34). Kourkouta and Papathanasiou recommended the corporation of patient and their family as a strategy for removing the barriers of nurse-patient communication (35). In the study of Norouzinia et al., presence of companions was reported as one of the important communication barriers between the nurse and the patient (25). Therefore, providing visiting schedule in order to avoid their permanent presence and culture-building practices in this field are recommended. It is also recommended to improve the image of nurses in the society (36) in order to reduce the negative attitude of the patients. More rapid response of nurses to the needs of patients, especially to reduce their pain, is also recommended to achieve better communication. The most important environmental communication barrier to the patient-nurse communication was caring for critically ill patients in the ward, busy environment and inappropriate environmental conditions that were also reported in other studies (1, 15, 16). Factors in the environment such as cold room, offensive odor, uncomfortable chair, a ringing cell phone reported as environmental barriers of nurse-patient communication (37). A peaceful environment is a key element in effective nurse-patient communication that should be with no external distractions (35). Therefore, in wards, especially emergency departments, critically ill patients should be transferred to the ICU and critical care units as soon as possible so the nurses would have enough time to communicate with other patients. In case of crowdedness, reducing the number of visits to the department is recommended. Considering that most wards are old buildings, it is essential to design new wards to develop sufficient physical space. Eventually, identifying factors that could prevent effective communication between the nurse and the patient will make it

possible to clarify the direction of the necessary actions for resolving or modifying the barriers for health planners and administrators, especially if these barriers are faced with a realistic approach from the view of nurses and patients simultaneously. In the health system, healthcare providers would encounter a wide range of clients who each require a different way of communication. Nurses should have extensive communication with patients through their role (25). Therefore, it could be said that communication is a key principle in the provision of nursing care. The adequacy of the communications helps the nurse to maintain legal, ethical and clinical standards (38).

Using convenience sampling is one of the limitations of this study. In the present study, communication barriers were examined only from the perspective of nurses. Therefore, it is suggested that these barriers would be reviewed from the viewpoint of other members of the treatment team and patients. Also investigating the communication barriers between the nurses and the physicians is recommended. It is also suggested that facilitators of communication would be investigated and the impact of the necessary measures would be assessed in research activities. Considering the communication barriers to the nurse-patient communication which were identified from the nurses' viewpoint, lack of enough time, heavy workload during the shift, and shortage in nursing staff were the most important barriers. Providing care by native and same-gender nurses, reducing the involvement and presence of patients' companions, providing a calm environment and increasing the number of nursing staff could help overcome these barriers.

### **Acknowledgements**

The present study is the result of research project that has been approved by the research council of Kurdistan University of Medical Sciences no. 1394.330 and

approved by the Ethics Committee of Kurdistan University of Medical Sciences (ethics code: IR.MUK.REC.1394.330). Authors would like to express special thanks of gratitude for supporting and providing found as well as we thank all nurses of educational hospitals of Kurdistan University of Medical Sciences for cooperation in this research.

### **Conflict of Interest**

The authors of this study declare no conflicts of interest.

### **References**

1. Aghabary M, Mohammadi E, Varvani-Farahani A. Barriers to Application of Communicative Skills by Nurses in Nurse-Patient Interaction: Nurses and Patients' Perspective. *Iran Journal of Nursing (IJN)*. 2009; 22(61): 19-31.
2. Farnia F, Abbaszadeh A, Borhani F. Barriers to Developing the Nurse-Patient Relationship in Operation room: A Qualitative Content Analysis. *J Qual Res Health Sci*. 2013; 2(1): 76-90.
3. Fakhr-Movahedi A, Salsali M, Negarandeh R, Rahnavard Z. Exploring contextual factors of the nurse-patient relationship: A qualitative study. *Koomesh* 2011; 1(41): 23-35.
4. Moghaddasian S, Abdollah-Zadeh F, Rahmani A, Salehain M, Firouzian AA. Nurse-patient communication and its relation to satisfaction with nursing services in view point of cancer patients hospitalized in shahid ghazi hospital, Tabriz. *Journal of North Khorasan University of Medical Sciences*. 2013; 5(2): 451-467.
5. Mullan BA, Kothe EJ. Evaluating a nursing communication skills training course: the relationships between self-rated ability, satisfaction, and actual performance. *Nurse Education in Practice*. 2010; 10(6): 374-78.
6. Bakker DA, Fitch MI, Gray R, Reed E, Bennett J. Patient-health care provider communication during chemotherapy treatment: the perspective of women with

breast cancer. Patient Education and Counseling. 2001; 43: 61-71.

7. Sheldon LK, Barrett R, Ellington L. Difficult communication in nursing. J Nurs Scholarsh. 2006; 38: 141-147.

8. Cossette S, Cara C, Ricard N, Pepin J. Assessing nurse patient interactions from a caring perspective: report of the development and preliminary psychometric testing of the Caring Nurse-Patient Interactions Scale. Int J Nurs Stud. 2005; 42: 673- 686.

9. Thorsteinsson LS. The quality of nursing care as perceived by individuals with chronic illnesses: the magical touch of nursing. J Clin Nurs. 2002; 11: 32-40.

10. Thomas RK, Editor. Health Communication. New York: Springer Science Business Media; 2006. P.110.

11. Caris-Verhallen W, Timmermans L, Van Dulmen S. Observation of nurse-patient interaction in oncology: review of assessment instruments. Patient Educ Couns. 2004; 54: 307-320.

