

## Barriers and facilitators to effective communication between nursing professionals and patients: scoping review

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### RESUMO

**Objective** Mapping the barriers and facilitators to effective communication between nursing professionals and patients in the caregiving process. **Methods:** This is a scoping review conducted in October to November 2021, utilizing 15 sources of information. **Results:** The result was 80 studies, and the analysis allowed the identification of communicative barriers between the nursing team and patients, such as linguistic and cultural barriers (26.3%); patients who do not verbalize and/or are severely injured (23.7%); lack of communication skills among professionals (12.5%), and others. Additionally, the highlighted impacts included frustration, anxiety, and fear (41.2%), as well as suboptimal care (29.4%). Key facilitators for effective communication were also evident, such as investments in professional training (27.3%) and the use of non-verbal and written communication (23.6%). **Conclusions:** The most frequent barrier identified was linguistic and cultural differences. Therefore, it is essential to promote tools that mitigate such shortcomings. The results presented in this study can contribute to improving care processes with a focus on effective communication between nursing professionals and patients through the implementation of the interventions outlined.

**Descriptors:** Nursing; Communication; Patient Care; Nurse-Patient Relations; Communication Barriers.

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## INTRODUÇÃO

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Communication involves verbal and non-verbal processes aimed at conveying a message comprehensibly, thus requiring a concrete interaction between the receiver and the sender<sup>(1)</sup>. To achieve this, significant elements such as language, gestures, facial expressions, proxemics, and active listening are fundamental components for successful communication<sup>(1)</sup>.

In this way, effective communication is characterized by humanity in the established relationship, dialogue between the involved parties, and clarity in the information, which, from a healthcare perspective, reflects patient-centered care<sup>(2)</sup>. Thus, criteria such as understanding the care plan, meeting the patient's needs, and taking a holistic view of the clinical condition will be realized, making communication more secure<sup>(3)</sup>.

Based on this understanding, the comprehensive grasp of a message from a healthcare perspective is crucial for establishing cross-cutting care criteria<sup>(1)</sup>, as the closeness fostered by effective communication among individuals leads to humanization in care<sup>(4)</sup>, healthcare quality<sup>(5)</sup> and provides greater patient safety<sup>(5-7)</sup>.

In this perspective, the World Health Organization (WHO) established the World Alliance for Patient Safety, through which international goals, such as 'improving communication among healthcare professionals,' were created<sup>(6)</sup>. This choice was made due to the high rates of adverse events triggered by communication failures, accounting for 70% of healthcare errors<sup>(8)</sup>. In the Brazilian context, despite the creation of the National Patient Safety Program aimed at contributing to care quality improvement<sup>(9)</sup>, there are no protocols that guide specific actions to reduce such healthcare errors.

It is worth highlighting, in light of this, the importance of the role of nurses and the nursing team as a communicative link within the multidisciplinary team. This is because it is the competence of these professionals to identify the needs of patients, play a role as health educators, and manage the care provided<sup>(10)</sup>. In this sense, communication acts as a vital tool in the caregiving process, especially in the relationship between the healthcare professional and the patient. It clarifies doubts, alleviates feelings regarding health conditions, and fosters the establishment of an emotional bond, which directly benefits the quality of care and the patients' recovery<sup>(1)</sup>.

It is important to highlight the relationship between communication failures and various healthcare errors. For instance, an observational study conducted in a cardiac catheterization laboratory found that communication breakdowns led to severe patient harm, including contamination of sterile fields, incorrect catheter placement, and the administration of wrong or incorrect quantities of medications<sup>(11)</sup>. Thus, it is evident that despite the efforts of

governmental and international entities, there is still a significant gap that allows the prevalence of errors to persist.

Hence, understanding the elements that act as barriers and facilitators to effective communication between the nursing team and patients becomes crucial to enhance this relationship, foster greater trust, empathy, and understanding, and consequently, to deliver the desired care<sup>(1)</sup>. In line with this rationale, the study aims to map the barriers and facilitators to effective communication between nursing professionals and patients in the caregiving process.

## MÉTODOS

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This is a scoping review guided by the Joanna Briggs Institute (JBI) recommendations (JBI)<sup>(12)</sup>, involving the following stages: (1) identification of the research question; (2) identification of relevant studies; (3) selection of studies; (4) comprehensive data analysis, and (5) reporting of results. These stages took place between the months of October and November 2021.

This methodology allows for the mapping of scientific evidence that answers the research question. Initially, a comprehensive search was conducted in databases to ensure that there were no similar published studies or to determine the need for replication of any journal addressing the topic.

Furthermore, the research protocol was registered on the Open Science Framework (OSF) (<https://osf.io/v2gey/>), and it adhered to the PRISMA guidelines for this specific type of study<sup>(13)</sup>.

The formulation of the research question (step 1) was guided by the PCC strategy, which stands for Population (P), Concept (C), and Context (C), equivalent in the current study, respectively: nursing professionals and patients; effective communication in the caregiving process, and healthcare services. Thus, the guiding question is as follows: what are the barriers and facilitators to effective communication in the caregiving process between nursing professionals and patients in healthcare services?

Regarding the descriptors, exact terms were selected from the MESH portal in accordance with the PCC strategy: P - Nursing; C - Communication; C - Patient Care. Subsequently, a preliminary search was conducted in the PubMed and Scopus databases to identify descriptors commonly used in studies with similar themes. Thus, the search strategy used in the research comprises the following terms: Nursing OR (Nurses OR Nurse OR Nurse-Patient Relations OR Nurse-Patient Relation OR Relations, Nurse-Patient OR Nurse Patient Relations OR Patient Relations, Nurse OR Relations, Nurse Patient OR Nurse Patient Relationship OR Nurse Patient Relationships OR Patient Relationship, Nurse OR Patient Relationships, Nurse OR Relationship, Nurse Patient OR Relationships, Nurse Patient) AND Communication OR (Social Communication OR Communication, Social OR Communications, Social OR Social Communications OR Misinformation OR Personal Communication OR Communication, Personal OR Communication Programs OR Communication Program OR Program, Communication OR Programs, Communication OR Communications Personnel OR Personnel, Communications) AND

Patient Care OR (Care, Patient OR Informal care OR Informal cares OR care, Informal OR cares, Informal).

Based on this, we proceeded to step 2, which involves the identification of relevant studies in the following literature search platforms : U. S. National Library of Medicine, Cumulative Index to Nursing and Allied Health Literature, Scopus, Cochrane central, Web of Science, PsychINFO, Education Resources Information Center, The National Library of Australia's Trobe, Academic Archive Onlinen. In addition, gray literature sources were included: CAPES Theses and Dissertations Portal, Electronic Theses Online Service, Open Access Scientific Repository of Portugal, National ETD Portal, Theses Canada, and Theses and Dissertations from Latin America. For this purpose, three reviewers independently selected and evaluated each study manually, and when necessary, a fourth reviewer was consulted

For step 3, publications available in full for free in electronic format in Portuguese, English, or Spanish were selected if they addressed the objective of mapping barriers and facilitators to effective communication between nursing professionals and patients in the caregiving process. Studies in the format of editorials, letters to the editor, opinion articles, duplicated documents, and those in languages other than the established ones were excluded. Studies that were not available in full were not added. Data collection was performed using the Comunidade Acadêmica Federada (CAFe) platform of the CAPES portal for better access to the studies. A specific time frame was not delimited in this study

In relation to step 4, a descriptive analysis of the selected studies was conducted. Step 5, which involves reporting the results, was carried out by extracting data based on the JBI strategy. In this aforementioned step, this information was recorded in a Microsoft Excel spreadsheet, including the following details: title; database; analyst responsible; selected study (or reason for exclusion); study type; year of publication; country of origin; objective; study population and sample; study method; results; impacts of ineffective communication; facilitators; conclusions, and relevant observations/information.

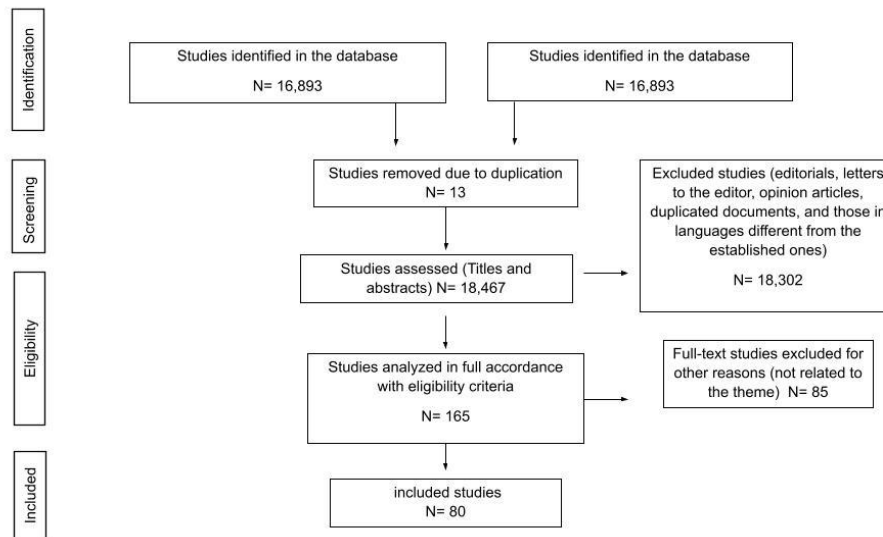
This strategy allowed for the statistical analysis of the data and facilitated the identification of the studies, which were subsequently grouped in a table with the title, year, country, study design, objective, and main results (Annex 1), available as an attachment on the OSF platform.