12. Morehouse RE, Colvin E, Maykut P. Nephrology nurse patient relationships in the outpatient dialysis setting. Nephrol Nurs J. 2001; 28: 295-300.

13. Reynolds WJ, Scott B. Do nurses and other professional helpers normally display much empathy? J Adv Nurs. 2000; 31: 226-234.

14. Tuohy D. Student nurse-older person communication. Nurse Educ Today. 2003; 23(1): 19-26.

15. Rassouli M, Zamanzadeh V, Abbaszadeh A, et al. Patient-centered communication barriers: experience s of patients with cancer, their family members and nurses. The Journal of Urmia Nursing and Midwifery Faculty. 2013; 11(10): 1-12.

16. Anoosheh M, Zarkhah S, Faghihzadeh S, Vaismoradi M. Nurse-patient communication barriers in Iranian nursing. International Nursing Review, 2009; 56(2): 243-49.

17. Tanova C, Nadiri H. The role of cultural context in direct communication. Baltic Journal of Management. 2010 May; 5(2): 185-96.

18. Burnard P, Naiyapatana W. Culture and communication in Thai nursing: a report of an ethnographic study. International journal of nursing studies. 2004; 41(7):755-65.

19. Mohammadpur A, Rezaei M, Sadeghi R. Promoting survival: A grounded theory study of consequences of modern health practices in Ouramanat region of Iranian Kurdistan. Int J Qual Stud Health Well-being. 2010; 5(2): 50-69.

20. Hart P L, N Mareno. Cultural challenges and barriers through the voices of nurses. Journal of Clinical Nursing 2014; 23(15-16): 2223-2233.

21. Crawford T, Candlin S, Roger P. New perspectives on understanding cultural diversity in nurse-patient communication. Collegian. 2013; 24(1): 63-69.

22. Tay L H, Ang E, Hegney D. Nurses' perceptions of the barriers in effective communication with inpatient cancer adults in Singapore. Journal of clinical nursing. 2012; 21(17-18): 2647-2658.

23. Bahouth MN, Blum K, Simone S. Transitioning into hospital based practice: a guide for nurse practitioners and administrators. Springer Publishing Company; 2012.

24. Campinha-Bacote J. The Process of Cultural Competence in the Delivery of Healthcare Services: A Model of Care. Journal of Transcultural Nursing. 2002; 13(3):181-184.

Norouzinia R, Aghabarari M, Shiri M, Karimi M, Samami E. Communication Barriers Perceived by Nurses and Patients. Global Journal of Health Science. 2016; 8(6): 65-74.

25. Baraz Pordanjani S , Shariati A, Alijani H, Moien Mosavi B . Assessing barriers of nurse-patient s effective communication in educational hospitals of Ahvaz. Iranian of journal nursing research .2010; 21(1): 45-52.

26. Mobaraki A, Mahmodi AA. The barriers to effective communication with patients from the nurse s perspectives: a case study at Yasouj hospitals in 2010. Dena quarterly journal of Yasuj faculty of nursing and midwifery. 2010; 5(1, 2): 63-71.

27. Milesky JL, Baptiste DL, Shelton BK. An observational study of patient handover communications among nurses on an oncology critical care unit. Contemporary nurse. 2017; 13: 1-26.



28. MacLean L, Hassmiller S, Shaffer F, Rohrbaugh K, Collier T, Fairman J. Scale, causes, and implications of the primary care nursing shortage. *Annual Review of Public Health. 2014; 35: 443-57.*
29. Mohammadi I, Mozafari M, Jamshid Beigi E, kaikhavani S. Barriers to Effective Nurse-Patient Communication from Perspective of Nurses Employed in Educational Hospitals of Ilam. *J Neyshabur Univ Med Sci. 2014; 2(3): 20-27.*
30. Bailie L. An expoloration of nurse patient and emergency nursing. 2005; 13(1): 9-14.
31. Movahedi AF, Salsali M, Negarandeh R, Rahnavard Z. Expolorating contextual factors of the nurse – patient relationship: A qualitative study. *Koomesh, J Semnan University of medical sciences. 2001; 13(1): 153-158.*
32. Barton A. Patient safety and quality: an evidence-based handbook for nurses. *AORN Journal. 2009; 1; 90(4): 601-602.*
33. Fakh-Movahedi A, Rahnavard Z, Salsali M, Negarandeh R. Exploring Nurse's Communicative Role in Nurse-Patient Relations: A Qualitative Study. *Journal of Caring Sciences. 2016; 5(4): 267-276.*
34. Kourkouta L, Papathanasiou IV. Communication in nursing practice. *Materia socio-medica. 2014; 26(1): 65-69.*
35. Hoeve YT, Jansen G, Roodbol P. The nursing profession: public image, self-concept, and professional identity. A discussion paper. *Journal of advanced nursing. 2014; 70(2): 295-309.*
36. Payne S, Seymour J, Ingleton C. Palliative Care Nursing: Principles And Evidence For Practice: principles and evidence for practice. McGraw-Hill Education (UK); 2008.
37. Pazargadi M, Fereidooni Moghadam M, Fallahi Khoshknab M, Alijani Renani H, Molazem Z. The Therapeutic Relationship in the Shadow: Nurses' Experiences of Barriers to the Nurse-Patient Relationship in the Psychiatric Ward. *Issues Ment Health Nurs. 2015; 36(7): 551-7.*