## **RESULTADOS**

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The research initially involved the selection of studies, which can be described by the text selection flowchart (Figure 1). It began with the initial evaluation of these studies through the reading and analysis of titles and abstracts, totaling 18,480 articles. Duplicate publications and those that did not meet the theme and/or eligibility criteria were disregarded, resulting in a sample of 165 papers for full-

text reading. Of these, 85 were excluded as they did not address the study's objective, resulting in a final sample of 80 studies



**Figure 1 - Flowchart of text selection included in the scoping review.**

The final sample was categorized according to title, year of publication/country of origin, study design, objective, and main results, visualized in a table attached to the Open Science Framework (<https://osf.io/v2gey/>). Regarding the year of publication, a predominance of publications was identified in the year 2010 (11.2%). Concerning the country of origin, among the most frequent, Brazil stood out with 31 selected studies (38.75%), followed by Portugal with 9 (11.25%), as indicated in Figure 2.



**Figure 2 - Map depicting the countries of origin of the selected studies.**

Note: Brazil; Portugal; Sweden; South Africa; United States; Iran; Australia; Canada; England; Switzerland; Belgium; Turkey; Sweden; Japan; Thailand; Norway; India; Netherlands; and Oman.

Regarding the communication barriers between nursing professionals and patients (Table 1) found in the studies, predominantly, those related to linguistic and cultural differences were noted (26.3%), followed by patients who do not verbalize and/or are severely injured (23.7%). To a lesser extent, communication barriers were related to communication via digital technologies, home care, limited time for training, lack of contextualization in information transmission during conversations, and differences in age and gender, each accounting for 1.3%.

**Table 1** - Key barriers in communication between nursing professionals and patients (N=80). Rio Grande do Norte, Brazil, 2021.

<b>Barriers in communication between nursing professionals and patients</b>	<b>Coding of the studies</b>	<b>N° (%)</b>
Linguistic and cultural	E01, E04, E05, E14, E23, E49, E53, E55, E59, E60, E61, E63, E64, E66, E67, E68, E69, E70, E72, E78, E80	21 (26,3)
Patients who do not verbalize and/or are severely injured	E03, E13, E17, E19, E25, E29, E30, E36, E38, E45, E50, E51, E52, E65, E74, E75, E76, E77, E79	19 (23,7)
Lack of communication skills among professionals	E11, E27, E32, E33, E39, E40, E54, E58, E73	10 (12,5)
Workload	E2, E9, E12, E15, E18, E21, E42, E44	8 (10,0)
Painful and uncertain environment	E35, E37, E46, E62	4 (5,0)
Technical language of nurses	E20, E24, E26	3 (3,7)
Anxiety among professionals and/or patients	E10, E28, E43	3 (3,7)
Patients with hearing problems	E22, E47, E48	3 (3,7)
Patients with visual problems	E06, E07, E16	3 (3,7)
Inadequate time allocation for communication	E31, E41	2 (2,5)
Communication via technology	E59	1 (1,3)
Home care	E71	1 (1,3)
Limited time for training and lack of contextualization	E56	1 (1,3)
Age and gender differences	E08	1 (1,3)
<b>Total</b>		<b>80 (100)</b>

In addition to the barriers, it was possible to identify in the sample the main impacts of ineffective communication (Table 2), where the harms are associated with either patients or professionals. Concerning nursing, there is a greater predominance of feelings such as frustration,

anxiety, and fear (41.2%), followed by a failure in care provision (29.4%), patient distancing (17.6%), and message misunderstanding (11.8%). For patients, the most significant harm includes feelings of frustration, anxiety, and fear (41.5%), along with consequences like message misunderstanding (15.1%), lack of trust in the professional (15.1%), harm to recovery (11.3%), feelings of negligence (9.4%), and health complications (7.6%).

**Table 2 - Key impacts of ineffective communication. Rio Grande do Norte, Brazil, 2021.**

<b>Professional</b>	<b>Coding of the studies</b>	<b>N* (%)</b>
Frustration, anxiety, and fear	E17, E18, E22, E30, E32, E35, E39, E44, E48, E51, E61, E76, E78, E79	14 (41,2)
Assistance fails	E34, E35, E43, E44, E55, E61, E62, E76, E77, E80	10 (29,4)
Patient distancing"	E30, E33, E39, E44, E66, E78	6 (17,6)
Misunderstanding of the message	E35, E51, E55, E66	4 (11,8)
<b>Total</b>		<b>34 (100)</b>
<b>Patients</b>		
Frustration, anxiety, and fear	E03, E08, E15, E17, E18, E20, E22, E24, E28, E32, E36, E44, E45, E49, E51, E52, E61, E66, E69, E72, E78, E79	22 (41,5)
Misunderstanding of the message	E16, E23, E29, E33, E37, E66, E68, E70	8 (15,1)
Lack of trust in the professional	E04, E05, E20, E34, E35, E43, E52, E56	8 (15,1)
Harm to recovery	E15, E16, E23, E35, E52, E74	6 (11,3)
Feeling of neglect	E08, E44, E47, E69, E78	5 (9,4)
Health complications	E35, E45, E74, E77	4 (7,6)
<b>Total</b>		<b>53 (100)</b>

Note: \*N = 34 for the analysis among professionals and N = 53 for the analysis among patients. Some studies in this review reported more than one consequence.

In relation to the facilitators to improve communication between nurses and patients, 55 recommendations were identified to address them (Table 3). The most recurring alternative is related to professional training (27.3%), which encompasses the academic preparation of future nurses and the training of existing professionals. Additionally, the use of non-verbal and/or written communication (23.6%) is suggested for those who have speech barriers. There are also recommendations related to changes in the management of care (10.9%), approaching the patient (14.5%), using language translation tools (3.6%), conducting future research related to the topic (3.6%), using simplified communication (5.5%), making environmental changes in the communication setting (1.8%), involving the patient in

their care (1.8%), having family members close to patients (3.6%), and conducting individualized assessment of each client's needs (3.6%).

**Table 3** - Key facilitators for effective communication between the nursing team and patients (N\* = 55). Rio Grande do Norte, Brazil, 2021

Facilitators	Coding of the studies	N*(%)
Investing in professional training	E11, E66, E56, E57, E64, E30, E36, E58, E33, E01, E21, E09, E48, E12, E54	15 (27,3)
Use of non-verbal and written communication	E29, E17, E22, E38, E45, E25, E18, E13, E51, E61, E52, E47, E27	13 (23,6)
Promoting managerial measures	E43, E53, E35, E37, E34, E39	6 (10,9)
Enhancing patient engagement	E68, E26, E16, E08, E19, E40, E27, E07	8 (14,5)
Use of translation tools	E55, E70	2 (3,6)
Investing in future research	E14, E72	2 (3,6)
Promoting accessible communication	E69, E09, E72	3 (5,5)
Encouraging patient involvement in their care	E44	1 (1,8)
Making environmental changes	E53	1 (1,8)
Encouraging the presence of family members	E22, E32	2 (3,6)
Conducting individualized assessment	E14, E45	2 (3,6)
<b>Total</b>		<b>55 (100)</b>

Note: \*N = 55, as some studies in this review presented more than one alternative.

## DISCUSSÃO

This study mapped scientific publications related to communication barriers between professionals and patients to identify the main obstacles, their consequences, and alternatives to address them. Regarding communication barriers, linguistic and cultural aspects stand out as one of the major obstacles to providing adequate and effective care (26.3%), as the lack of understanding of the information provided contributes to ineffective communication<sup>(14)</sup>.

In this regard, a study<sup>(14)</sup> revealed that informed consent for obstetric interventions was hindered due to limited communication between patients and professionals from different countries, along with challenges associated with understanding the social system of patients who desired the support and integration of a companion in the caregiving process. However, these companions were often perceived by professionals as inconvenient, leading caregivers to feel unwanted and misunderstood<sup>(14)</sup>.



Furthermore, differences in cultural backgrounds and belief systems between healthcare providers and patients were identified as detrimental factors for effective communication, as observed in some of the analyzed studies. These studies pointed out verbal abuse and discrimination based on the social status that the professional holds in the healthcare environment<sup>(15)</sup>. Thus, not only is communication affected, but also healthcare outcomes and the recovery process, especially when professionals fail to listen to the concerns of patients and caregivers or when they neglect to provide them with necessary information<sup>(15)</sup>.

On the other hand, the studies also identified clients or caregivers who did not follow nursing recommendations or were disrespectful to the professionals. Hence, there is a need for this barrier to be eased for both the sender and receiver of the message, so that effective communication can indeed be established<sup>(15)</sup>.

Moreover, in 23.7% of the studies, there was identification of speech-compromising conditions<sup>(16)</sup>, where patients do not verbalize and/or are severely ill. For these cases, reports obtained through the reviewed literature exposed strategies for communication, such as lip reading, facial expressions, gestures, and nodding. However, very few professionals used alternative communication strategies to communicate with non-speaking patients, such as the use of picture boards, alphabet boards, and new technologies like computers and smartphones, either due to a lack of knowledge of these methods, workload, or absence of supplies, revealing communication damage due to barriers to verbalization<sup>(17)</sup>.

Other detrimental conditions such as the level of consciousness of patients<sup>(18)</sup>, the presence of other people during communication, and lack of time for professionals<sup>(19)</sup> are barriers that decrease the chances of professionals communicating with patients and their caregivers, potentially delaying their recovery<sup>(20)</sup>. A safe and comfortable environment facilitates the use of communication skills and the establishment of effective communication<sup>(21)</sup>.

Regarding systemic and organizational barriers, workload and the use of technical language emerged as the primary challenges for effective communication in healthcare services, leading to negative effects on care<sup>(21)</sup>. Among the barriers related to the environment, the absence of silence and tranquility, lack of privacy, inadequate ventilation leading to patient anxiety and nervousness, as well as poor lighting and infrastructure, were evident<sup>(15)</sup>.

In terms of the consequences resulting from communication problems, damages to both the patient and the professional are evaluated. In this aspect, the literature highlights the primary harm as negative feelings, which are produced in both parties, as the sensation of having an uncomprehended message leads to excessive frustration, stress, and anxiety<sup>(22)</sup>. Furthermore, for the nursing team, there is the generation of suboptimal care and patient distancing due to the frustration caused when communication is not effective<sup>(23)</sup>. Considering the patients, there are consequences such as a lack of trust in the professional due to misunderstanding, which can reduce communication and generate a feeling of neglect in patients as they feel isolated by the absence of effective dialogue<sup>(24)</sup>.

Regarding interventions to improve communication, the manuscripts suggest that professionals need more specialized training. Thus, the results found recommend some communication skills training programs for professionals, which assist in acquiring new skills<sup>(15)</sup>. The purpose of these tools is to facilitate effective communication and promote patient-centered care. In addition to training, professionals also need to make an effort to ensure that information is understood, considering the individuality of each patient<sup>(25)</sup>.

In this scenario, considering the data found in the literature regarding language barriers, the importance of using Brazilian Sign Language (LIBRAS) by nurses in attending to patients with hearing impairments becomes evident. Studies recognize the improvement in nursing actions' performance and the quality of life of patients with hearing impairments, as well as the enhancement of professional skills and recognition<sup>(26)</sup>.

From the perspective outlined, language resources, translation tools, and cultural knowledge were useful aids for nurses when communicating with transcultural patients. These mechanisms contributed to increasing the professionals' confidence in message exchanges and were indispensable means for risk management and meeting the patients' needs<sup>(27)</sup>.

Furthermore, one of the strategies that has been spreading in healthcare services is involving patients in the care process through the sharing of information, especially when professionals listen to their opinions<sup>(15)</sup>. In this regard, a study showed that patients bring instructions that they consider most important to their treatment, thus enabling quality care, demonstrating empathy, and allowing them to have an active role<sup>(27,28)</sup>.

The present study exhibits a limitation regarding the volume of publications with low scientific evidence, with predominantly descriptive study designs. Furthermore, there was difficulty in mapping recent studies addressing barriers and facilitators in communication between professionals and patients, which compromises the more accurate current assessment of the studied context.

## CONCLUSÕES

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This review allowed for the identification of barriers, facilitators of communication between professionals and patients, and the consequences of the lack of effectiveness in the communicative process. Among the identified barriers, the most common are those related to linguistic and cultural differences, as well as the lack of skills by professionals for proper communication. Regarding facilitators, professional training and the use of non-verbal and written communication are the most commonly reported strategies in the literature as factors that favor message understanding.

In conclusion, it is necessary to promote tools and expand existing ones that mitigate these shortcomings, as they negatively influence the goal of providing safe and effective patient care

The results presented in this study could contribute to improving healthcare processes with a focus on effective communication between nursing professionals and patients, through the implementation of the interventions outlined. For future studies, we recommend the application and evaluation of these interventions to enhance the care environment, reduce errors, and contribute to improving patient safety.

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**Received:** September/2023

**Accepted:** January/2024

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